CDS PRESS

Problem Gambling Counseling and Treatment Approaches
Editors: Rodda, Landon, Zangeneh

CHAPTER TWELVE

Counselling Interventions for Youth Problem Gambling

Jérémie Richard, Jeffrey Derevensky

The continuing expansion of gambling across the world has been associated with increased opportunities, accessibility, and greater social acceptance of gambling. Although typically legally restricted to adults in most jurisdictions, children and adolescents have been found to engage in various forms of gambling with the potential of suffering from various gambling-related harms. The purpose of this chapter is to provide clinicians, clinicians-in-training, and researchers with an overview of the empirical literature related to youth problem gambling and available prevention and treatment interventions. As this chapter will be focusing on youth problem gambling, it is important to clarify that for the purposes of this chapter, "youth" will refer to both children (age two to 11) and adolescents (age 12 to 17; Hardin et al., 2017). Although some organizations have included individuals aged 18 to 20 years within the category of adolescents (Canadian Paediatric Society, 2003), because the legal age of gambling is 18 in many jurisdictions, the term will be reserved to those under this age. While children are included in our definition of youth, it is important to note that children do not typically suffer from problem gambling; it is early gambling initiation and the emergence of specific risk factors for problem gambling that are the predominant issue for this age group. It is during adolescence that the various problems and harms associated with gambling begin to develop.

Although the available research on the treatment of youth problem gambling is limited, there are some promising avenues for intervention through treatment modalities that extend

beyond in-person psychotherapy services. The chapter will begin by providing readers an overview of youth gambling behaviors and first-line interventions for youth problem gambling. The second part will discuss the unique issues related to treating youth problem gambling, including assessment, barriers to help-seeking, developmental considerations, and comorbidity. The third part will provide an overview of evidence-based treatments for youth problem gambling, and the final part will focus on modes of delivery for these interventions.

Youth Gambling and Problem Gambling

The most popular forms of gambling activities among adolescents include lotteries, scratch-cards, card games, and slot machines (Calado et al., 2017), with recent evidence suggesting that rates of sports betting may also be increasing among youth (largely due to ease of access and availability; Emond & Griffiths, 2020; González-Roz et al., 2017; Labrador & Vallejo-Achón, 2020). With ever-expanding opportunities for gambling available online via computers and smartphones, and fewer restrictions or barriers to access, youth may be at a heightened risk for online gambling (Elton-Marshall et al., 2016; Giralt et al., 2018). Rates of past year participation in gambling among youth have been reported to range between 35.7% and 79.1% (Calado et al., 2017), with higher prevalence in males (Frisone et al., 2020), and rates of gambling increasing progressively into adulthood (Welte et al., 2011).

While gambling in its own right is a potentially risky behavior among youth, additional serious psychological and social consequences have been noted among those meeting the criteria for problem gambling (PG; also known as disordered gambling). Like with adults, adolescent gambling can be described on a continuum ranging from non-gambling, to occasional recreational or social gambling, to at-risk gambling (some gambling-related problems but below the clinical

criteria for disordered gambling), and finally to PG (Floros, 2018). Gambling disorder is a psychiatric condition characterized by a maladaptive pattern of gambling behavior that persists despite its negative consequences in major areas of life functioning (American Psychiatric Association [APA], 2013). For many, gambling represents a temporary solution to life problems as a form of avoidance-based coping or escapism (Gupta & Derevensky, 1998; Jacobs, 1986). Adolescents have been found to have higher rates of PG among those who gamble when compared to adults, with the global prevalence rates ranging between 0.2% to 12.3% (Calado et al., 2017). Specifically, adolescents engaging in frequent sports betting and online gambling were identified as having greater rates of PG (Aricak, 2019; Marchica et al., 2017; Winters & Derevensky, 2019).

Risk Factors and Consequences for Youth Problem Gambling

Various demographic, psychological, and social risk factors have been identified as correlates of PG among youth. Demographic risk factors include young age, male sex, non-white ethnicity, low socio-economic status, and living with divorced or separated parents (Brezing et al., 2010; Edgerton et al., 2015; Ferrara et al., 2018). Moreover, various psychological comorbidities including substance use problems, anxiety, depression, attention deficits, behavioral problems and delinquency have been associated with greater rates of PG among youth (Edgerton et al., 2015; Ciccarelli et al., 2020; Ferrara et al., 2018; Richard & Derevensky, 2017; Richard et al., 2020; Scholes-Balog et al., 2015; Shead et al., 2010). Cognitively, it has been reported that youths with greater illusions of control, impulsivity, and sensation seeking are more likely to develop symptoms of PG (Brezing et al., 2010; Edgerton et al., 2015).

With regards to social and environmental factors, greater parental monitoring (Lee et al., 2014) and greater rewards for prosocial behavior (Scholes-Balog et al., 2014) appear to be

protective factors against PG. However, adverse childhood experiences (experiences of abuse and/or trauma), negative family relationships, poor family cohesion, and having family members or friends who gamble have been associated with greater rates of PG (Brezing et al., 2010; Ferrara et al., 2018; Marchica et al., 2020; Shead et al., 2010). Overall, there are several psychosocial factors that interact to influence the risk that an adolescent will develop a problematic pattern of participation in gambling.

In addition to risk factors, there are also a number of consequences associated with PG in the short- and long-term. It is important to note that even if a youth stops their problematic gambling and resolves their gambling problem, long-term consequences may yet follow. The consequences of PG can be categorized into five dimensions: (1) personal difficulties (e.g., anxiety, depression, suicidal ideation), (2) interpersonal difficulties (e.g., family problems, disrupted peer relationships), (3) occupational/academic difficulties (e.g., job loss, poor school performance, absenteeism, dropout), (4) financial difficulties (e.g., debt), and (5) legal problems (e.g., theft/criminal behavior, criminal records; Derevensky, 2012a).

Prevention Interventions for Youth Problem Gambling

Prevention is considered as the first line intervention in the treatment of PG, with harm-reduction being the primary paradigm for gambling prevention programs (Dickson et al., 2004). The harm-reduction approach is used because it is grounded in the reality that it is an adolescent's choice whether or not they decide to engage in gambling, and that they need to be prepared to gamble responsibly once they reach the legal age. The goal of prevention interventions from a harm-reduction perspective is to reduce the immediate harmful consequences of gambling,

whether minor or severe, while equipping adolescents with the skills to avoid future gambling-associated harms (Dickson et al., 2004).

Recent commentaries on youth PG prevention programs have highlighted the importance of community-level health promotion approaches, including universal treatments, to teach youth adaptive cognitive and behavioral strategies that directly address gambling-related cognitive distortions. One such example is mindfulness-based training (Sapthiang et al., 2020). These prevention approaches can be *universal* (efforts provided to all adolescents regardless or risk) or *selective* (efforts provided to adolescents at greater risk for PG) and can significantly improve cognitive outcomes such as knowledge, beliefs, and perceptions (Dickson et al., 2004; Keen et al., 2016; Griffiths, 2008). The vast majority of youth prevention programs are school-based universal approaches.

Several prevention programs for youth problem gambling have been developed, including upstream interventions (family-based programs to strengthen families and parenting), information/awareness campaigns aimed at the general public, school-based directed educational initiatives (Donati et al., 2014), and general age-related prohibitions on regulated forms of gambling (Griffiths, 2008; Oh et al., 2017; Williams et al., 2007). Generally, educational initiatives have been shown to be effective in improving knowledge about gambling and reducing gambling-related misconceptions, perceptions, and superstitions (Donati et al., 2014; Grande-Gossende et al., 2020; Keen et al., 2016; Oh et al., 2017). However, there is currently insufficient evidence to indicate that these cognitive improvements are effective in directly reducing gambling behaviors (Keen et al., 2016; Grande-Gossende et al., 2020; Oh et al., 2017). There is greater evidence for change when prevention interventions are repeated (Ren et al., 2019). Taken together, the evidence

suggests that youth gambling prevention programs may be useful for developing accurate beliefs and knowledge about gambling, but do not necessarily reduce later risk for problem gambling.

In a systematic review of the literature on school-based gambling education programs, Keen et al. (2016) found that initiatives targeting misconceptions and mathematical concepts related to gambling could be effective in building autonomy and accurate beliefs prior to the development of any gambling problems. Specifically, this can involve teaching common misconceptions and fallacies about gambling, differences between chance and skill-based games, and how to understand gambling odds, which naturally instills more negative attitudes toward gambling.

Unique Issues in the Treatment, Assessment, and Measurement of Youth PG

Three sequential phases of intervention are typical in the treatment of youth PG: assessment, treatment, and relapse prevention. Semi-structured interviews are typically utilized during intake assessments, allowing for a more flexible approach to assessment while also prioritizing rapport building and the development of a therapeutic alliance with the client or patient (Derevensky, 2004). At this stage, general information is gathered about the individual, as well as information about their gambling behaviors including gambling frequency, types of gambling engaged with, money spent on gambling, how that money is acquired, and severity of PG through the use of a problem gambling severity instrument. Questions typically surround motivations for gambling; whether it is a way to cope, escape or regulate emotions; triggers and antecedents to gambling; cognitive distortions; and their readiness to change. It should be noted that many youths do not voluntarily enter treatment, rather they are strongly encouraged, and in some cases, even threatened by parents, siblings, or romantic partners.

Assessment of a youth's motivation for change is an essential starting point for intervention (DiClemente et al., 2004; Prochaska & DiClemente, 1984). Identifying whether a client is at the stage of pre-contemplation (i.e., gambling is not seen as a problem), contemplation (i.e., beginning to think about modifying gambling), preparation (i.e., deciding to change gambling behavior), action (i.e., taking steps to stop the gambling) or maintenance (i.e., willingness to accept continued work to sustain initial changes) can inform the type of intervention that will be necessary to address their PG. Other key domains beyond gambling are important to assess including family history, academic/work history, medical history, current life stressors, engagement in other addictive behaviors or substance use, mental health status, psychological comorbidities (e.g., internalizing and externalizing symptoms), suicidality, and an identification of primary coping styles.

To assess for problem gambling, it is necessary to assess the presence of the DSM-5 criteria (APA, 2013) for gambling disorder over the past 12 months, which include the presence of i) tolerance, ii) withdrawal, iii) cravings, iv) difficulties controlling gambling, v) restlessness or irritability when cutting back or stopping gambling, vi) preoccupation, vii) chasing, viii) lying to conceal gambling, and ix) a negative impact on relationships or educational opportunities (APA, 2013). For assessing youths, however, this is typically adapted by placing a greater emphasis on gambling-related risk and harm as opposed to symptoms of gambling disorder (Raisamo et al., 2013). Some of the commonly used assessment measures for youth PG include the South Oaks Gambling Screen-Revised Adolescent (Winters et al., 1993), the DSM-IV Multiple Response-Juvenile scale for pathological gambling (DSM-IV-MR-J; Fisher, 2000), and the Canadian Adolescent Gambling Inventory (CAGI; Wiebe et al., 2007; the only instrument developed specifically for youth as opposed to a modification of a pre-existing assessment).

Compared to typical instruments, these youth-specific measures involve re-worded questions and response options to better accommodate adolescent experiences and reading abilities. These instruments include items relating to five key domains: (i) time spent gambling, (ii) psychological consequences, (iii) social consequences, (iv) financial consequences, and (v) preoccupation and impaired control (Wiebe et al., 2007). Assessing these key domains of gambling-related risk may be the most effective way of classifying gambling risk in youth (i.e., no-, low-, moderate- and high-risk gamblers), while informing decision making with regards to the necessary interventions that are sensitive to this continuum of gambling risk.

Barriers to Treatment Seeking

It is widely established that most adolescent problem gamblers do not seek treatment (Ladouceur et al., 2004; Hardoon et al., 2003; Splevins et al., 2010). Chevalier and Griffiths (2004), expanding on Griffiths (2001), presented 21 possible reasons for this, including denial of gambling problems, lack of available treatment services, stigma associated with seeking or attending treatment, being "bailed out" of their financial troubles by parents, receiving treatment for other underlying problems, and spontaneous remission out of gambling problems (Chevalier & Griffiths, 2004; Griffiths, 2001). Although these reasons are useful for treatment providers to recognize, they are limited in that they are grounded in speculation (albeit expert speculation) requiring further empirical research, and they tend to be specific to traditional in-person treatments, which do not represent the full spectrum of possible interventions for youth gambling. For instance, helplines, online therapy, and self-help interventions may be effective assistance for youth with PG, addressing many of the aforementioned barriers to help-seeking. Nevertheless, given the importance of perceived stigma, counsellors or therapists should be attentive to emotions

such as shame in youth presenting for gambling-related problems, while public health education initiatives should aim to demystify PG and the treatment process in order to reduce denial and stigma while encouraging help-seeking through a variety of possible avenues.

Developmental Considerations and Comorbidity

When providing counselling services to youth problem gamblers, it is important to keep in mind that interventions with children or adolescents differ from those provided to adults, because they must consider developmental needs while reflecting an understanding of age-related changes, in addition to cultural and contextual factors (Malti et al., 2016). In addition to addressing youth problem gambling, these programs also generally aim to facilitate the maturation process and promote personal responsibility, tend to integrate family members whenever possible, and are delivered in an approachable and easily accessible manner with treatment goals that are acceptable to youth (Macleod et al., 1986). While the treatment provider may ultimately target abstinence as the end goal, young people tend to set control of their gambling as their goal—a discordance that can increase treatment dropout rates. Derevensky (2012) has argued that acceptance of controlled gambling and working toward abstinence can be a good starting point to engage the youth problem gambler in treatment.

There are two developmentally sensitive concepts that should also be considered when treating youth problem gamblers: (1) the use of age-appropriate language, terminology, and concepts, and (2) the importance of addressing age-related needs and concerns. For the first point, a brief assessment of reading and oral comprehension may be necessary before providing psychoeducation and introducing concepts related to PG. For the second, it is crucial to address issues related to the family system, schooling, and peer-relationships, while promoting a

psychological sense of safety, self-efficacy, and connectedness. As for differing therapeutic approaches, a meta-analysis of youth psychological therapy indicated that cognitive behavioral therapy (CBT) produced the most robust effects across measured outcomes (Weisz et al., 2017). Overall, research suggests that psychotherapy can have a significant positive impact on reducing mental health problems in youth, generally (Bergman et al., 2018; Weisz et al., 2017).

In addition to developmental considerations, problem gamblers have been found to report higher rates of comorbid substance use problems (e.g., alcohol and cannabis use), internalizing problems (e.g., anxiety and depression) and externalizing problems (e.g., behavioral problems, ADHD; Dowling et al., 2015; Ford & Håkansson, 2020; Petry et al., 2001; Richard & Derevensky, 2017; Richard et al., 2020). Although recommended treatment approaches suggest that CBT and third-wave CBT approaches can be effective treatments for problem gamblers with comorbid psychopathology (Dowling et al., 2016; Grant & Chamberlain, 2020), concerns related to the comorbid disorder(s) may also need to be directly addressed in treatment. In fact, there is evidence that depressive symptoms can increase as gambling behaviors subside, with youth lamenting that the treatment has taken away their only source of enjoyment (Derevensky, 2012b). Lastly, conceptualizing the "type" of youth problem gambler that is being seen in treatment can be useful in understanding factors that maintain PG-related difficulties. This typological classification may be based on the individual's propensity for chasing, negative consequences or level of risk (Kong et al., 2014), or on type of problem gambler they are according to the *Pathways Model* (i.e., behaviorally conditioned, emotionally vulnerable, or biologically based; Blaszczynski & Nower, 2002; Gupta et al., 2013).

Evidence-Based Treatments for Youth Problem Gambling

There is little empirically based research available to date on treatments for adolescent at-risk gambling and PG. As will be discussed later, there is evidence that online or Internet-based treatment interventions for PG may be especially beneficial for youth because it reduces barriers to accessing care and increases the likelihood of treatment follow-up (Chevalier & Griffiths, 2004; Ladouceur et al., 2004). However, most intervention studies on the effectiveness of PG treatments have focused on adults, which do not account for the additional developmental considerations at play when working with children or adolescents. Several books, book chapters and journal articles have been published in the last twenty years summarizing the state of evidence-based treatments for PG (e.g., Abbott, 2019; Cowlishaw et al., 2012; Derevensky, 2012a; Di Nicola et al., 2019; McIntosh & O'Neill, 2017; Petry et al., 2017; Raylu et al., 2013; Rodda et al., 2018), with some focusing solely on youth (Derevensky et al., 2004; Delfabbro & King, 2020; Nastally & Dixon, 2010; Pietrzak et al., 2003). A general disclaimer of all these reviews is that the efficacy of long-term treatment programs for youth with gambling problems remains largely untested, with an important gap remaining between science and practice. There is also evidence that even among adults, no specific approach is significantly better than another in addressing PG (Oei et al., 2010; Oei et al., 2018; Smith et al., 2013; Toneatto & Gunaratne, 2009). These findings are in line with research pointing to factors that are common to all psychotherapy treatment approaches (Wampold, 2015). As such, the following section will provide an overview of treatment approaches that have been evaluated among youth while providing a rationale for their potential application. Table 1 presents an overview of each treatment modality discussed below, what they comprise, and the available evidence supporting their effectiveness.

Behavioral, Cognitive, and Cognitive-Behavioral Therapy

Behavioral Therapy. Most of the empirical evidence for the treatment of PG has focused on behavioral, cognitive, or combined cognitive-behavioral therapies (Tolchard, 2017). Behavioral interventions for PG tend for focus on achieving control over gambling behaviors by addressing positive and negative reinforcers, in addition to factors that maintain the behavior (e.g., exposure to gambling cues, situations; Delfabbro & King, 2020). At their core, these interventions include monitoring, progress tracking and personalized feedback (Auer & Griffiths, 2016; Ceilo & Lisman, 2014; Cunningham et al., 2009; 2012; Larimer et al., 2011; Neighbors et al., 2015; Takuishi et al., 2004), in addition to exposure-based treatments (Delfabbro & King, 2020; Smith et al., 2015).

In a systematic review of the use of personalized feedback interventions for PG, it was found that these interventions may be effective for changing maladaptive perceived norms towards gambling with the potential for stabilizing social gambling and decreasing the risk for problematic gambling behaviors in the short-term (Grande-Gosende et al., 2020; Marchica & Derevensky, 2016). It is noteworthy that most of the studies investigating personalized feedback were conducted on college students and those entering adulthood (Larimier et al., 2011; Neighbors et al., 2015; Takuishi et al., 2004). As for exposure-based therapy, although it has been found to lead to reductions in PG among adults (Smith et al., 2015), and the applicability and feasibility of exposure-based therapy for youth has been discussed (Delfabbro & King, 2020), no studies have directly investigated its effectiveness.

Cognitive Therapy. These interventions target thoughts, perceptions and beliefs related to problem gambling. In cognitive therapy, psychoeducation is provided to help individuals understand concepts such as randomness, in addition to addressing erroneous beliefs and

inaccurate perceptions (Ladouceur et al., 1998; Ladouceur et al., 2001). Maladaptive, erroneous or distorted cognitions such as over-inflated sense of one's gambling skill, distorted perception of probability (e.g., a belief in "luck" as a causal force), and illusory correlations that generate superstitions, are identified and challenged throughout the course of treatment while encouraging collaborative empiricism and metacognitive interventions (Toneatto, 2002; Toneatto & Gunaratne, 2009). Although cognitive therapy has been found effective for adults with PG (Smith et al., 2015; Toneatto & Gunaratne, 2009), it has not been empirically evaluated among youth. These types of treatment interventions have the potential to be beneficial for youth by ameliorating their lack of knowledge and distorted beliefs about gambling that maintain the thoughts that fuel compulsive gambling. These types of approaches have been utilized in prevention initiatives with youth (Donati et al., 2014), so there is potential for it to be tailored to youth problem gamblers in individual therapy settings.

Cognitive-Behavioral Therapy. Cognitive-behavioral therapy (CBT) is the treatment for PG that has received the most research attention, with several studies focusing on youth. Ladouceur and colleagues (1994) investigated the effectiveness of a CBT treatment among four problem gamblers aged 17 to 19. The program incorporated information about gambling, cognitive interventions, problem-solving training, social skills training, and relapse prevention, and was shown to be effective in increasing perceptions of control over gambling and reducing PG severity. Following the termination of treatment, one adolescent relapsed within one month, but the other three had sustained therapeutic gains and were abstinent from gambling for up to six months. Among adults, systematic reviews and meta-analyses have found CBT an effective approach compared to alternatives (Gooding & Tarrier, 2009). Regarding other addictive behaviors among youth, CBT has also been found effective in reducing the frequency of video gaming behaviors

and disordered gaming symptoms among youth with Internet gaming disorder (Zajac et al., 2020). Given that both PG and gaming disorder are considered behavioral addictions with similar clinical symptoms and factors that influence their etiologies (Gentile et al., 2017; Shaffer & Martin, 2011), CBT appears to be a promising avenue for the treatment of youth PG.

A Third Wave of Cognitive Behavioral Therapies

Mindfulness-Based Cognitive Therapies. The role of mindfulness in cognitive-behavioral treatments for problem gambling has received substantial theoretical and empirical support, showing promising results in the treatment of PG among adults (Chen et al., 2014; De Lisle et al., 2011; Maynard et al., 2018; McIntosh et al., 2016; Sancho et al., 2018; Shonin et al., 2013). Specifically, interventions like mindfulness meditation allow individuals to examine how they relate to their thoughts, which includes (but is not limited to) the cognitive distortions typically addressed in CBT for PG. Mindfulness interventions encourage individuals to learn to observe their own mental processes without restriction and without getting lost in the content of their thoughts (De Lisle et al., 2011; 2012; Toneatto et al., 2007). The state of mindfulness describes paying attention to the present moment while maintaining a non-judgmental and accepting approach. These practices include more formal sitting meditations (i.e., focusing attention on the breath or scanning the body for various physical sensations) and forms of "everyday mindfulness" (i.e., bringing attention to the full range of sensations, thoughts, and feelings while engaging in daily activities). For individuals with gambling problems, a regular mindfulness practice could help them learn how to respond differently to gambling-related cognitions and urges, observing them with a non-judgmental attitude that can help individuals detach themselves from these thoughts by simply noticing feelings as they arise and letting them fall away. Mindfulness-based

treatments have yet to be investigated among youth problem gamblers, although specific mindfulness interventions, may have some potential benefits when integrated within CBT.

Acceptance and Commitment Therapy. Acceptance and commitment therapy (ACT) provides an explanation of the psychological processes that may underlie maladaptive behaviors like PG and has the development of psychological flexibility as its overarching treatment goal (Nastally & Dixon, 2012; Hayes et al., 2012). It targets six psychological processes: (i) acceptance, (ii) defusion (detachment from thoughts), (iii) flexible attention to the present moment, (iv) the self-as-context, (v) values, and (vi) committed action (Hayes et al., 2012). These processes work together to help an individual become more open to their present-moment experience while continually considering their values and future goals. When treating PG, there is a focus on decreasing experiential avoidance (e.g., gambling as an escape or means to cope; Riley, 2014) while focusing on the acceptance of emotional states, defusion from gambling-related cognitions, and behavioral activation towards desired values and outcomes (McIntosh, 2017). A randomized-control trial by Dixon et al. (2016) found that an ACT-based intervention led to increases in mindfulness and greater acceptance of thoughts and feelings among college students aged 18 to 20 (Dixon et al., 2016).

Dialectical Behavioral Therapy. Although initially developed for the treatment of borderline personality disorder (BPD; Linehan, 1987; 1993), dialectical behavioral therapy (DBT) has also been adapted and utilized for the treatment of PG, substance use disorders and other high-risk behaviors (Rathus & Miller, 2002; Christensen et al., 2013). Moreover, since cluster B personality disorders and substance use disorders are commonly comorbid with PG (Bagby et al. 2008; Fernandez-Montalvo & Echeburua 2004), there could be shared overlap in their underlying mechanisms (e.g., impulsivity, emotion dysregulation), meaning treatments effective for one

disorder can be effective in treating comorbid disorders as well (Brown et al., 2015; 2016). The treatment of PG through DBT focuses on teaching and practicing various psychological skills including mindfulness, distress tolerance, emotion regulation and interpersonal effectiveness. Although it has not yet been empirically evaluated in the treatment of youth PG, deficits in emotion regulation have been identified as an important psychological mechanism to during treatment for youth PG (Marchica et al., 2019), and these deficits could be directly addressed through specific DBT interventions.

Psychodynamic Therapy

Rosenthal (2008) outlines seven types of interventions or techniques that differentiate psychodynamic therapy from other therapeutic interventions in the treatment of PG: (i) a focus on affect and expression of emotions; (ii) an exploration of attempts to avoid certain topics or engagement in activities that hinder the progress of therapy; (iii) an identification of patterns in the patient's thoughts, feelings, experiences, actions and relationships; (iv) an emphasis on past relationships; (v) a focus on interpersonal experiences; (vi) an emphasis on the therapeutic relationship; and (vii) an exploration of wishes, fantasies, and dreams. To date, no research studies have investigated the effectiveness of psychodynamic therapy for PG in youth. However, some research utilizing integrative models (see section on integrative therapies from more details) have included psychodynamic components (e.g., identification of underlying issues, developing more mature defenses) with some noted success in treating adolescent problem gamblers (Gupta & Derevensky, 2000).

Support Groups and Self-Help

Support Groups. A commonly recognized treatment for PG among adults is Gamblers Anonymous (GA), a mutual aid fellowship based on the 12-steps program first and famously developed for those struggling with alcohol use disorders in Alcoholics Anonymous (AA; Ferentzy & Skinner, 2003). Similarly to AA, GA places total abstinence from gambling as it's principle criterion for success, which differentiates from other treatment programs that aim for harm-reduction and increased control over gambling behaviors (Blaszczynski et al., 1991; Grant & Potenza, 2004). It is argued that support groups effectively address PG by increasing perceptions of and access to social support (Oei et al., 2008). Unfortunately, attendance at GA meetings is typically relegated to adults, along with the potential benefits of peer support that come from attendance in these groups. Although no research has investigated the overall effectiveness of GA among youth, there has been some openness on the part of both AA and GA to welcome youth in their support groups. For instance, AA has published some anecdotal evidence suggesting that participation in these groups may be effective in reducing alcohol consumption and problem drinking among adolescents (Alcoholics Anonymous World Services, 2017).

Alternative approaches to in-person support for PG include online support or discussion forums designed to help people with gambling problems. These support forums have been reported to help members better understand how to cope with gambling problems, and offer support from others who have also struggled with PG (Wood & Wood, 2009). Aspects unique to online support forums including increased accessibility and perceptions of anonymity were noted as important benefits of them (Wood & Wood, 2009). There is potential for youth to benefit from online support

forums addressing some of the barriers related to help-seeking (e.g., stigma, shame) while being readily accessible and affordable.

Self-Help. Various forms of self-help treatment programs (e.g., books, websites, smart-phone apps, video/audio technology) have also been suggested as treatment options to address PG. Self-help treatment models vary, but most integrate some cognitive-behavioral approaches. Various clinical factors may positively influence the effectiveness of self-help interventions, including absence of comorbid psychopathology, high levels of motivation, greater resourcefulness, and higher educational attainment (Raylu et al., 2008). In literature reviews and recent studies investigating self-help treatment programs, there is preliminary evidence indicating these interventions (including self-help cognitive-behavioral treatment) may be effective in treating PG among adults, although some minimal level contact with a clinician (i.e., brief interventions) tend to improve treatment outcomes (Abbott, 2019; Hodgins et al., 2019; Raylu et al., 2008; Oei et al., 2018). Once again, no treatment studies have investigated the long-term effectiveness of self-help interventions among youth, however, key benefits of self-help interventions have been noted relevant to youth, such as being appropriate for individuals of all ages, and being accessible through a computer or smart phone which is particularly attractive to adolescents (Gainsbury & Blaszczynski, 2011).

Motivational Interviewing and Brief Interventions

Brief, single-session interventions have been developed to address gambling-risk and PG, often as an extension of self-help treatments. These typically integrate elements from motivational interviewing, with motivational enhancement focusing on providing personalized feedback about gambling, exploring positive and negative consequences of gambling, and discussing how

gambling fits within specific goals and values (Petry et al., 2008). Alternatively, they can involve providing individuals with brief advice (i.e., normative feedback, psychoeducation, and outlining steps to curtail PG). These interventions have been found to be effective in reducing gambling behaviors and PG severity among adults (Abbott et al., 2018; Petry et al., 2008; Hodgins et al., 2001; 2004), yet have not been empirically evaluated among youth. These interventions may be feasible approaches to consider in helping youth make a commitment for change and reducing PG symptoms, especially for those with less serious symptoms and no psychiatric comorbidity.

Integrative Therapies

Integrative therapies combine key aspects of several different types of treatments. Among adolescents, Gupta and Derevensky (2000) outlined an integrative treatment approach used by the McGill University Youth Research and Treatment Clinic. It is predicated on empirical research indicating that gambling problems develop partially because of the need to escape or as a means of coping with other underlying problems. Both gambling problems and concurrent problems are addressed in treatment by focusing on the following treatment processes: (i) establishing mutual trust, (ii) acceptance of the gambling problem, (iii) identification of underlying problems, (iv) addressing personal issues, (v) developing effective coping skills, (vi) restructuring free time, (vii) involving the family and other social support systems, (viii) developing a healthy lifestyle, (ix) cognitive restructuring, (x) relapse prevention, and (xi) establishing a debt repayment strategy (when necessary).

For the 36 youth treated in the McGill clinic over a five-year period (with between 20 and 50 sessions), only one did not respond well. Although not a methodologically rigorous and

scientifically controlled study, the authors offer it as preliminary evidence for the effectiveness of this integrated treatment approach in treating youth problem gamblers.

Pharmacological Treatments

Clinical evidence attests to the benefits of pharmacological treatments for PG. However, when Grant and Potenza (2010) reviewed the state of the empirical literature while considering the unique impacts of pharmacological interventions on the developing adolescent brain, they found that peer-reviewed literature for pharmacological treatment have only been examined using RCT methodologies among adults with gambling disorder, with no direct evidence for the safety or efficacy of these treatments among adolescents (Grant & Potenza, 2010). Moreover, due to the significant positive placebo response in several clinical trials, pharmacological treatments for adolescents need to be considered cautiously. Given the paucity of research, the authors explored whether these pharmacological treatments were used to treat other psychiatric disorders among youth, and reported that the opioid antagonist naltrexone, the antidepressant clomipramine, and the mood stabilizer lithium could be future candidates for treating adolescent PG if sufficient clinical trials confirm their efficacy and safety (Grant & Potenza, 2010). As for research looking at other behavioral addictions, Zajac and colleagues (2017, 2020), identified a number of studies utilizing bupropion, methylphenidate or escitalopram in the treatment of Internet gaming disorder among youth. Of these medications, bupropion was the leading candidate in the treatment of this disorder, but additional double blinded placebo control trials are needed before drawing conclusions.

Mode of Delivery for Treating Youth Problem Gambling

An important aspect of treatment for gambling problems that is often taken for granted is the mode of delivery. Unless otherwise specified, most treatment studies for PG are conducted in-person, in treatment centers in hospitals, clinics or universities. With the rise of novel technologies and widespread access to them, interventions delivered by phone or online are becoming increasingly common. This trend accelerated rapidly in the context of the COVID-19 pandemic, wherein many mental health service providers were forced to adapt to providing psychotherapy and counselling services exclusively online—and certain benefits associated with this virtual delivery have been discovered as a result (Humer et al., 2020; Humer & Thomas, 2020; Pierce et al., 2020; Silver et al., 2020). The format of the therapy itself (i.e., whether it is administered individually or with other family members) is an additional factor to consider when treating youth problem gamblers. This section will focus on discussing alternative mediums to providing psychological support to youth problem gamblers and review the potential benefits of family therapy.

Phone Interventions

Problem gambling helplines are available in several countries including but not limited to Canada, Australia, New Zealand, the United States, and the United Kingdom. These helplines vary in their purpose and who they provide support to, with some primarily referring callers to PG treatment resources, and others providing telephone counseling, crisis intervention and professional consultations (Clifford, 2008). There is no required age to contact these services, and support can also be provided to partners, parents, family members and mental health professionals

(Clifford, 2008). Although no studies have investigated the perspectives of youth utilizing gambling helplines, adult callers have reported being generally satisfied with the service while being able to receive a balance of emotional and practical support (Shandley & Moore, 2008). Specifically, these helplines can be useful for individuals that need immediate support, whether it's related to gambling-related urges or dealing with the consequences of their gambling.

Online Interventions

Also referred to as telehealth or e-health, online delivery of interventions is increasingly being considered for the treatment of PG (Monaghan & Blaszczynski, 2009). There is evidence to suggest that online help or psychotherapy for PG is acceptable and useful for youth because it reduces barriers to accessing care while being more accessible, and that it facilitates the potential for treatment follow-up (Cooper, 2004; Hilty et al., 2016; Monaghan & Wood, 2010; Rockloff & Schofield, 2004). Online support has also been reported to be predominantly used by younger individuals and those seeking treatment for the first time (Rodda et al., 2013; 2014). It also allows for delivery of peer or professionally delivered interventions, depending on an individual's needs (Griffiths & Cooper, 2003). Although there are some noteworthy limitations of telehealth, including legal and ethical considerations, potential confidentiality issues, technological issues, and certain difficulties related to establishing rapport (Griffiths & Cooper, 2003), many of these issues are being addressed because of the necessarily rapid advances made in the modality during the COVID-19 pandemic (Humer & Thomas, 2020).

There are four categories of online help relevant to youth problem gambling: (i) informational/resource-based websites, (ii) professional counselling/psychotherapy services, (iii) support groups/forums, and (iv) chat lines. Unfortunately, little is known regarding the overall

effectiveness of online resources for PG (Cooper & Doucet, 2002). But for psychotherapy-based services specifically, studies have investigated the effectiveness of online exposure therapy (Oakes et al., 2008), CBT (Casey et al., 2017; van der Maas et al., 2019), and self-directed interventions (Gainsbury & Blaszczynski, 2011; Hodgins et al., 2019) with promising preliminary findings among adults.

As for online support forums, these appear to be helpful for individuals to better understand and cope with their gambling problems by hearing other's stories and getting support when struggling with urges to gamble (Wood & Wood, 2009). Demographically, users of these forums range from 18 to 61 years of age, indicating they may also be accessible to youth problem gamblers (Wood & Wood, 2009). On the other hand, recent research has also indicated that youth who are at-risk for PG tend to visit gambling-related online communities to share tips and experiences with gambling (Sirola et al., 2018). This is something counsellors and therapists should be aware of as this may contribute to the maintenance of gambling-related problems among youth. Lastly, online chat lines, which allow youth to talk with trained counsellors anonymously for free (van der Maas et al., 2019), may be appropriate venues for youth who have difficulties reaching out to counsellors either in-person or by phone.

Some countries, states and provinces have integrated these types of online services into their gambling helplines and are generally available to problem gamblers of all ages. Derevensky and colleagues developed an experimental program called "Talk it Out" where adolescents or young adults could log into an online chatroom to discuss their gambling problems with trained psychology students, supervised by two trained therapists. While no formal evaluation took place, evidence suggested that participants found the service beneficial while reporting decreases in gambling (Derevensky, 2012b).

Family Therapy

In the context of youth PG, involvement of the family within the treatment process is crucial (Derevensky, 2012b; McDowell et al., 2020). As youth may still be living with their family members, family dynamics at-home may be relevant to their presenting problems. Moreover, problem gamblers have been found to have a significant negative impact on their families and family functioning (Kourgiantakis et al., 2013), with some therapists suggesting that gambling problems should be conceptualized as a family issue (McComb et al., 2009). While it is not necessary for family members to be directly involved in treatment, having parents and siblings that are on board with the treatment process is beneficial for treatment outcomes. Helping the individual in treatment become more attuned to the emotions of their family members while helping them improve their ability to communicate their emotions may also be important. Being closely attuned to and naming problematic power dynamics within the family system can be helpful in validating the youth's experience, addressing potential issues of abuse or neglect, and discussing issues related to financially supporting the gambler (McDowell et al., 2020).

In a literature review on the role of family in PG treatment, Kourgiantakis and colleagues (2013) reported that family involvement in treatment was linked to better outcomes and improved functioning on both the individual and familial level. Unfortunately, their review only identified a single study examining the impact of youth PG on parents (Patford, 2007). To our knowledge, no study has yet investigated the effectiveness of family therapy for youth PG, but the above-cited evidence suggests that it could be effective. Additional evidence supporting this hypothesis is that family therapy has been shown to be effective in treating other behavioral problems among youth

including eating disorders (Murray & Le Grange, 2014), substance use disorders (Horigian et al., 2016) and Internet gaming disorder (Torres-Rodrigez et al., 2018; Zajac et al., 2020).

Conclusions

Youth problem gambling remains a serious public health concern calling for effective prevention and treatment interventions to be developed that address its direct harms and associated consequences. Because most treatment interventions for PG have only been empirically evaluated among adults, greater research investigating the effectiveness of these interventions among youth is necessary. Nevertheless, preliminary findings indicate that cognitive behavioral therapy and integrative treatment approaches could be effective in improving outcomes. Other treatment approaches such as pharmacotherapy, mindfulness-based cognitive therapy, acceptance and commitment therapy, family therapy, and brief interventions with motivational interviewing have the potential to be effective treatments, but more research is necessary to confirm this. Delivering counselling services and facilitating support groups through the Internet are also promising avenues for the future of treatment. Overall, as there are common factors related to therapeutic outcomes outside of the counselling approach (Wampold, 2015), it is important to tailor treatments to each individual, with special attention given to their developmental period, comorbid psychopathologies, and any other contextually relevant issues.

Table 1

Overview of Treatment Approaches and Associated Empirical Evidence for Youth Problem Gambling

Treatment Approach	Specific Interventions	Overview of Evidence
Behavioral Therapy	Addressing triggers, positive and negative reinforcers, monitoring, progress tracking and personalized normative feedback, exposure therapy.	General positive results for personalized normative feedback in reducing problem gambling in older adolescents (Grande Gosende et al., 2020; Marchica & Derevensky, 2016). No available evidence on exposure therapy.
Cognitive Therapy	Psychoeducation, identification and challenging of maladaptive cognitions, education on randomness and other gambling-related concepts.	No available evidence for cognitive therapy in treatment, although some work has been conducted relevant to prevention (see Keen et al., 2016).
Cognitive-Behavioral Therapy	Integration of both behavioral and cognitive interventions. Includes cognitive interventions, problem-solving, social skills training, and relapse prevention.	In 4 adolescent males, CBT improved perceived control over gambling and decreased PG severity. One relapse noted 1 month after treatment. All 4 abstinent and therapeutic gains maintained at 6 months (Ladouceur et al., 1994).
Mindfulness-Based Cognitive Therapy	Mindfulness practices (formal meditation and informal mindfulness), attending to and observing thoughts and emotions with a non-judgmental and open attitude.	No available evidence.
Acceptance and Commitment Therapy	Increasing acceptance to present moment experience (including thoughts and feelings), decreasing experiential avoidance, defusion from gambling-related cognitions and goal-directed action towards desired values.	No available evidence.

Dialectical Behavioral Therapy	Mindfulness practices, distress tolerance, emotion regulation and interpersonal effectiveness.	No available evidence.
Psychodynamic Therapy	Focus on affect and expression of emotions, explore attempts to avoid certain topics, identification of patterns in thoughts, feelings, experiences, actions & relationships, explore wishes, fantasies/dreams, and focus on past and present relationships.	No available evidence.
Support Groups	Social support and sharing experiences, understanding how to cope with gambling problems	No available evidence.
Self-Help	Self-directed cognitive-behavioral oriented interventions.	No available evidence.
Motivational Interviewing and Brief Advise	Personalized feedback about gambling, exploring its good and bad consequences, how it fits within goals/values; normative feedback, psychoeducation, outline steps to address PG.	No available evidence.
Integrative Therapies	Addressing gambling as a means of escape/coping, addressing comorbid problems/psychopathology, developing effective coping skills, restructuring free time, involving social support systems, cognitive restructuring, and relapse prevention.	Thirty-six youth were treated at the McGill treatment clinic with some evidence that the intervention led to decreases in gambling behaviors and problem gambling symptoms (Gupta & Derevensky, 2000).
Pharmacological Treatments	Medications could address biochemical dysfunctions in dopamine, serotonin, noradrenaline, opioid and/or glutamatergic systems which may be involved in PG.	Although certain medications have been proposed among adults, no RCTs have been conducted among children and adolescents (Grant & Potenza, 2010).

References

Abbott, M., Hodgins, D. C., Bellringer, M., Vandal, A. C., Palmer Du Preez, K., Landon, J., . . . & Feigin, V. (2018). Brief telephone interventions for problem gambling: a randomized controlled trial. *Addiction, 113*(5), 883–895. https://doi.org/10.1111/add.14149

Abbott, M. (2019). Professionally delivered interventions for gambling disorder. *Current Opinions in Psychiatry, 32*, 313–319. https://doi.org/10.1097/yco.0000000000000516

Alcoholics Anonymous World Services (2017). *Young People and A.A.* Retrieved from: https://www.aa.org/assets/en_us/p-4_youngpeopleandaa.pdf

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Washington, DC: Publisher

Aricak, O. T. (2019). Problematic online betting among Turkish adolescents. *Journal of Gambling Studies, 35*(1), 31–45. https://doi.org/10.1007/s10899-018-9793-8

Auer, M. M., & Griffiths, M. D. (2016). Personalized behavioral feedback for online gamblers: A real-world empirical study. *Frontiers in Psychology, 7.* https://doi.org/10.3389/fpsyg.2016.01875

Bagby, M., Bachon, D. D., Bulmash, E., & Quilty, L. C. (2008). Personality disorders and pathological gambling: A review and re-examination of prevalence rates. *Journal of Personality Disorders, 22*, 191–207.

Bergman, H., Kornør, H., Nikolakopoulou, A., Hanssen-Bauer, K., Soares-Weiser, K., Tollefsen, T. K., & Bjørndal, A. (2018). Client feedback in psychological therapy for children and adolescents with mental health problems. *Cochrane Database of Systematic Reviews*. https://doi.org/10.1002/14651858.cd011729.pub2

Blaszczynski, A., McConaghy, N., & Frankonova, A. (1991). Control versus abstinence in the treatment of pathological gambling: A two-year to nine-year follow-up. *British Journal of Addiction, 86*, 299–306.

Blaszczynski, A., & Nower, L. (2002). A pathways model of problem and pathological gambling. *Addiction, 97*(5), 487–499.

Brezing, C., Derevensky, J. L., & Potenza, M. N. (2010). Non-substance-addictive behaviors in youth: pathological gambling and problematic Internet use. *Child and Adolescent Psychiatric Clinics of North America, 19*(3), 625–641. https://doi.org/10.1016/j.chc.2010.03.012

Brown, M., Allen, J. S., & Dowling, N. A. (2015). The application of an etiological model of personality disorders to problem gambling. *Journal of Gambling Studies, 31*(4), 1179–1199. https://doi.org/10.1007/s10899-014-9504-z

Brown, M., Oldenhof, E., Allen, J. S., & Dowling, N. A. (2016). An empirical study of personality disorders among treatment-seeking problem gamblers. *Journal of Gambling Studies, 32*(4), 1079–1100. https://doi.org/10.1007/s10899-016-9600-3

Calado, F., Alexandre, J., & Griffiths, M. D. (2017). Prevalence of adolescent problem gambling: A systematic review of recent research. *Journal of Gambling Studies, 33*(2), 397–424. https://doi.org/10.1007/s10899-016-9627-5

Canadian Paediatric Society (2003). Age limits and adolescents. *Paediatrics & Child Health, 8*(9), 577–578. https://doi.org/10.1093/pch/8.9.577

Casey, L. M., Oei, T. P. S., Raylu, N., Horrigan, K., Day, J., Ireland, M., & Clough, B. A. (2017). Internet-based delivery of cognitive behaviour therapy compared to monitoring, feedback and support for problem gambling: A randomised controlled trial. *Journal of Gambling Studies, 33*(3), 993–1010. https://doi.org/10.1007/s10899-016-9666-y

Celio, M. A., & Lisman, S. A. (2014). Examining the efficacy of a personalized normative feedback intervention to reduce college student gambling. *Journal of American College Health, 62*, 154–164. https://doi.org/10.1080/07448481.2013.86562

Chen, P., Jindani, F., Perry, J., & Turner, N. L. (2014). Mindfulness and problem gambling treatment. *Asian Journal of Gambling Issues and Public Health, 4*(1), 2. https://doi.org/10.1186/2195-3007-4-2

Chevalier, S., & Griffiths, M. (2004). Why don't adolescent gamblers seek treatment (revisited)? *Journal of Gambling Issues, 11*, 1–9.

Ciccarelli, M., Nigro, G., Griffiths, M. D., D'Olimpio, F., & Cosenza, M. (2020). The associations between maladaptive personality traits, craving, alcohol use, and adolescent problem gambling: An Italian survey study. *Journal of Gambling Studies, 36*(1), 243–258. https://doi.org/10.1007/s10899-019-09872-x

Clifford G. (2008). The evolution of problem gambling helplines. In: Zangeneh M., Blaszczynski A., Turner N.E. (eds), *In the Pursuit of Winning.* Springer, Boston, MA. https://doi.org/10.1007/978-0-387-72173-6_17

Cooper, G., & Doucet, G. (2002). Online help for problem gambling: Why it is and is not being considered. *Journal of Gambling Issues.* https://doi.org/10.4309/jgi.2002.7.1

Cooper, G. (2004). Exploring and understanding online assistance for problem gamblers: The pathways disclosure model. *International Journal of Mental Health and Addiction, 1*(2). https://doi.org/10.11575/PRISM/9505

Cowlishaw, S., Merkouris, S., Dowling, N., Anderson, C., Jackson, A., & Thomas, S. (2012). Psychological therapies for pathological and problem gambling. *Cochrane Database of Systematic Reviews, 11*, 1–72. https://doi.org/10.1002/14651858.CD008937.pub2

Cunningham, J. A., Hodgins, D. C., Toneatto, T., Rai, A., & Cordingley, J. (2009). Pilot study of a personalized feedback intervention for problem gamblers. *Behavior Therapy, 40*, 219–224. https://doi.org/10.1016/j.beth.2008.06.005

Cunningham, J. A., Hodgins, D. C., Toneatto, T., & Murphy, M. (2012). A randomized controlled trial of a personalized feedback intervention for problem gamblers. *PLoS One, 7*(2), e31586. https://doi.org/10.1371/journal.pone.0031586

De Lisle, S. M., Dowling, N. A., & Allen, J. S. (2011). Mindfulness-based cognitive therapy for problem gambling. *Clinical Case Studies, 10*(3), 210–228. https://doi.org/10.1177/1534650111401016

De Lisle, S. M., Dowling, N. A., & Allen, J. S. (2012). Mindfulness and problem gambling: A review of the literature. *Journal of Gambling Studies, 28*(4), 719–739. https://doi.org/10.1007/s10899-011-9284-7

Derevensky, J. L. (2012a). Youth gambling: An important social policy and public health issue. In J. A. O'Dea (Ed.), *Education in a competitive and globalizing world. Current issues and controversies in school and community health, sport and physical education* (p. 115–130). Nova Science Publishers.

Derevensky, J. (2012b). Teen gambling: Understanding a growing epidemic. New York: Rowman & Littlefield.

Derevensky, J., Gupta, R., & Dickson, L. (2004). Adolescent gambling problems: Prevention and treatment implications. In J. E. Grant & M. N. Potenza (Eds.), *Understanding and Treating Pathological Gambling.* Washington, DC: APPI press, 159–168.

Delfabbro, P. H., & L. King, D. (2020). Chapter 6: Adolescent gambling. In C. A. Essau & P. H. Delfabbro (Eds.), *Adolescent Addiction (Second Edition)* (pp. 159–183). San Diego: Academic Press.

Dickson, L. M., Derevensky, J. L., & Gupta, R. (2002). The prevention of gambling problems in youth: A conceptual framework. *Journal of Gambling Studies, 18*(2), 97–159. https://doi.org/10.1023/a:1015557115049

Dickson, L. M., Derevensky, J. L., & Gupta, R. (2004). Harm reduction for the prevention of youth gambling problems. *Journal of Adolescent Research, 19*(2), 233–263. https://doi.org/10.1177/0743558403258272

Diclemente, C. C., Schlundt, D., & Gemmell, L. (2004). Readiness and stages of change in addiction treatment. *American Journal on Addictions, 13*(2), 103–119. https://doi.org/10.1080/10550490490435777

Di Nicola, M., De Crescenzo, F., D'Alò, G. L., Remondi, C., Panaccione, I., Moccia, L., . . . & Janiri, L. (2019). Pharmacological and psychosocial treatment of adults with gambling disorder. *Journal of Addictive Medicine, 1.* https://doi.org/10.1097/adm.0000000000000574

Dixon, M. R., Wilson, A. N., & Habib, R. (2016). Neurological evidence of acceptance and commitment therapy effectiveness in college-age gamblers. *Journal of Contextual Behavioral Science, 5*(2), 80–88. https://doi.org/10.1016/j.jcbs.2016.04.004

Donati, M. A., Primi, C., & Chiesi, F. (2014). Prevention of problematic gambling behavior among adolescents: Testing the efficacy of an integrative intervention. *Journal of Gambling Studies, 30*(4), 803–818. https://doi.org/10.1007/s10899-013-9398-1

Dowling, N. A., Merkouris, S. S., & Lorains, F. K. (2016). Interventions for comorbid problem gambling and psychiatric disorders: Advancing a developing field of research. *Addictive Behaviors, 58,* 21–30. https://doi.org/10.1016/j.addbeh.2016.02.012

Dowling, N. A., Cowlishaw, S., Jackson, A. C., Merkouris, S. S., Francis, K. L., & Christensen, D. R. (2015). Prevalence of psychiatric co-morbidity in treatment-seeking problem gamblers: A systematic review and meta-analysis. *Australian & New Zealand Journal of Psychiatry, 49*(6), 519–539. https://doi.org/10.1177/0004867415575774

Edgerton, J. D., Melnyk, T. S., & Roberts, L. W. (2015). Problem gambling and the youth-to-adulthood transition: Assessing problem gambling severity trajectories in a sample of young adults. *Journal of Gambling Studies, 31*(4), 1463–1485. https://doi.org/10.1007/s10899-014- 9501-2

Emond, A. M., & Griffiths, M. D. (2020). Gambling in children and adolescents. *British Medical Bulletin.* https://doi.org/10.1093/bmb/ldaa027

Elton-Marshall, T., Leatherdale, S. T., & Turner, N. E. (2016). An examination of internet and land-based gambling among adolescents in three Canadian provinces: Results from the youth gambling survey (YGS). *BMC Public Health, 16*(1). https://doi.org/10.1186/s12889-016- 2933-0

Ferentzy, P., & Skinner, W. (2003). Gamblers Anonymous: A critical review of the literature. *Journal of Gambling Issues, 9*. https://doi.org/10.4309/jgi.2003.9.9

Fernandez- Montalvo, J., & Echeburua, E. (2004). Pathological gambling and personality disorders: An exploratory study with the IPDE. *Journal of Personality Disorders, 18*, 500–505.

Ferrara, P., Franceschini, G., & Corsello, G. (2018). Gambling disorder in adolescents: What do we know about this social problem and its consequences? *Italian Journal of Pediatrics, 44*(1). https://doi.org/10.1186/s13052-018-0592-8

Fisher, S. (2000). Developing the DSM-IV criteria to identify adolescent problem gambling in non-clinical populations. *Journal of Gambling Studies, 16*, 253–273.

Floros, G. D. (2018). Gambling disorder in adolescents: Prevalence, new developments, and treatment challenges. *Adolescent Health, Medicine and Therapeutics, 9*, 43–51. https://doi.org/10.2147/AHMT.S135423

Frisone, F., Settineri, S., Sicari, P. F., & Merlo, E. M. (2020). Gambling in adolescence: A narrative review of the last 20 years. *Journal of Addictive Disorders*, 1–20. https://doi.org/10.1080/10550887.2020.1782557

Gainsbury, S., & Blaszczynski, A. (2011). Online self-guided interventions for the treatment of problem gambling. *International Gambling Studies, 11*(3), 289–308. https://doi.org/10.1080/14459795.2011.617764

Gentile, D. A., Bailey, K., Bavelier, D., Brockmyer, J. F., Cash, H., Coyne, S. M., Doan, A., Grant, D. S., Green, C. S., Griffiths, M., Markle, T., Petry, N. M., Prot, S., Rae, C. D., Rehbein, F., Rich, M., Sullivan, D., Woolley, E., & Young, K.. (2017). Internet gaming disorder in children and adolescents. *Pediatrics, 140*(2), S81–S85. https://doi.org/10.1542/peds.2016-1758h

Giralt, S., Müller, K. W., Beutel, M. E., Dreier, M., Duven, E., & Wölfling, K. (2018). Prevalence, risk factors, and psychosocial adjustment of problematic gambling in adolescents: Results from two representative German samples. *Journal of Behavioral Addiction*, 1–9. https://doi.org/10.1556/2006.7.2018.37

González-Roz, A., Fernández-Hermida, J. R., Weidberg, S., Martínez-Loredo, V., & Secades-Villa, R. (2017). prevalence of problem gambling among adolescents: A comparison across modes of access, gambling activities, and levels of severity. *Journal of Gambling Studies, 33*(2), 371–382. https://doi.org/10.1007/s10899-016-9652-4

Gooding, P., & Tarrier, N. (2009). A systematic review and meta-analysis of cognitive-behavioural interventions to reduce problem gambling: Hedging our bets? *Behaviour Research and Therapy, 47*(7), 592–607. https://doi.org/10.1016/j.brat.2009.04.002

Grande-Gosende, A., López-Núñez, C., García-Fernández, G., Derevensky, J., & Fernández-Hermida, J. R. (2020). Systematic review of preventive programs for reducing problem gambling behaviors among young adults. *Journal of Gambling Studies, 36*(1), 1–22. https://doi.org/10.1007/s10899-019-09866-9

Grant, J. E., & Chamberlain, S. R. (2020). Gambling and substance use: Comorbidity and treatment implications. *Progress in Neuro-Psychopharmacology and Biological Psychiatry, 99,* 109852. https://doi.org/10.1016/j.pnpbp.2019.109852

Grant, J. E., & Potenza, M. N. (2004). *Pathological Gambling: A Clinical Guide to Treatment.* Arlington, VA: American Psychiatric Publishing Inc.

Grant, J. E., & Potenza, M. N. (2010). Pharmacological treatment of adolescent pathological gambling. *International Journal of Adolescent Medicine and Health, 22*(1), 129–138.

Griffiths, M. (2008). Youth gambling education and prevention: Does it work? *Education and Health, 26*(2), 23–26.

Griffiths, M. (2001). Why don't adolescent gamblers seek treatment? *Journal of Gambling Issues, 5,* 51–59.

Griffiths, M., & Cooper, G. (2003). Online therapy: Implications for problem gamblers and clinicians. *British Journal of Guidance and Counselling, 31*(1), 113–135. https://doi.org/10.1080/0306988031000086206

Gupta, R., & Derevensky, J. L. (1998). An empirical examination of Jacobs' General Theory of Addictions: Do adolescent gamblers fit the theory? *Journal of Gambling Studies, 14*(1), 17–49. https://doi.org/10.1023/A:1023046509031

Gupta, R., & Derevensky, J. L. (2000). Adolescents with gambling problems: From research to treatment. *Journal of Gambling Studies, 16*(2/3), 315–342. https://doi.org/10.1023/a:1009493200768

Gupta, R., Nower, L., Derevensky, J. L., Blaszczynski, A., Faregh, N., & Temcheff, C. (2013). Problem gambling in adolescents: An examination of the Pathways Model. *Journal of Gambling Studies, 29*(3), 575–588.

Hardin, A. P., & Hackell, J. M.. (2017). Age limit of pediatrics. *Pediatrics, 140*(3), e20172151. https://doi.org/10.1542/peds.2017-2151

Hardoon, K., Derevensky, J. L., & Gupta, R. (2003). Empirical measures vs. perceived gambling severity among youth. *Addictive Behaviors, 28*(5), 933–946. https://doi.org/10.1016/s0306-4603(01)00283-0

Hayes, S. C, Strosahl, K. D., & Wilson, K. G. (2012). *Acceptance and commitment therapy: The process and practice of mindful change (2nd edition)*. New York, NY: The Guilford Press.

Hilty, D. M., Shoemaker, E. Z., Myers, K., Snowdy, C. E., Yellowlees, P. M., & Yager, J. (2016). Need for and steps toward a clinical guideline for the telemental healthcare of children and adolescents. *Journal of Child and Adolescent Psychopharmacology, 26*(30). https://doi.org/10.1089/cap.2015.0129

Hodgins, D. C., Currie, S. R., & el-Guebaly, N. (2001). Motivational enhancement and self-help treatments for problem gambling. *Journal of Consulting and Clinical Psychology, 69*(1), 50–57. https://doi.org/10.1037/0022-006X.69.1.50

Hodgins, D. C., Currie, S., el-Guebaly, N., & Peden, N. (2004). Brief motivational treatment for problem gambling: A 24-month follow-up. *Psychology of Addictive Behaviors, 18*(3), 293–296. https://doi.org/10.1037/0893-164X.18.3.293

Hodgins, D. C., Cunningham, J. A., Murray, R., & Hagopian, S. (2019). Online self-directed interventions for gambling disorder: Randomized controlled trial. *Journal of Gambling Studies, 35*(2), 635–651. https://doi.org/10.1007/s10899-019-09830-7

Horigian, V. E., Anderson, A. R., & Szapocznik, J. (2016). Family-based treatments for adolescent substance use. *Child and Adolescent Psychiatry Clinics of North America, 25*(4), 603–628. https://doi.org/10.1016/j.chc.2016.06.001

Humer, E., Stippl, P., Pieh, C., Pryss, R., & Probst, T. (2020). Experiences of psychotherapists with remote psychotherapy during the covid-19 pandemic: Cross-sectional web-based survey study. *Journal of Medical Internet Research, 22*(11), e20246. https://doi.org/10.2196/20246

Humer, E., & Thomas, P. (2020). Provision of Remote Psychotherapy during the COVID-19 Pandemic. *Digital Psychology, 1*(2), 27–31. https://doi.org/10.24989/dp.v1i2.1868

Jacobs, D. F. (1986). A general theory of addictions: A new theoretical model. *Journal of Gambling Behavior, 2*(1), 15–31. https://doi.org/10.1007/BF01019931

Keen, B., Blaszczynski, A., & Anjoul, F. (2016). Systematic review of empirically evaluated school-based gambling education programs. *Journal of Gambling Studies, 33*, 301–325. https://doi.org/10.1007/s10899-016-9641-7

Kong, G., Tsai, J., Krishnan-Sarin, S., Cavallo, D. A., Hoff, R. A., Steinberg, M. A., . . . & Potenza, M. N. (2014). A latent class analysis of pathological-gambling criteria among high school students. *Journal of Addictive Medicine, 8*(6), 421–430. https://doi.org/10.1097/adm.0000000000000074

Kourgiantakis, T., Saint-Jacques, M.-C., & Tremblay, J. (2013). Problem gambling and families: A systematic review. *Journal of Social Work Practice in the Addictions, 13*(4), 353–372. https://doi.org/10.1080/1533256x.2013.838130

Labrador, F. J., & Vallejo-Achón, M. (2020). Prevalence and characteristics of sports betting in a population of young students in Madrid. *Journal of Gambling Studies, 36*(1), 297–318. https://doi.org/10.1007/s10899-019-09863-y

Ladouceur, R., Blaszczynski, A., & Pelletier, A. (2004). Why adolescent problem gamblers do not seek treatment. *Journal of Child and Adolescent Substance Abuse, 13*(4), 1–12. https://doi.org/10.1300/j029v13n04_01

Ladouceur, R., Sylvain, C., Boutin, C., Lachance, S., Doucet, C., Leblond, J., Jacques, C. (2001). Cognitive treatment of pathological gambling. *Journal of Nervous and Mental Disease, 189*(11), 774–780. https://doi.org/10.1097/00005053-200111000-00007

Ladouceur, R., Sylvain, C., Letarte, H., Giroux, I., & Jacques, C. (1998). Cognitive treatment of pathological gamblers. *Behaviour Research and Therapy, 36*(12), 1111–1119. https://doi.org/10.1016/s0005-7967(98)00086-2

Larimer, M. E., Neighbors, C., Lostutter, T. W., Whiteside, U., Cronce, J. M., Kaysen, D., & Walker, D. D. (2011). Brief motivational feedback and cognitive behavioral interventions for prevention of disordered gambling: A randomized clinical trial. *Addiction, 107*, 1148–1158. https://doi.org/10.1111/j.13600443.2011.03776.x

Lee, G. P., Stuart, E. A., Ialongo, N. S., & Martins, S. S. (2014). Parental monitoring trajectories and gambling among a longitudinal cohort of urban youth. *Addiction, 109*(6), 977–985. https://doi.org/10.1111/add.12399

Linehan, M. M. (1987). Dialectical behavioral therapy: A cognitive behavioral approach to parasuicide. *Journal of Personality Disorders, 1*, 328–333.

Linehan, M. M. (1993). *Cognitive behavioral therapy of borderline personality disorder.* New York: Guilford.

Macleod, R. J., & Parker, Z. (1986). Considerations in community mental health programming for youth. *The Canadian Journal of Psychiatry, 31*(6), 568–574. https://doi.org/10.1177/070674378603100615

Malti, T., Noam, G. G., Beelmann, A., & Sommer, S. (2016). Toward dynamic adaptation of psychological interventions for child and adolescent development and mental health. *Journal of Clinical Child & Adolescent Psychology, 45*(6), 827–836. https://doi.org/10.1080/15374416.2016.1239539

Marchica, L., & Derevensky, J. L. (2016). Examining personalized feedback interventions for gambling disorders: A systematic review. *Journal of Behavioral Addiction, 5*(1), 1–10. https://doi.org/10.1556/2006.5.2016.006

Marchica, L., Zhao, Y., Derevensky, J., & Ivoska, W. (2017). Understanding the relationship between sports-relevant gambling and being at-risk for a gambling problem among American adolescents. *Journal of Gambling Studies, 33*(2), 437–448. https://doi.org/10.1007/s10899-016-9653-3

Marchica, L., Richard, J., Ivoska, W., & Derevensky, J. (2020). Adverse childhood experiences and addictive behaviors in adolescence: The moderating effect of internalizing and externalizing symptoms. *International Journal of Mental Health and Addiction, 20,* 31–41. https://doi.org/10.1007/s11469-020-00288-y

Marchica, L. A., Mills, D. J., Derevensky, J. L., & Montreuil, T. C. (2019). The role of emotion regulation in video gaming and gambling disorder. *The Canadian Journal of Addiction, 10*(4), 19–29. https://doi.org/10.1097/cxa.0000000000000070

Maynard, B. R., Wilson, A. N., Labuzienski, E., & Whiting, S. W. (2018). Mindfulness-based approaches in the treatment of disordered gambling. *Research on Social Work Practice, 28*(3), 348–362. https://doi.org/10.1177/1049731515606977

McComb, J. L., Lee, B. K., & Sprenkle, D. H. (2009). Conceptualizing and treating problem gambling as a family issue. *Journal of Marital and Family Therapy, 35*(4), 415–431. https://doi.org/10.1111/j.1752-0606.2009.00146.x

McDowell, T., Christensen, J. K., & Košutic, I. (2020). Core competencies for disordered gambling counsellors: A modified Delphi study. *Journal of Gambling Issues, 45*. https://doi.org/10.4309/jgi.2020.45.4

McIntosh, C. C., Crino, R. D., & O'Neill, K. (2016). Treating problem gambling samples with cognitive behavioural therapy and mindfulness-based interventions: A clinical trial. *Journal of Gambling Studies, 32*(4), 1305–1325. https://doi.org/10.1007/s10899-016-9602-1

McIntosh, C., & O'Neill, K. (2017). *Evidence-Based Treatments for Problem Gambling.* New York, NY: Springer Science + Business Media.

McIntosh, C. (2017). Acceptance and Commitment Therapy ("ACT") for problem gambling. In C. McIntosh & K. O'Neill (Eds.), *Evidence-Based Treatments for Problem Gambling* (pp. 63–71). Cham: Springer International Publishing.

Monaghan, S. & Blaszczynski, A. (2009). *Internet-Based Interventions for The Treatment of Problem Gambling*. Toronto: Centre for Addiction and Mental Health.

Monaghan, S., & Wood, R.T.A. (2010). Internet-based interventions for youth dealing with gambling problems. *International Journal of Adolescent Health and Medicine, 22*(1), 113–128.

Murray, S. B., & Le Grange, D. (2014). Family therapy for adolescent eating disorders: An update. *Current Psychiatry Reports, 16*(5). https://doi.org/10.1007/s11920-014-0447-y

Nastally, B. L., & Dixon, M. R. (2010). Adolescent gambling: Current trends in treatment and future directions. *International Journal of Adolescent Medicine and Health, 22*(1), 95–111.

Nastally, B. L., & Dixon, M. (2012). The effect of brief Acceptance and Commitment Therapy Intervention on the near-miss effect in problem gamblers. *The Psychological Record, 62*, 677–690. https://doi.org/10.1007/BF03395828

Neighbors, C., Rodriguez, L. M., Rinker, D. V., Gonzales, R. G., Agana, M., Tackett, J. L., & Foster, D. W. (2015). Efficacy of personalized normative feedback as a brief intervention for college student gambling: A randomized controlled trial. *Journal of Consulting and Clinical Psychology, 83*(3), 500–511. https://doi.org/10.1037/a0039125

Oakes, J., Battersby, M. W., Pols, R. G., & Cromarty, P. (2008). Exposure therapy for problem gambling via videoconferencing: A case report. *Journal of Gambling Studies, 24*(1), 107–118. https://doi.org/10.1007/s10899-007-9074-4

Oei, T. P. S., & Gordon, L. M. (2008). Psychosocial factors related to gambling abstinence and relapse in members of gamblers anonymous. *Journal of Gambling Studies, 24*(1), 91–105. https://doi.org/10.1007/s10899-007-9071-7

Oei, T. S., Raylu, N., & Casey, L. M. (2010). Effectiveness of group and individual formats of a combined motivational interviewing and cognitive behavioral treatment program for problem gambling: A randomized controlled trial. *Behavioral and Cognitive Psychotherapy, 38*, 233–238. https://doi.org/10.1017/S1352465809990701

Oei, T. P. S., Raylu, N., & Lai, W. W. (2018). Effectiveness of a self-help cognitive behavioural treatment program for problem gamblers: A randomized controlled trial. *Journal of Gambling Studies, 34*, 581–595. https://doi.org/10.1007/s10899-017-9723-1

Oh, B. C., Ong, Y. J., & Loo, J. M. Y. (2017). A review of educational-based gambling prevention programs for adolescents. *Asian Journal of Gambling Issues in Public Health, 7*(1). https://doi.org/10.1186/s40405-017-0024-5

Pierce, B. S., Perrin, P. B., Tyler, C. M., McKee, G. B., & Watson, J. D. (2020). The COVID-19 telepsychology revolution: A national study of pandemic-based changes in U.S. mental health care delivery. *American Psychologist.*

Petry, N. M., Ginley, M. K., & Rash, C. J. (2017). A systematic review of treatments for problem gambling. *Psychology of Addictive Behaviors, 31*(8), 951–961. https://doi.org/10.1037/adb0000290

Petry, N. M., & Tawfik, Z. (2001). Comparison of problem-gambling and non–problem-gambling youths seeking treatment for marijuana abuse. *Journal of the American Academy of Child and Adolescent Psychiatry, 40*(11), 1324–1331. https://doi.org/10.1097/00004583-200111000-00013

Petry, N. M., Weinstock, J., Ledgerwood, D. M., & Morasco, B. (2008). A randomized trial of brief interventions for problem and pathological gamblers. *Journal of Consulting and Clinical Psychology, 76*(2), 318-328. https://doi.org/10.1037/0022-006x.76.2.318

Pietrzak, R. H., Ladd, G. T., & Petry, N. M. (2003). Disordered gambling in adolescents. *Pediatric Drugs, 5*(9), 583–595. https://doi.org/10.2165/00148581-200305090-00002

Prochaska, J. O., & DiClemente, C. C. (1984). *The Transtheoretical Approach: Crossing Traditional Boundaries of Therapy.* Homewood, Ill: Dow Jones-Irwin.

Raisamo, S., Halme, J., Murto, A., & Lintonen, T. (2013). Gambling-related harms among adolescents: A population-based study. *Journal of Gambling Studies, 29*(1), 151–159. https://doi.org/10.1007/s10899-012-9298-9

Rathus, J. H., & Miller, A. L. (2002). Dialectical Behavior Therapy adapted for suicidal adolescents. *Suicide and Life-Threatening Behavior, 32*(2), 146–157. https://doi.org/10.1521/suli.32.2.146.24399

Raylu, N., Oei, T., & Loo, J. (2008). The current status and future direction of self-help treatments for problem gamblers. *Clinical Psychology Review, 28,* 1372–1385.

Ren, J., Moberg, K., Scuffham, H., Guan, D., & Asche, C. V. (2019). Long-term effectiveness of a gambling intervention program among children in central Illinois. *PLoS One, 14*(2), e0212087. https://doi.org/10.1371/journal.pone.0212087

Richard, J., & Derevensky, J. (2017). Identifying the relationship between mental health symptoms, problem behaviors and gambling among adolescents. *Annals of Behavioural Science, 3*(2), 1–9. https://doi.org/10.21767/2471-7975.100030

Richard, J., Fletcher, É., Boutin, S., Derevensky, J., & Temcheff, C. (2020). Conduct problems and depressive symptoms in association with problem gambling and gaming: A systematic review. *Journal of Behavioral Addictions, 9*(3), 497–533. https://doi.org/10.1556/2006.2020.00045

Riley, B. (2014). Experiential avoidance mediates the association between thought suppression and mindfulness with problem gambling. *Journal of Gambling Studies, 30*(1), 163–171. https://doi.org/10.1007/s10899-012-9342-9

Rockloff, M. J., & Schofield, G. (2004). Factor analysis of barriers to treatment for problem gambling. *Journal of Gambling Studies, 20*(2), 121–126. https://doi.org/10.1023/b:jogs.0000022305.01606.da

Rodda, S., Lubman, D. I., Dowling, N. A., Bough, A., & Jackson, A. C. (2013). Web-based counseling for problem gambling: Exploring motivations and recommendations. *Journal of Medical Internet Research, 15*(5), e99. https://doi.org/10.2196/jmir.2474

Rodda, S., & Lubman, D. I. (2014). Characteristics of gamblers using a national online counselling service for problem gambling. *Journal of Gambling Studies, 30*(2), 277–289. https://doi.org/10.1007/s10899-012-9352-7

Rodda, S., Merkouris, S. S., Abraham, C., Hodgins, D. C., Cowlishaw, S., & Dowling, N. A. (2018). Therapist-delivered and self-help interventions for gambling problems: A review of contents. *Journal of Behavioral Addictions, 7*(2), 211–226. https://doi.org/10.1556/2006.7.2018.44

Rosenthal, R. J. (2008). Psychodynamic psychotherapy and the treatment of pathological gambling. *Revista Brasileira de Psiquiatria, 30*(Suppl1), S41–S50. https://doi.org/10.1590/S1516-44462008005000004

Sancho, M., De Gracia, M., Rodríguez, R. C., Mallorquí-Bagué, N., Sánchez-González, J., Trujols, J., . . . & Menchón, J. M. (2018). Mindfulness-based interventions for the treatment of substance and behavioral addictions: A systematic review. *Frontiers in Psychiatry, 9.* https://doi.org/10.3389/fpsyt.2018.00095

Sapthiang, S., Van Gordon, W., Shonin, E., & Griffiths, M. D. (2020). Adolescent problem gambling requires community-level health promotion approaches. *Addiction Research & Theory, 28*(2), 91–94. https://doi.org/10.1080/16066359.2019.1590559

Scholes-Balog, K. E., Hemphill, S. A., Dowling, N. A., & Toumbourou, J. W. (2014). A prospective study of adolescent risk and protective factors for problem gambling among young adults. *Journal of Adolescence, 37*(2), 215–224. https://doi.org/10.1016/j.adolescence.2013.12.006

Scholes-Balog, K. E., Hemphill, S. A., Toumbourou, J. W., & Dowling, N. A. (2015). Problem gambling and internalising symptoms: A longitudinal analysis of common and specific social environmental protective factors. *Addictive Behaviors, 46*, 86–93. https://doi.org/10.1016/j.addbeh.2015.03.011

Shaffer, H. J., & Martin, R.. (2011). Disordered gambling: Etiology, trajectory, and clinical considerations. *Annual Review of Clinical Psychology, 7*(1), 483–510. https://doi.org/10.1146/annurev-clinpsy-040510-143928

Shandley, K., & Moore, S. (2008). Evaluation of gambler's helpline: A consumer perspective. *International Gambling Studies, 8*(3), 315–330. https://doi.org/10.1080/14459790802409279

Shead, N. W., Derevensky, J. L., & Gupta, R. (2010). Risk and protective factors associated with youth problem gambling. *International Journal of Adolescent Medicine and Health, 22*(1), 39–58.

Shonin, E., Van Gordon, W., & Griffiths, M. D. (2013). Buddhist philosophy for the treatment of problem gambling. *Journal of Behavioral Addictions, 2*(2), 63–71. https://doi.org/10.1556/jba.2.2013.001

Silver, Z., Coger, M., Barr, S., & Drill, R. (2020). Psychotherapy at a public hospital in the time of COVID-19: Telehealth and implications for practice. *Counselling Psychology Quarterly,* 1–9. https://doi.org/10.1080/09515070.2020.1777390

Sirola, A., Kaakinen, M., & Oksanen, A.. (2018). Excessive gambling and online gambling communities. *Journal of Gambling Studies, 34*(4), 1313–1325. https://doi.org/10.1007/s10899-018-9772-0

Smith, D. P., Battersby, M. W., Harvey, P. W., Pols, R. G., & Ladouceur, R. (2015). Cognitive versus exposure therapy for problem gambling: Randomised controlled trial. *Behaviour Research and Therapy, 69*, 100–110. https://doi.org/10.1016/j.brat.2015.04.008

Smith, D. P., Dunn, K. I., Harvey, P. W., Battersby, M. W., & Pols, R. G. (2013). Assessing randomized clinical trials of cognitive and exposure therapies for gambling disorders: A systematic review. *Behaviour Change, 30,* 139–158. https://doi.org/ 10.1017/bec.2013.15

Splevins, K., Mireskandari, S., Clayton, K., & Blaszczynski, A. (2010). Prevalence of adolescent problem gambling, related harms and help-seeking behaviours among an australian population. *Journal of Gambling Studies, 26*(2), 189–204. https://doi.org/10.1007/s10899-009-9169-1

Takushi, R. Y., Neighbors, C., Larimer, M. E., Lostutter, T. W., Cronce, J. M., & Marlatt, G. A. (2004). Indicated prevention of problem gambling among college students. *Journal of Gambling Studies, 20*, 83–93.

Tolchard, B. (2017). Cognitive-behavior therapy for problem gambling: a critique of current treatments and proposed new unified approach. *Journal of Mental Health, 26*(3), 283–290. https://doi.org/10.1080/09638237.2016.1207235

Toneatto, T. (2002). Cognitive therapy for problem gambling. *Cognitive and Behavioral Practice, 9*(3), 191–199. https://doi.org/10.1016/s1077-7229(02)80049-9

Toneatto, T., & Gunaratne, M. (2009). Does the treatment of cognitive distortions improve clinical outcomes for problem gambling? *Journal of Gambling Studies, 39*(4), 221–229. https://doi.org/10.1007/s10879-009-9119-3

Torres-Rodríguez, A., Griffiths, M. D., & Carbonell, X. (2018). The treatment of Internet gaming disorder: A Brief Overview of the PIPATIC Program. *International Journal of Mental Health and Addiction, 16*(4), 1000–1015. https://doi.org/10.1007/s11469-017-9825-0

Van Der Maas, M., Shi, J., Elton-Marshall, T., Hodgins, D. C., Sanchez, S., Lobo, D. S., . . . & Turner, N. E. (2019). Internet-based interventions for problem gambling: Scoping review. *JMIR Mental Health, 6*(1), e65. https://doi.org/10.2196/mental.9419

Wampold, B. E. (2015). How important are the common factors in psychotherapy? An update. *World Psychiatry: Official Journal of the World Psychiatric Association (WPA)*, *14*(3), 270–277. https://doi.org/10.1002/wps.20238

Wiebe, J., Wynne, H., Stinchfield, R., & Tremblay, J. (2007). *The Canadian Adolescent Gambling Inventory (CAGI) Phase II Final Report.* Submitted for the Canadian Centre on Substance Abuse.

Weisz, J. R., Kuppens, S., Ng, M. Y., Eckshtain, D., Ugueto, A. M., Vaughn-Coaxum, R., . . . & Fordwood, S. R. (2017). What five decades of research tells us about the effects of youth psychological therapy: A multilevel meta-analysis and implications for science and practice. *American Psychologist, 72*(2), 79–117. https://doi.org/10.1037/a0040360

Welte, J. W., Barnes, G. M., Tidwell, M. C., & Hoffman, J. H. (2011). Gambling and problem gambling across the lifespan. *Journal of Gambling Studies, 27*(1), 49–61. https://doi.org/10.1007/s10899-010-9195-z

Williams, R.J., Simpson, R.I. and West, B.L. (2007). Prevention of problem gambling. In G. Smith, D. Hodgins & R. Williams (Eds.), *Research and Measurement Issues in Gambling Studies.* pp.399-435. New York: Elsevier.

Winters, K. C., & Derevensky, J. L. (2019). A review of sports wagering: Prevalence, characteristics of sports bettors, and association with problem gambling. *Journal of Gambling Issues, 43*. https://doi.org/10.4309/jgi.2019.43.7

Winters, K. C., Stinchfield, R. D., & Fulkerson, J. (1993). Toward the development of an adolescent gambling problem severity scale. *Journal of Gambling Studies, 9*(1), 63–84. https://doi.org/10.1007/bf01019925

Wood, R. T. A., & Wood, S. A. (2009). An evaluation of two United Kingdom online support forums designed to help people with gambling issues. *Journal of Gambling Issues, 23*(23), 5. https://doi.org/10.4309/jgi.2009.23.1

Zajac, K., Ginley, M. K., Chang, R., & Petry, N. M. (2017). Treatments for Internet gaming disorder and Internet addiction: A systematic review. *Psychology of Addictive Behaviors, 31*(8), 979-994. https://doi.org/10.1037/adb0000315

Zajac, K., Ginley, M. K., & Chang, R. (2020). Treatments of internet gaming disorder: A systematic review of the evidence. *Expert Review of Neurotherapeutics, 20*(1), 85–93. https://doi.org/10.1080/14737175.2020.1671824