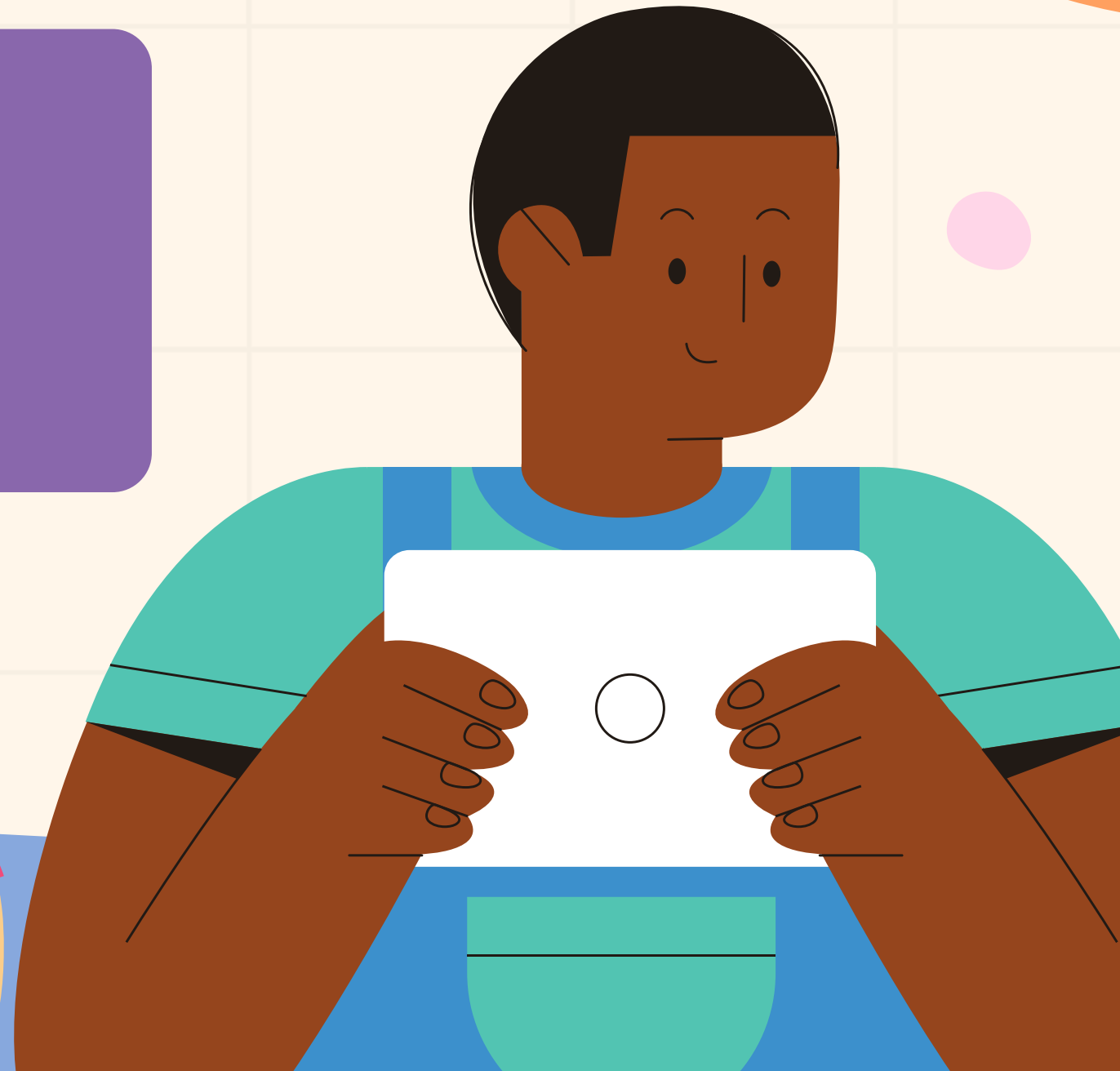
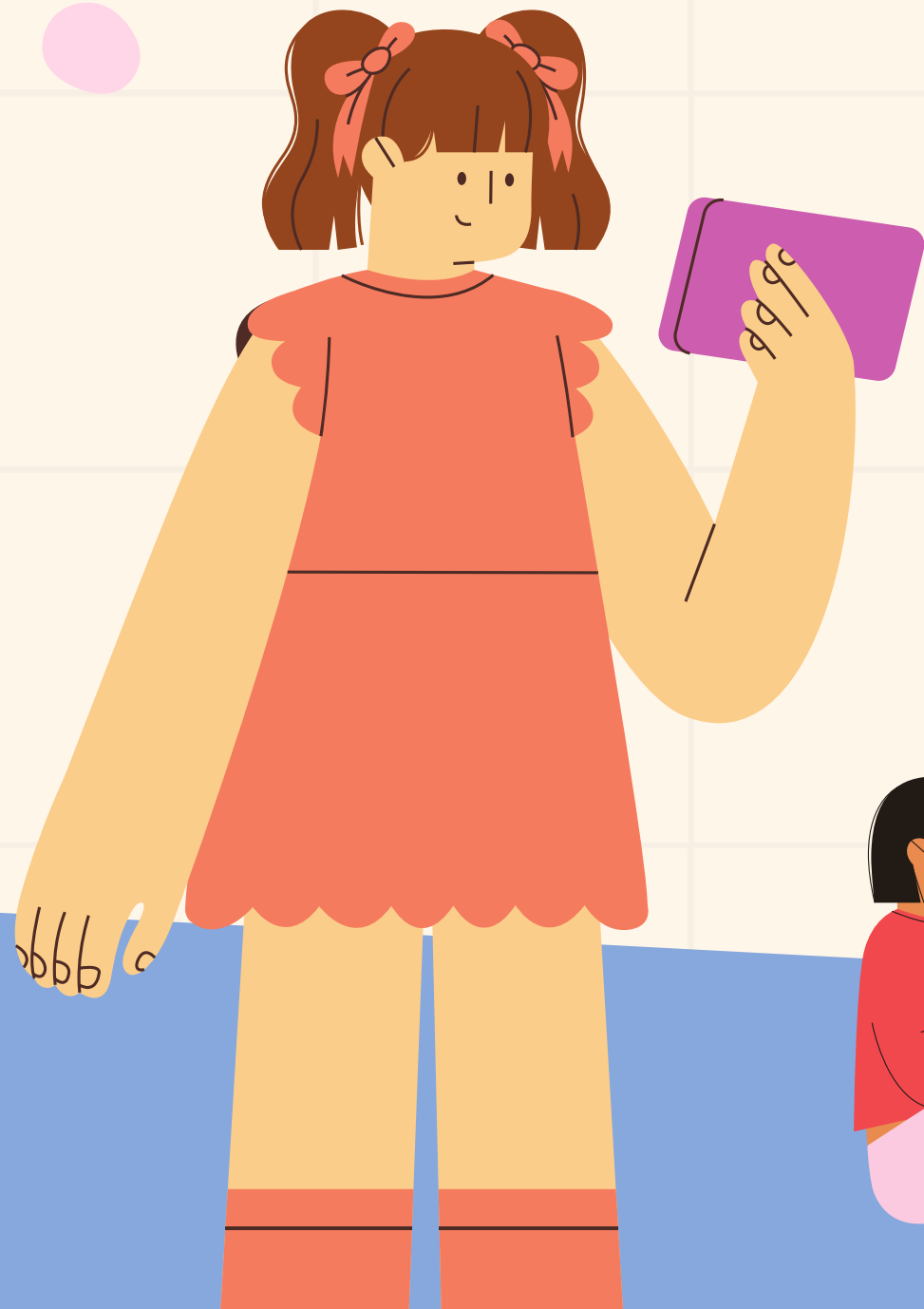


BETTING ON THE FUTURE: GAMBLING DISORDERS IN YOUTH

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SPEAKERS



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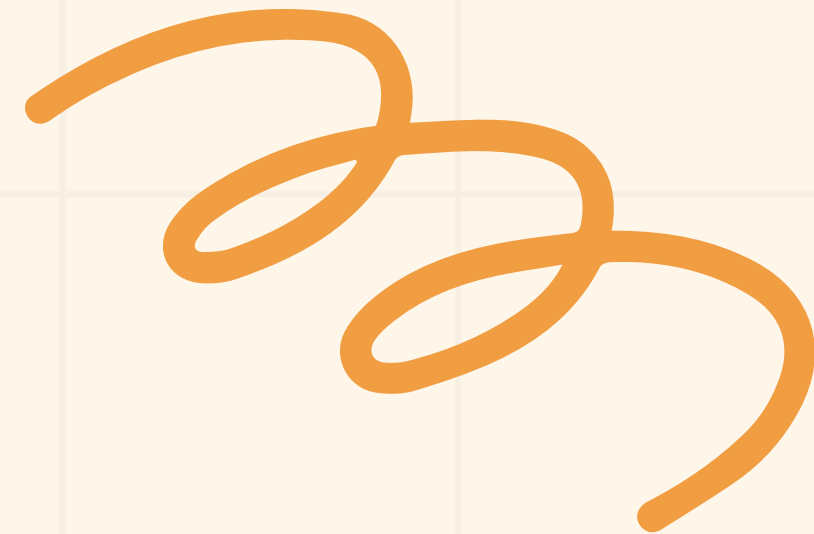
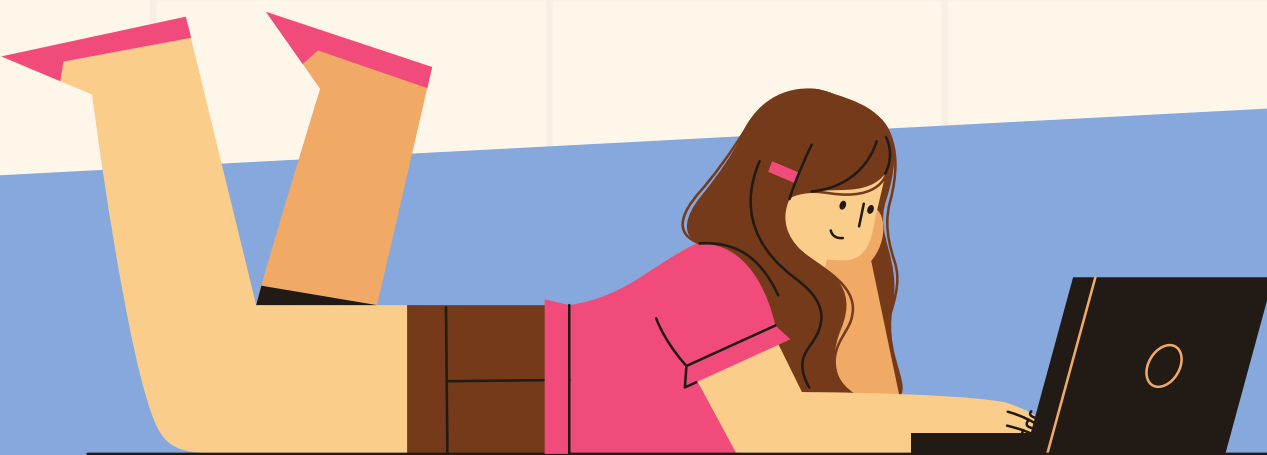
***No relevant financial relationships with ineligible companies to disclose.**

The views expressed are those of the speaker and do not reflect the official policy of Stanford University, Tripler Army Medical Center, the Department of the Army, Department of Defense, or the US Government.



VIRTUAL FORUM LOGISTICS


- All participants are in listen-only mode
- Technical issues or AACAP-related questions → use the Chat box
- Questions for the presenters → use the Q&A box
 - Due to time limitations, we may not be able to answer all questions, but we will do our best to address as many as possible.
- Today's session will be recorded and posted to www.aacap.org/virtual_forum within the next 24 hours





LEARNING OBJECTIVES



- Discuss developmental and digital risk factors for gambling disorder in youth.
 - Apply validated screening tools for adolescent gambling disorder in clinical practice.
 - Identify evidence -based psychosocial treatments for pediatric gambling disorder.
- 

CLINICAL VIGNETTE

“M” is a 14-year-old with no formal medical history a psychiatric history of ADHD who is brought into clinic by his father due family’s concerns regarding M’s screentime use and spending habits. Patient had opened a Roblox account around 3 months ago

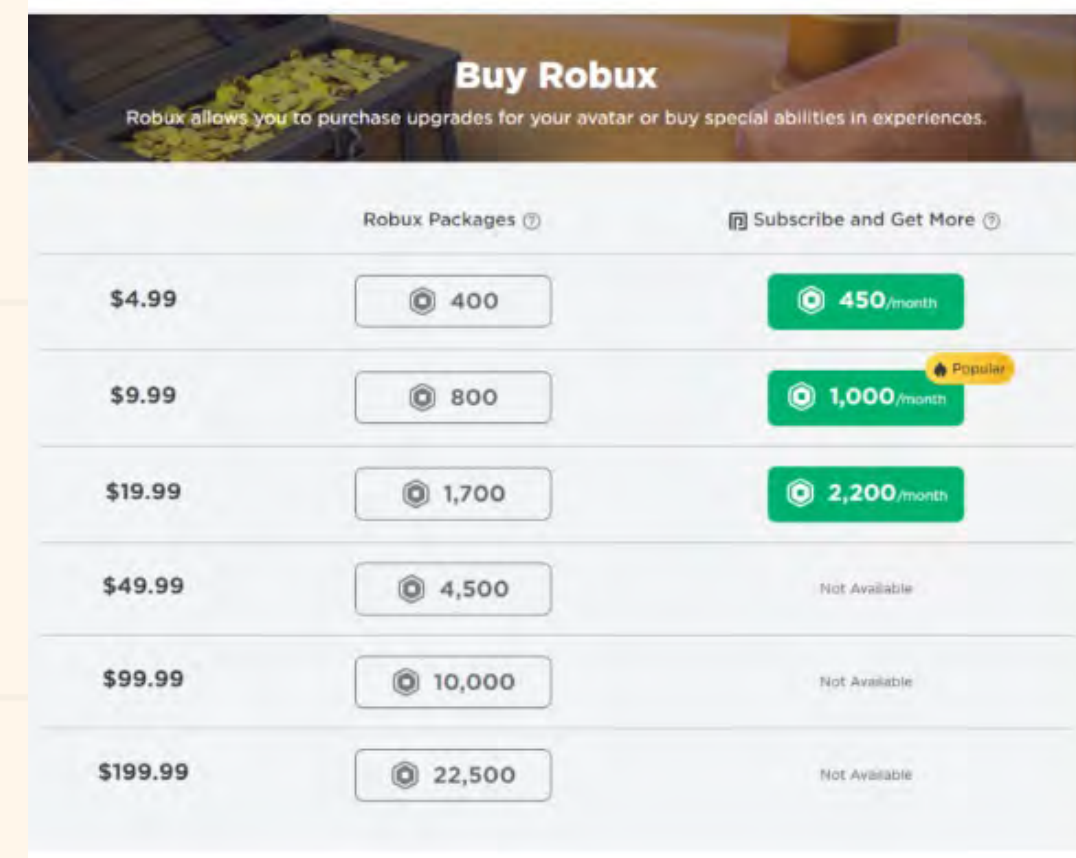
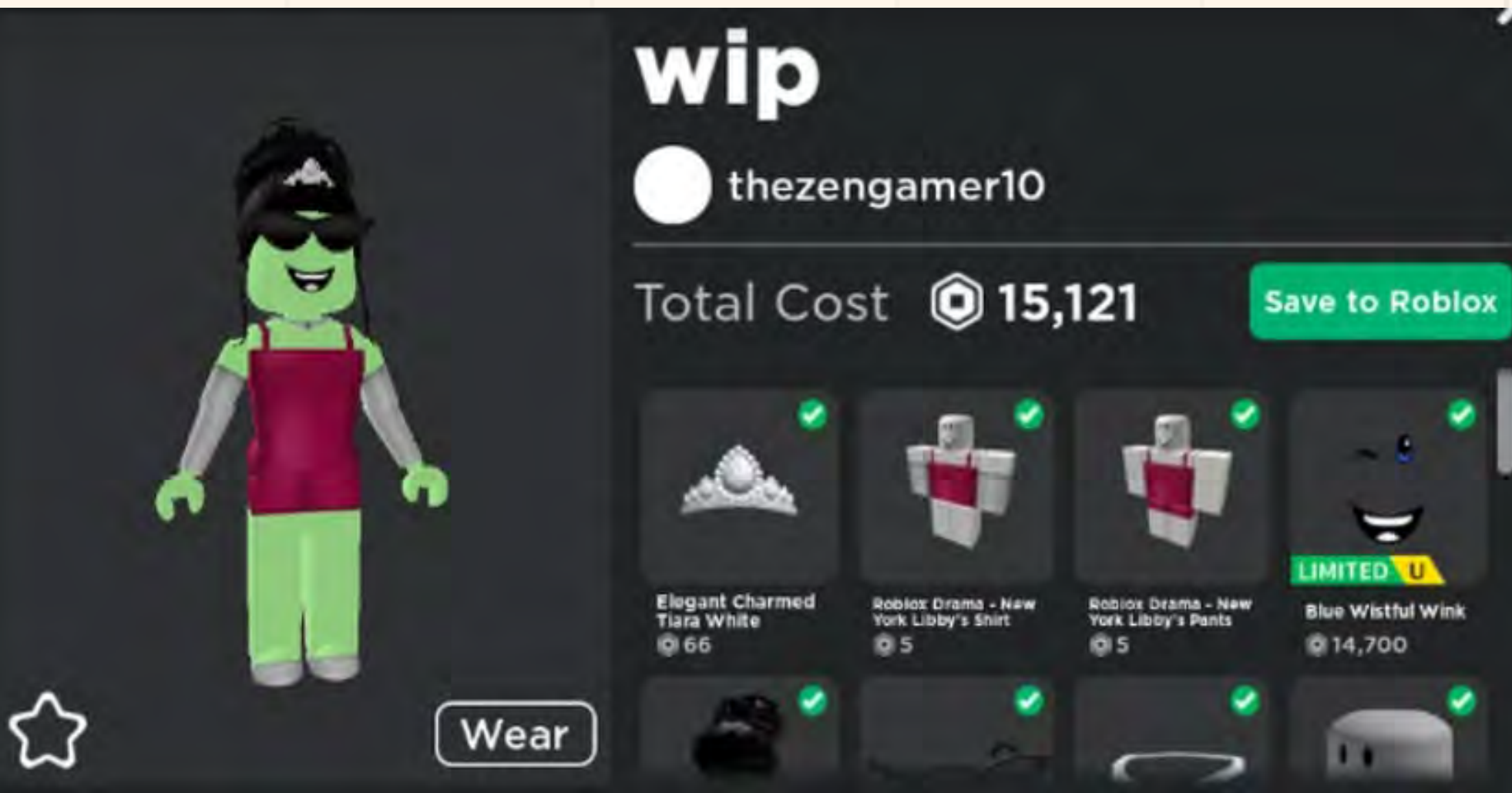
Over the past few months, the patient has progressively spent more time on Roblox. Patient’s father also noticed that patient had increasingly been spending more money on Roblox; initially M had been spending around \$10-\$15/week on loot boxes and skins by converting real money into “Robux.”

However, his father was recently notified by the credit card company that M had spent over \$500 in a week buying skins and purchasing loot boxes.

When asked about his spending habits, M noted, “I am worried about missing out so I keep buying them...I don’t know what is in them (loot boxes) so I keep thinking what if it’s the one I really want.”



CLINICAL VIGNETTE



INTRODUCTION

Gambling has re-emerged as a major public health concern in the United States, driven by multiple factors

- **Virtualization of gambling: online sportsbooks, casino-style applications, and social-media platforms**
- **Social media and streaming platforms (Twitch)**
- **Laxity of the legal system (2018 repeal of the Professional and Amateur Sports Protection Act (PASPA) in *Murphy v National Collegiate Athletic Association*)**

Adolescents are at particularly elevated risk due to developmental vulnerabilities such as impulsivity, heightened reward sensitivity, increased salience of peer influence, and ongoing frontal lobe maturation

Lifetime gambling participation among adolescents: approximately 42% to 90%

Problem gambling prevalence: 0.2% to 12.3%, rates roughly two- to four-times higher than those in adults

5% to 15% of adolescents reporting online gambling and up to 70% engaging in offline gambling



DSM-5 Criteria: Gambling Disorders: Substance -Related and Addictive Disorders

A. Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:

- Frequent thoughts about gambling (such as reliving past gambling or planning future gambling)
- Need to gamble with increasing amounts to achieve the desired excitement.
- Repeated unsuccessful efforts to control, cut back on or stop gambling.
- Restlessness or irritability when trying to cut down or stop gambling.
- Gambling when trying to escape from problems or negative mood or stress.
- After losing an item of value by gambling, feeling the need to continue to get even. (This is referred to as "chasing" one's losses.)
- Often gambling when feeling distressed.
- After losing money gambling, often returning to get even. (This is referred to as "chasing" one's losses.)
- Lying to hide the extent of gambling involvement.
- Losing important opportunities such as a job or school achievements or close relationships due to gambling.
- Relying on others to help with money problems caused by gambling

B. The gambling behavior is not better explained by a manic episode

Specify if:

- **Episodic:** Meeting diagnostic criteria at more than one time point, with symptoms subsiding between periods of gambling disorder for at least several months.
- **Persistent:** Experiencing continuous symptoms, to meet diagnostic criteria for multiple years.

Specify if:

- **In early remission:** After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met for at least 3 months but for less than 12 months.
- **In sustained remission:** After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met during a period of 12 months or longer.

Specify current severity:

- **Mild:** 4–5 criteria met.
- **Moderate:** 6–7 criteria met.
- **Severe:** 8–9 criteria met.

RISK FACTORS

- Substance use disorders, impulse-control problems, and mood and anxiety disorders
- Youth and families experiencing financial instability

Gender

- Historically, gambling disorders have been viewed as more common among young men
- Growing number of young women presenting with gambling problems, particularly in online contexts

Race/Ethnicity

- Higher rates of problem gambling among racial and ethnic minority youth compared with White youth
- Asian American young adults gambled less frequently than peers but spent significantly more money, and a larger proportion met criteria for either probable pathological gambling or at-risk gambling



CLINICAL ASSESSMENT: INTAKE AND HISTORY

Assessment of substance use and mental health history, providers should explicitly inquire about digital habits, including gaming, social media, and online spending

Many youths do not label their behavior as “gambling,” clinicians should provide concrete examples

- Examples: sports betting and fantasy sports with money or prizes, online casino games, poker or slots, loot boxes and card packs, and social casino games

Frequency/Function

- Gambling as purely recreational vs. a means to cope
- Spent more money than intended, used money meant for other purposes, borrowed money to gamble, or concealed expenditures
- Academic performance, school attendance, extracurricular engagement, peer relationships, and family conflict

Safety

Evaluation of suicidal ideation, self-harm behaviors, and hopelessness is essential in youth with significant financial losses, shame, or perceived irreparable damage to relationships and educational goals



Clinical Domain	Example Intake Question	Clinical Rationale
Overall digital use and screen time	“On a usual school day, how many hours do you spend on your phone, computer, or gaming console, not counting homework?”	Establishes baseline exposure to digital environments where gambling and gambling-like activities may occur and identifies high-use patterns associated with sleep and academic difficulties.
Types of online activities	“What do you usually like to do online —such as social media, streaming, gaming, or other apps?”	Clarifies whether the adolescent’s primary digital activities include high-risk platforms such as sports apps, social casinos, or games with loot boxes or in-app purchases.
Gambling and gambling-like behavior	“Do you ever play games or use apps where you can win or lose money, points, skins, or other items that feel valuable to you?”	Introduces gambling in a broad, non-labeling way that captures real-money and simulated gambling, including loot boxes, skins betting, and social casino games.
Money and financial impact	“Have you ever spent more money on games or bets than you planned, or used money meant for something else?”	Screens for loss of control over spending, financial harm, and borrowing or misusing funds, which are core indicators of emerging gambling problems.
Attempts to cut back	“Have you ever tried to cut down on a game, app, or betting activity and found it hard to do?”	Assesses impaired control and failed attempts to reduce use, paralleling substance use disorder and <i>DSM-5-TR</i> gambling disorder criteria.

Clinical Domain	Example Intake Question	Clinical Rationale
Secrecy and conflict	<p>“Have you ever hidden how much time or money you spend on games or bets from your parents or friends, or had arguments about it?”</p>	<p>Identifies secrecy, deception, and interpersonal conflict related to gambling or gaming, which signal escalating risk and strain on family relationships.</p>
Academic and functional impact	<p>“Has time on games, apps, or betting ever made it harder to keep up with school, activities, or sleep?”</p>	<p>Links digital and gambling behaviors to functional outcomes, including grades, school attendance, extracurricular participation, and sleep disruption.</p>
Emotional function and coping	<p>“Do you ever use games or betting to feel better when you are stressed, sad, worried, or bored?”</p>	<p>Explores whether gambling or gambling-like behaviors serve as a coping strategy for negative affect, which is associated with more severe and persistent problems.</p>
Suicidality and self-harm	<p>“Have there been times when you felt so upset about money lost, arguments at home, or problems from online activities that you wished you were not alive or thought about hurting yourself?”</p>	<p>Screens for acute safety concerns, particularly in youth experiencing significant financial loss, shame, or perceived irreparable harm to relationships or future plans.</p>

SCREENING AND ASSESSMENT

Validated screening tools for adolescent gambling remain limited, and most instruments were originally developed for adults

Several measures have acceptable psychometric properties in youth

South Oaks Gambling Screen –Revised for Adolescents (SOGS -RA)

DSM-IV–Multiple Response Format for Juveniles (DSM -IV-MR-J)

The Canadian Adolescent Gambling Inventory (CAGI)

- Developed specifically for adolescents and includes the Gambling Problem Severity Subscale (GPSS), measures gambling problems along a continuum rather than as a binary diagnosis

Brief Adolescent Gambling Screen (BAGS)

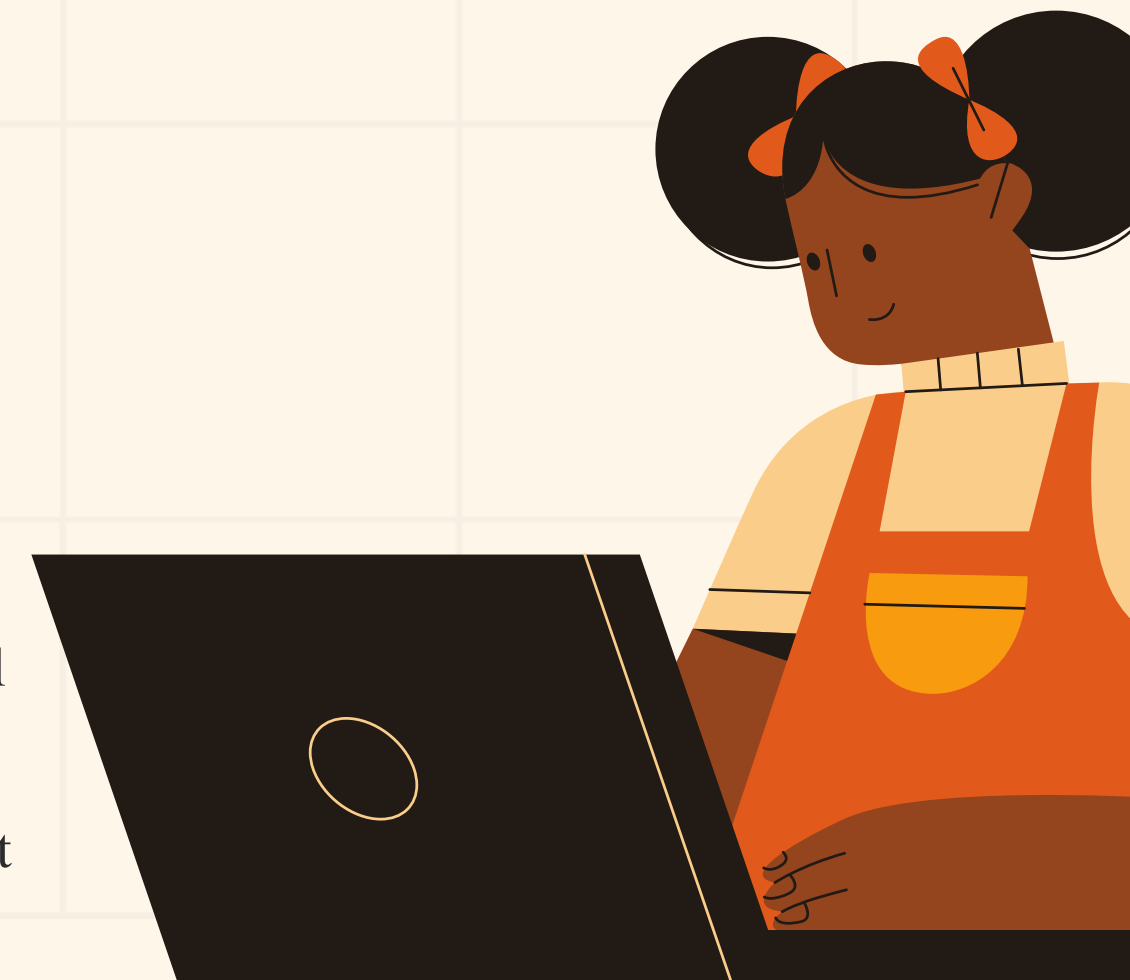
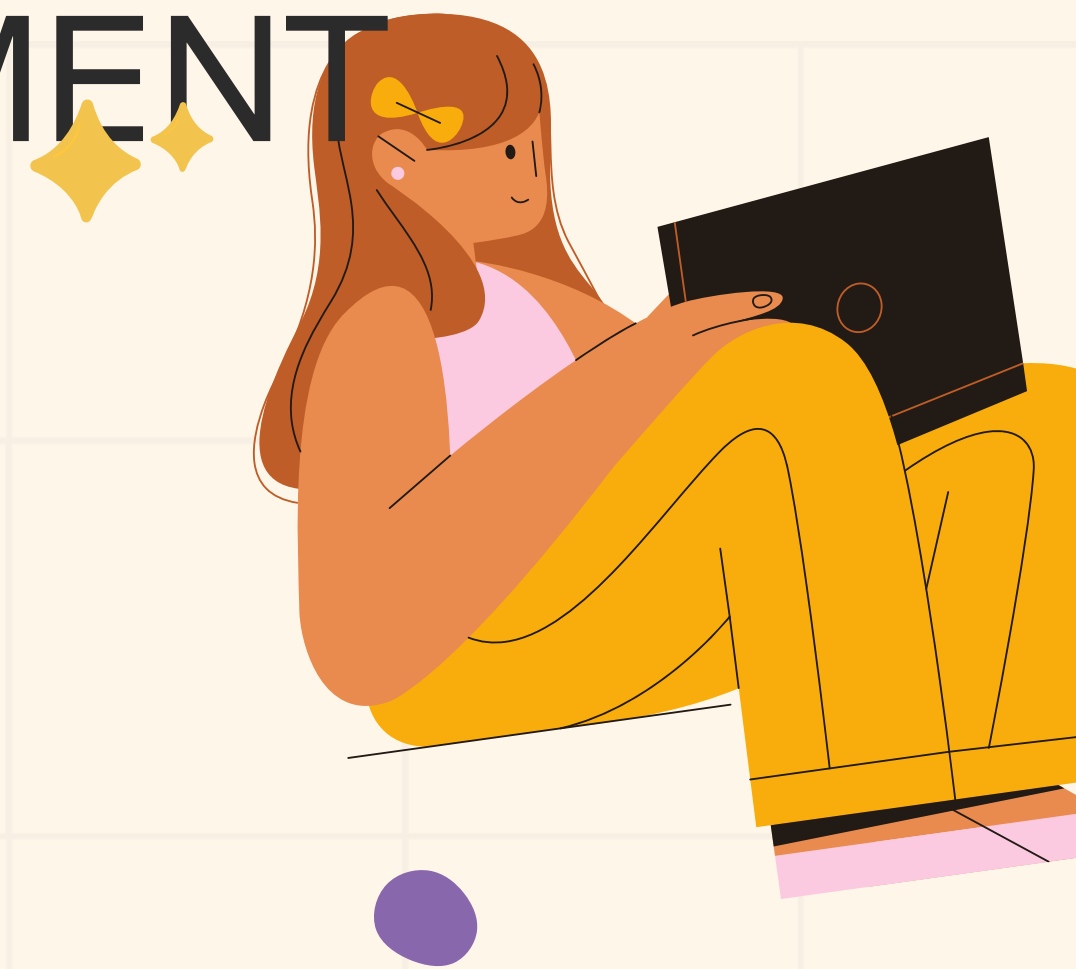
- Derived from the CAGI GPSS

The two -item Lie/Bet Questionnaire

- Originally developed for adults, has also been studied as a brief screen

Tiered Strategy

- Clinicians can use a brief screen such as BAGS or Lie/Bet during routine intake or annual well visits
- Positive or concerning responses can then be followed by a more comprehensive instrument such as CAGI/GPSS, SOGS-RA, or DSM-IV-MR-J to clarify severity and impact



Instrument	population	Strengths	Format and content	Limitations
South Oaks Gambling Screen –Revised for Adolescents (SOGS-RA)	Adolescents (middle school to late teens) in school or clinical settings	Widely used; allows comparison with prior prevalence studies; reasonable internal consistency	Self-report; adaptation of adult SOGS with items on frequency, loss of control, and consequences	Based on DSM -III/IV concepts; limited coverage of online gambling and loot boxes; may overestimate prevalence at low cut -offs
DSM-IV–Multiple Response Format for Juveniles (DSM-IV-MR-J)	Adolescents in school and community samples	Direct link to diagnostic criteria; reasonable validity	Self-report; items correspond to DSM gambling criteria in youth -friendly language	Based on DSM -IV; does not fully reflect DSM -5/DSM -5-TR criteria; limited focus on online modalities
Canadian Adolescent Gambling Inventory – Gambling Problem Severity Subscale (CAGI/GPSS)	community and clinical samples	adolescents; strong psychometric properties; good sensitivity and specificity around a cut -off score of 6	impact and severity across financial, emotional, and interpersonal domains	Requires more time than very brief screens; less familiar to some US clinicians; access to full materials may be limited in some settings
Brief Adolescent Gambling Screen (BAGS)	Adolescents (12 –18 years), community and clinical samples Adolescents in clinical, school, or primary care settings	Very brief; suitable for routine intake and annual screening; acceptable initial classification accuracy	Three -item screen derived from CAGI GPSS	Not a stand -alone diagnostic tool; requires follow -up assessment when positive; fewer validation studies in diverse populations
Lie/Bet Questionnaire	Originally adults; sometimes used with adolescents in clinical practice	Extremely brief; easy to include within broader risk assessments; some evidence of utility as a quick screen	Two yes/no items (“Have you ever lied about your gambling?”; “Have you ever felt the need to bet more and more money?”)	Developed in adult samples; may miss online -only or nonmonetary gambling -like behaviors; low specificity if used without clinical context



TREATMENT: THERAPY



- Randomized controlled trials of gambling interventions in adolescents are lacking
- Treatment recommendations in pediatric populations draw heavily from adult samples
- Psychosocial interventions remain the cornerstone of treatment for adolescent gambling disorder

Cognitive Behavioral Therapy

- Across age groups, the strongest evidence supports cognitive-behavioral therapy (CBT)

Family Interventions

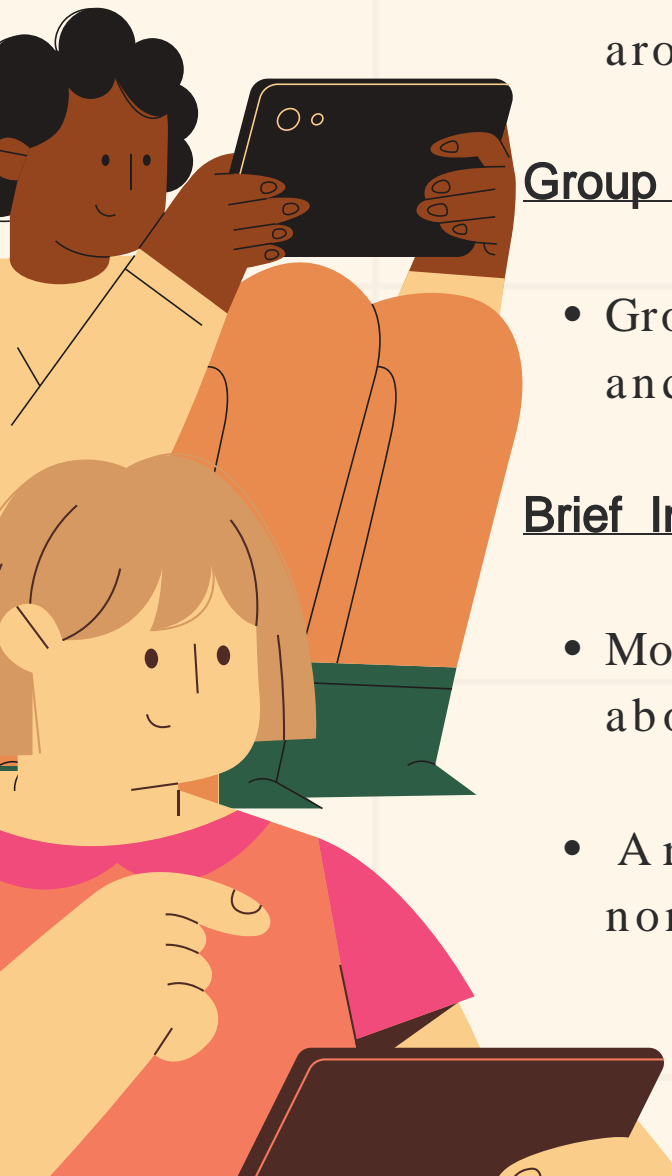
- Family-based interventions are central in pediatric care
- Parent Management Training, family CBT, and other structured models that involve caregivers address parental modeling of gambling, enhance monitoring of screen use and financial access, and strengthen communication around money, media, and limits

Group therapy

- Group-based and peer-support programs, such as Gamblers Anonymous, may offer additional social support and normalization of recovery, but evidence in adolescents is limited

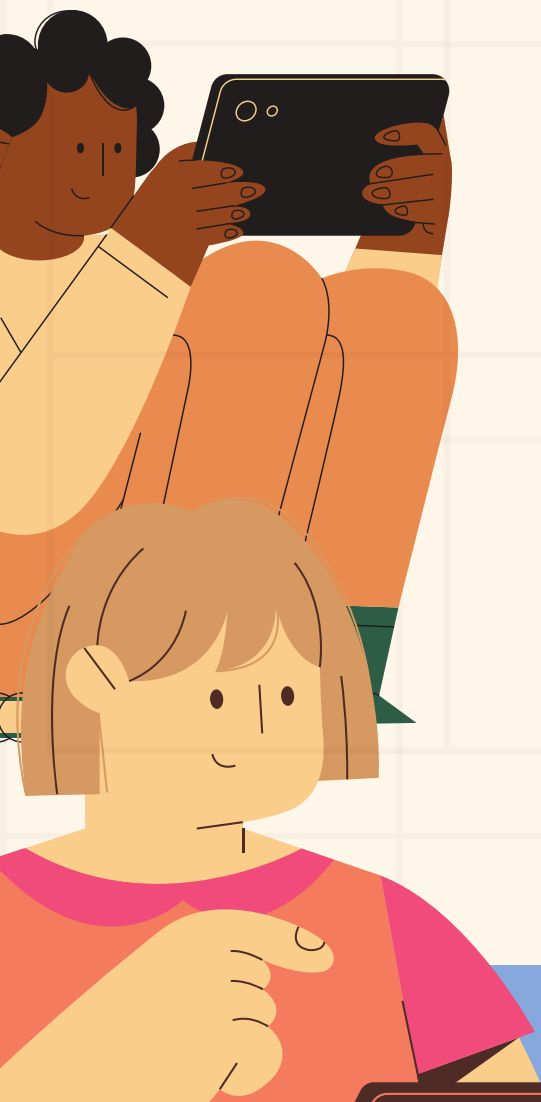
Brief Interventions

- Motivational interviewing (MI) and other brief interventions are often used when adolescents are ambivalent about change or present at early stages of problem development
- A recent systematic review and meta-analysis of MI-informed interventions for gambling found small and often nonsignificant independent effects on gambling frequency, money spent, and symptom severity at follow-up



TREATMENT: PHARMACOLOGY

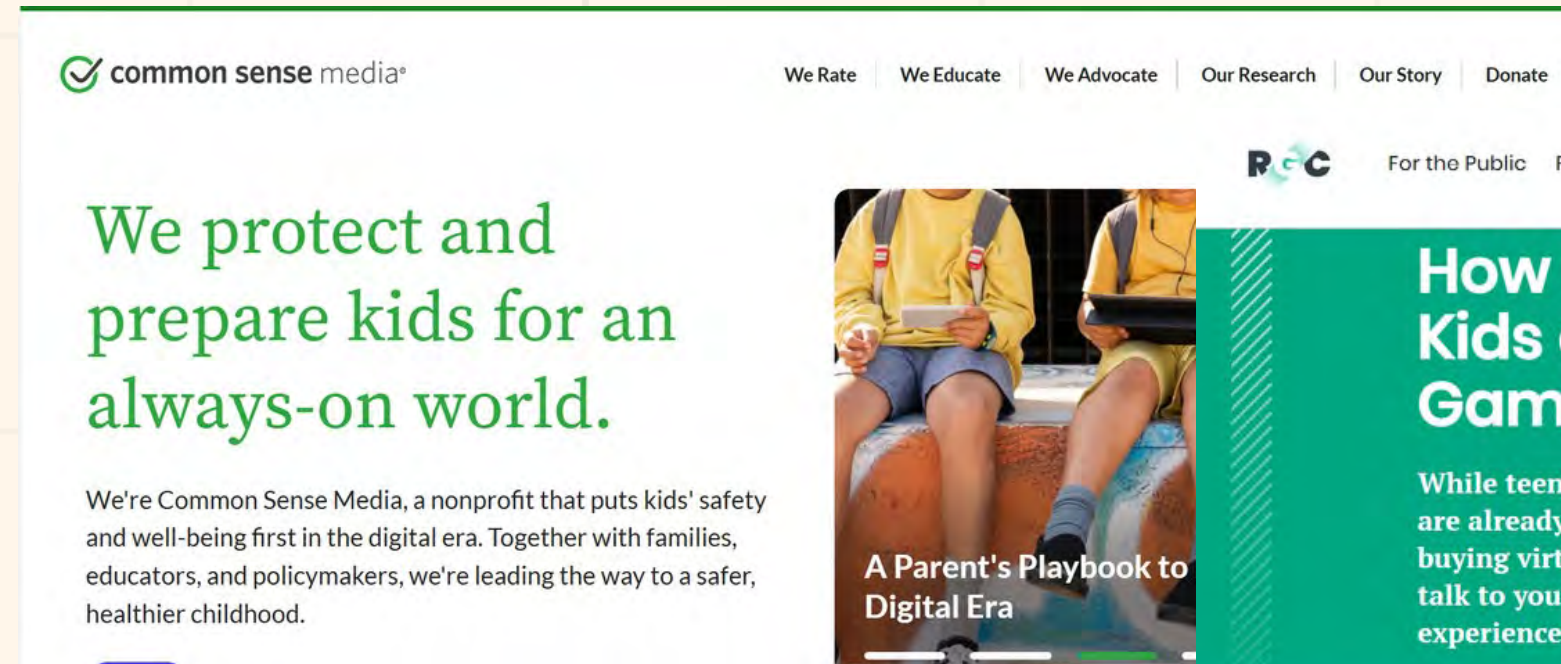
- There are no FDA -approved pharmacologic treatments for gambling disorder in adolescents
- In adults, opioid antagonists such as naltrexone and nalmefene have shown efficacy in reducing gambling urges and behaviors
- Selective serotonin reuptake inhibitors, mood stabilizers, and other agents have yielded mixed results.
- Absence of pediatric randomized trials
- Medications should be reserved primarily for comorbid psychiatric disorders



RESOURCES

Common Sense Media

- <https://www.commonsensemedia.org/>



Young Gamers and Gamblers Education Trust

- <https://ygam.org/>

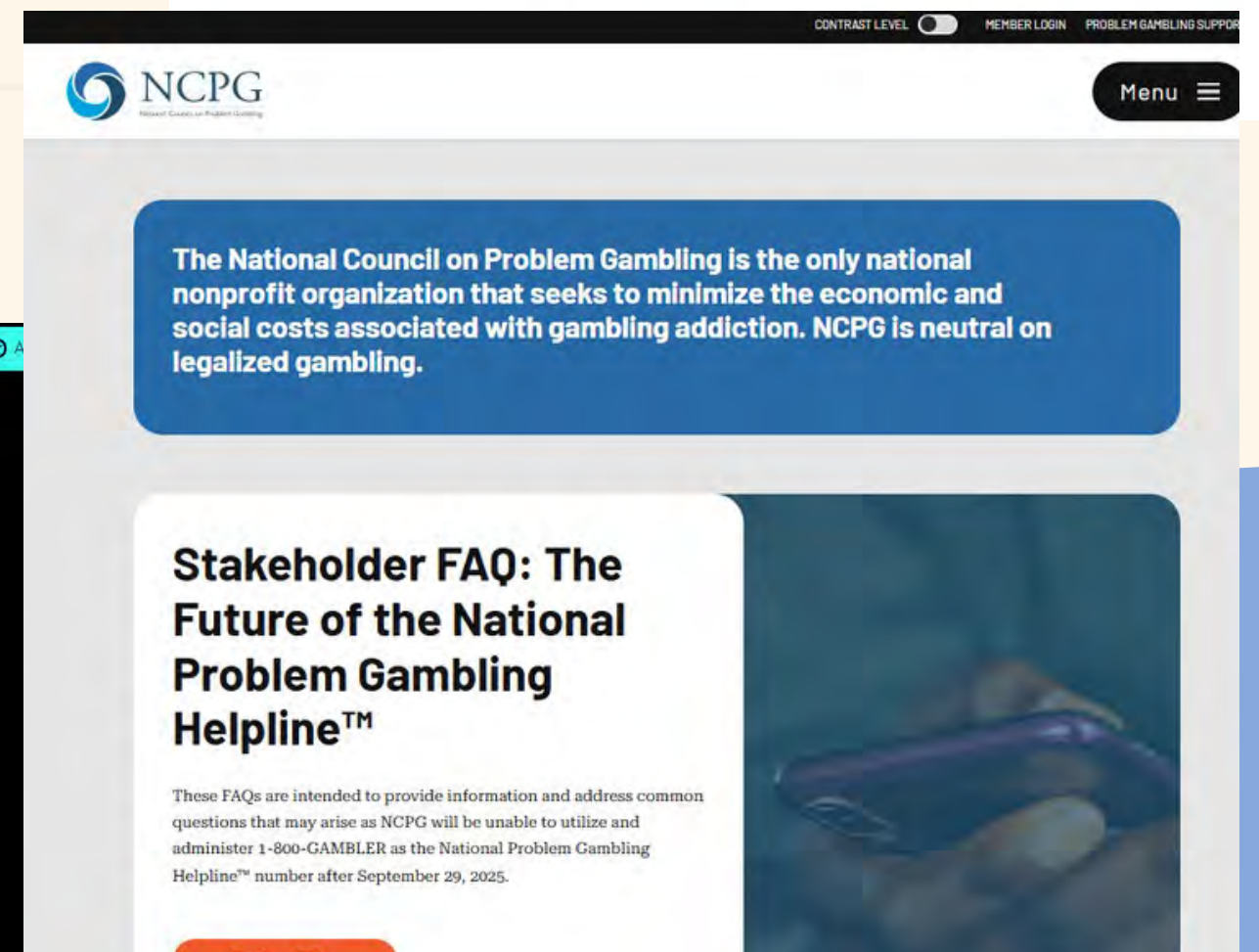
The Responsible Gambling Council (RGC)

- <https://responsiblegambling.org/about> -rgc/



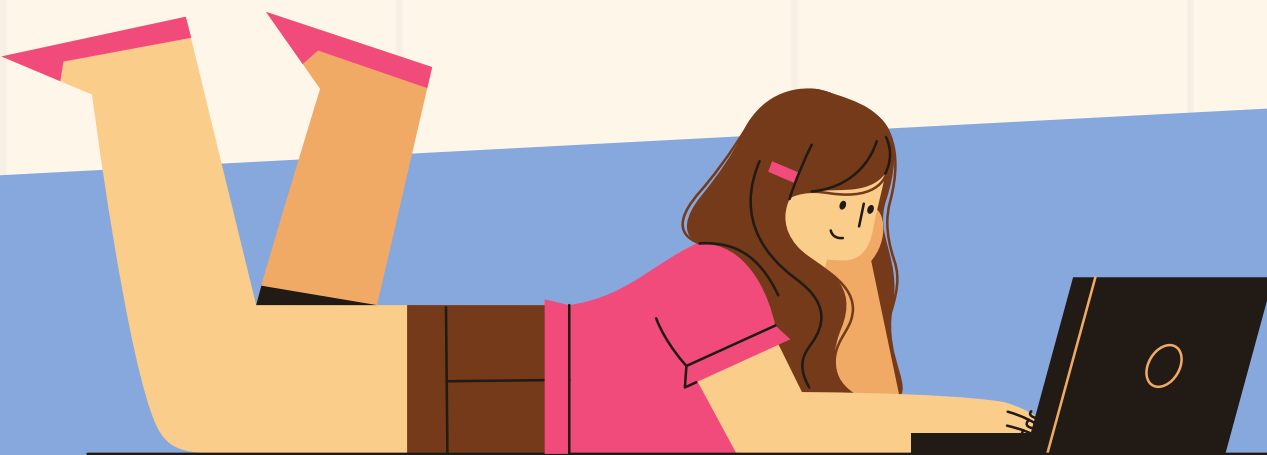
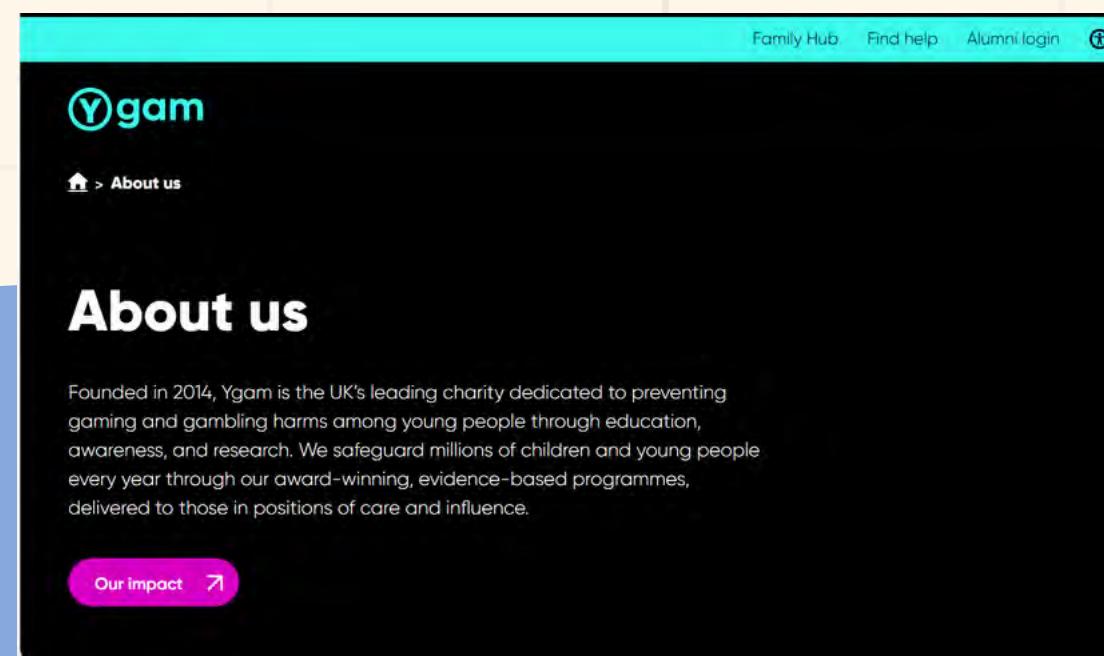
National Council on Problem Gambling

- <https://www.ncpgambling.org/ncpg/>



Substance Abuse and Mental Health Services Administration

- <https://www.samhsa.gov/find-help/helplines/national-helpline>



Resources for Parents

en ESPAÑOL

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Family Media Plan

Media is everywhere, and managing it all can be tough—especially with technology designed to keep kids and families scrolling and playing. Creating a Family Media Plan can help you and your children set media priorities that matter most to your family, in line with your values and routines. Come back to revise your plan as often as you need to, such as at the beginning of each school year or during summer and holiday breaks.

Here's how it works
Since media habits are different for every household, the AAP Family Media Plan can be customized to meet your family's needs. Make a full plan, or just choose a few parts that matter the most to your family.

The Family Media Plan includes:

- A list of media priorities to choose from

Continue 1 of 3 →

https://www.healthychildren.org/English/fmp/Pages/MediaPlan.aspx?gad_source=1&gad_campaignid=69654055&gbraid=0AAAAADyMpZHKi7ZkJFUaIuJi4SeR4ATsv&gclid=Cj0KCQiAp-zLBhDkARIsABcYc6sVwUBecCT31ZZpyinZJ5WNQsp0o6FewxA6qLWxqz7fxOHeNK9VgGQaAqhtEALw_wcB

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Home Tutorial My Family Priorities Media Balance Communicating About Media Kindness & Empathy Digital Privacy & Safety Screen Free Zones 1/3 Remaining

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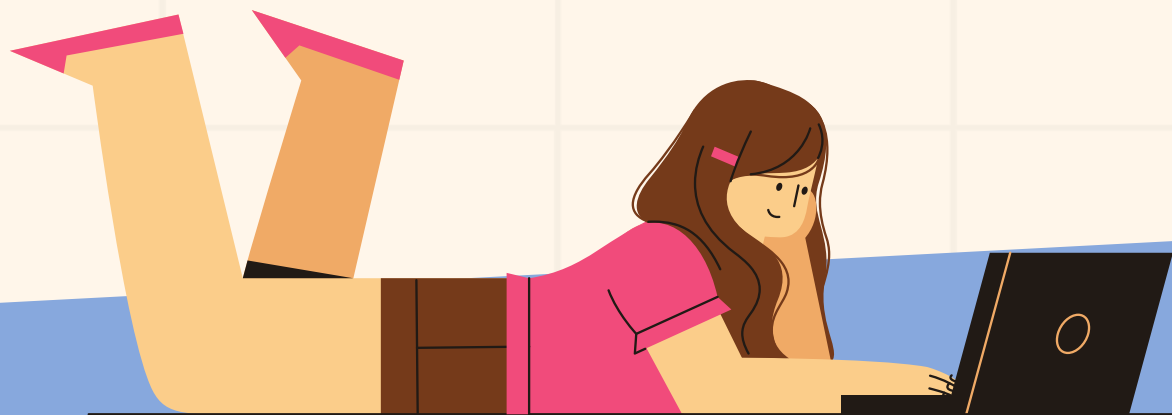
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THANK

YOU!



Q&A

