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Center for Gambling Studies

Screening for and Treating Problem Gambling with Comorbid Conditions

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Background for Today's Workshop

- Comorbidity of problem gambling and other disorders
- Different pathways to problem gambling
- Impact of gambling on the development of other problems and vice versa
- Implications for providers
 - Syndemic approach to addressing problem gambling



Problem Gambling and Substance Use Disorders

- Meta-analysis (Lorains et al., 2011) found that **58%** of people with problem gambling reported a comorbid substance use disorder
- Those in treatment for problem gambling have been found to have even higher rates of comorbid substance use disorders, up to **88%** when including nicotine (Mann et al., 2017).
- Clients in substance use disorder treatment have also been shown to have elevated rates of problem gambling (Cowlshaw et al., 2014)



Problem Gambling and Mental Health Issues

- Strong relationships between problem gambling and a range of mental health problems
 - Depression (Dowling et al., 2015), Anxiety (Hartman & Blasczynski, 2018), PTSD (Moore & Grubbs, 2021)
- Personality Disorders have also been found to be very common among individuals with problem gambling (Dowling et al., 2015)
- Clients receiving MH services have also been found to have elevated rates of PG.



Problem Gambling and Suicidality

- **31%** of individuals diagnosed with gambling disorder reported suicidal ideations and **16%** reported suicide attempts (Armon et al., 2023)
- **Meta-analysis found suicide attempts were the most prevalent psychosocial risk factor associated with problem gambling** (Allami et al., 2021)
- 2023 NJ Prevalence Study found:
 - About **14%** of sports bettors had experienced thoughts of suicide
 - About **10%** of sports bettors said they had actually made a suicide attempt
 - About **13%** of sports bettors reported engaging in non-suicidal self-injury



Why are these comorbidities so common?

Gambling \leftrightarrow SUD

- Wide availability of alcohol and use of alcohol as an incentive at many gambling establishments
- Heavy drinking episodes have been shown to increase likelihood of risky gambling behavior (Smit et al., 2023)
- Gambling may serve as a substitute addiction for people in early recovery from a substance use disorder
- Both gambling and substance use may serve as avoidant coping strategies
- Risk-taking tendencies may contribute to both gambling and substance use

Gambling \leftrightarrow MH

- Gambling can result in unmanageable financial losses, relationship strain, and or job loss which can exacerbate mood symptoms (Churchill & Farrel, 2018)
- Debt (Wong et al. 2010) and shame (Marionneau& Nikkinen, 2022) from gambling can fuel suicidality
- Individuals may use gambling as a way to escape from aversive mood states (Nower et al. 2022)
- Symptoms of mental health disorders, such as ADHD (Theule et al., 2019) and Bipolar Disorder (Varo et al., 2019) may increase risk for developing gambling problems

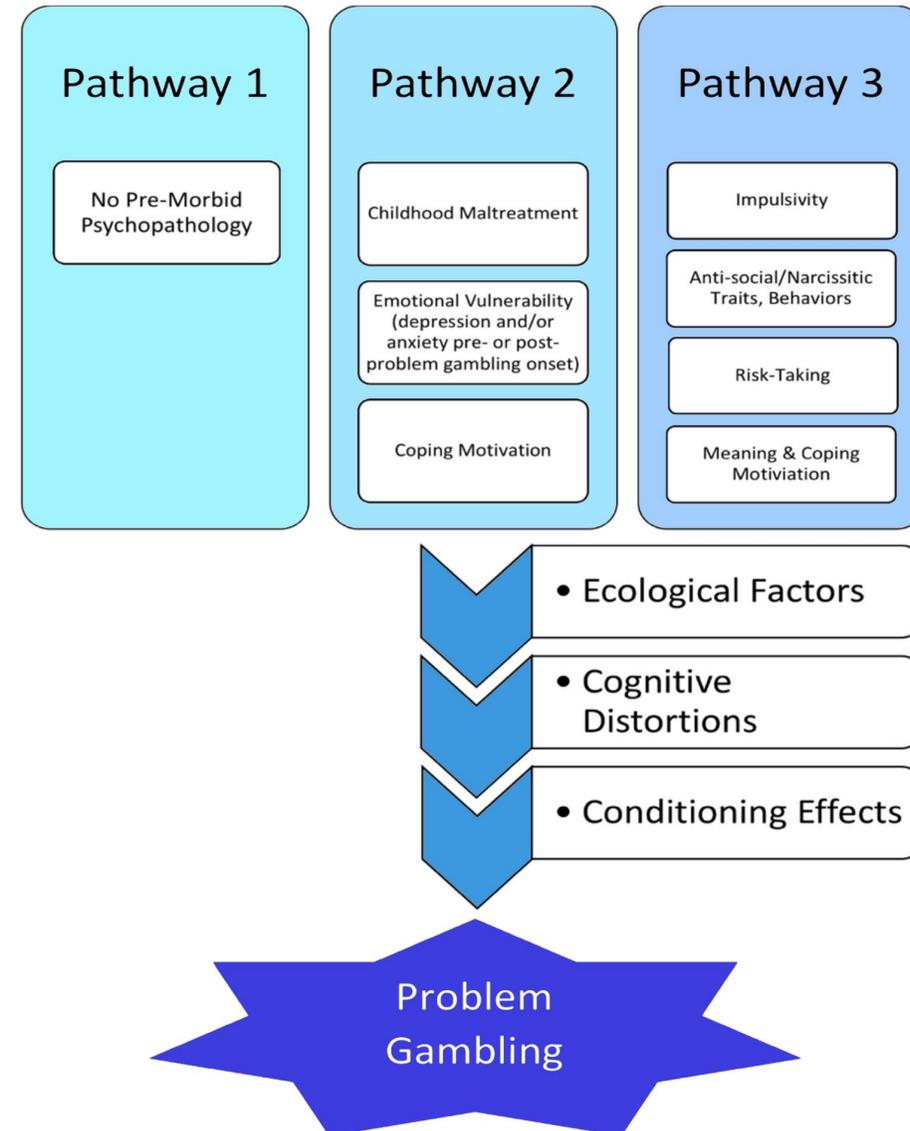


The Pathways Model of Problem Gambling

Who Develops Gambling Problems?

- Nearly **half** of problems develop due to: access to gambling, operant conditioning, illogical cognitions.
 - Intergenerational influences are KEY
- About **one-third** have pre-existing mood dysregulation (depression, anxiety), childhood maltreatment, and difficulties coping with stress.
- A smaller percentage have traits (impulsivity, risk-taking, antisocial) that pre-dispose them to pleasure seeking and use gambling as one of many ways to cope with stress.

The (revised) Pathways Model of Problem Gambling
(Nower, Blaszczynski, & Anthony, 2022)



Treatment-Seeking Rates

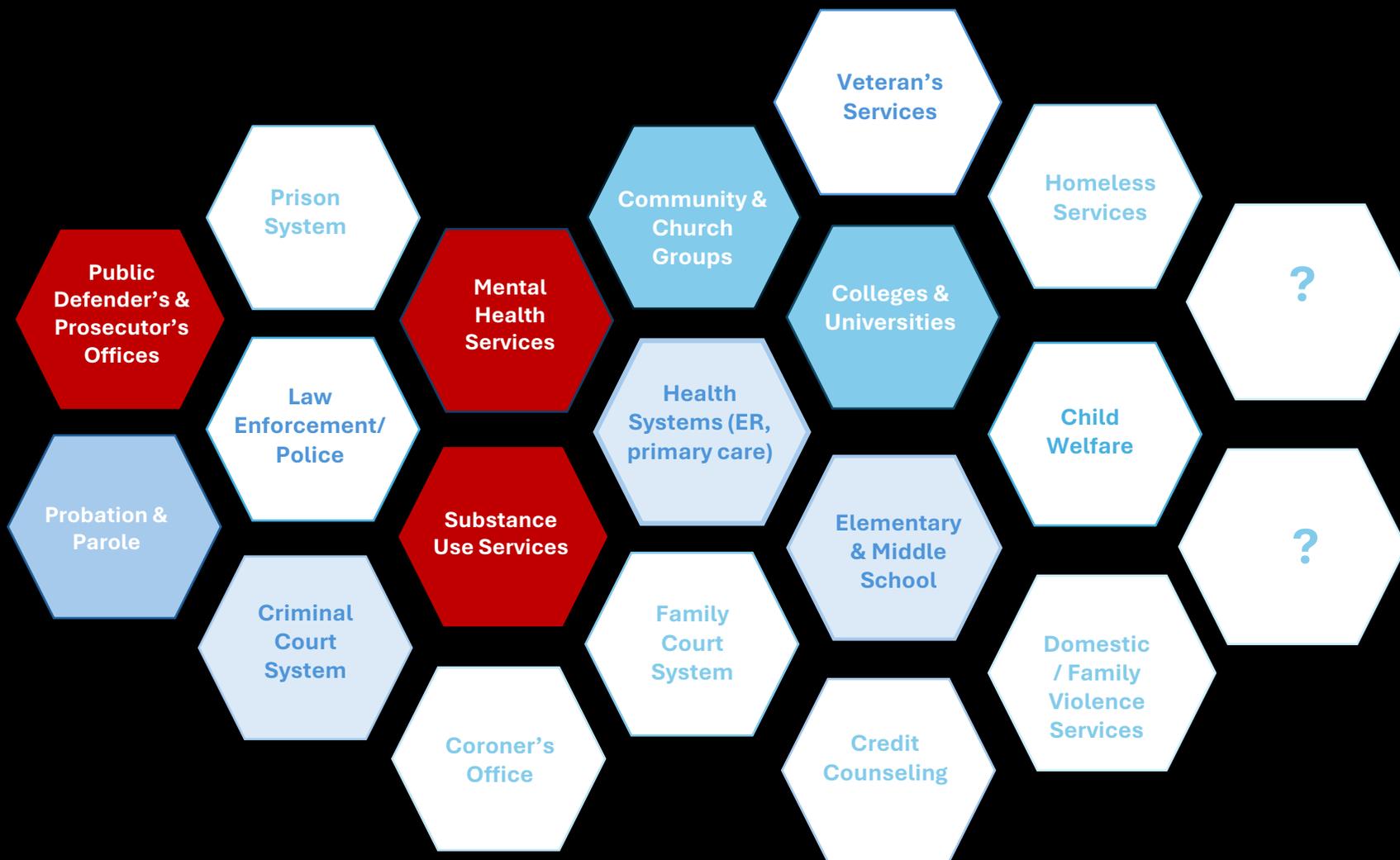
- Although treatment-seeking rates for problem gambling are not well-established, they appear to be much lower than treatment seeking rates of other addiction or mental health disorders (Bijker et al., 2021)
- Individuals with both a substance use disorder and problem gambling are significantly more likely to seek treatment for substance use than gambling (Gooding et al., 2023)
- Even when individuals do seek treatment for gambling problems, they are prone to very high drop out rates (Pfund et al., 2021)

So what does all of this mean for substance use disorder, mental health, and problem gambling providers?

Implication: Expand Screening & Treatment

- We need to cast a wide net when screening for problem gambling (e.g., substance use, mental health, primary care)
- **Screening** and **treatment** for problem gambling must also occur in settings where problem gambling is not the primary condition that individuals come in for.





Nower, L., & Caler, K. R. (2019). Widening the net: A syndemic approach to responsible gambling. *Sucht*.

Implication: Understand Progression

- We need to assess **etiological factors** when screening
- Get a timeline of onset and escalation when there is comorbidity.
- What came first?
- What is driving this?



Implication: Enhance Engagement

- We need to improve our engagement and retention strategies for people receiving problem gambling services.
- Any positive effects of increased screening will be limited if we cannot effectively engage people and retain people in treatment



So, how do we do this?

Today's Workshop

SCENARIO

- Specifically focused on screening for and treating problem gambling within substance use disorder treatment agencies

ADDRESSING AGENCY CULTURE

- **Incorporating gambling treatment into the agency's mission**
- **Addressing staff pushback**
- **Staff education**
- **Staff training**

INTEGRATING GAMBLING SERVICES

- Client education
- Screenings
- Assessments
- Individual Therapy
- Group Therapy

Why Focus on SUD Agencies

- High co-occurrence
- Gambling Disorder is the only behavioral addiction
- Many similarities
 - Tolerance, Withdrawal
 - Loss of control, Preoccupation
 - Negative impact on major life areas
- May serve as a substitute addiction
- Often condoned or even encouraged in SUD treatment



“Ok Ryan, but gambling isn’t a problem
for our clients.”

Where to Begin

- Agency Culture
- Gambling must be seen as an important issue by all agency staff members and clinicians

Why must this be case?

Where to Begin

Often **pushback from staff** is the biggest barrier to implementing gambling treatment services



Reasons for Agency Pushback

- Clinicians are already busy
- Agency staff may not understand what gambling actually is or the problems that can result from it
- Staff may not feel that gambling is as important of an issue as substance use disorders
- Staff and clinicians may engage in gambling and have their own issues with gambling

Addressing Agency Culture (Staff)

- Must be done before integrating gambling services into curriculum
- Will take time
- Needs to be addressed consistently
- Continue to be available for questions and conversations

Step 1: Agency Environment

- Agency Signs/Posters
- Terminology/Language/Expressions used
- Allowed/Restricted Activities

Step 2: Education of Staff

- What is gambling?
- Why do we need to address gambling?
- Gambling related harms



GRIP Survey

GRIP Survey

- A sample of 2,317 social workers were surveyed
- Participants were asked to identify the frequency with which they engaged in leisure activities, including the following:
 - Raffle tickets, lottery tickets, scratch-off tickets, slot machines, bingo, casino table games, video poker machines, horse wagering, sports betting, daily fantasy sports, high-risk stock trading, cryptocurrency trading, poker
- 1,765 (76%) endorsed at least one of the listed gambling activities



GRIP Survey

- At the end of the survey, participants were asked, “Do you gamble?”
- What percentage do you think answered “yes”?



GRIP Survey: Results

- **Only 22% of those that engaged in at least 1 gambling activity identified that they gamble (answered “Yes”)**
- **Of those who endorsed at least one gambling activity, 1,376 (78%) responded “No” to the question, “Do you gamble?”**



GRIP Survey: Other Key Findings

- About 77% of unaware participants gambled at low frequency, however, 23% gambled at moderate to high frequency.
- About 3.20% (n=44) of those who denied gambling endorsed one or more problem gambling symptom;
- Overall, 55% of all gamblers with problem symptoms (n=80) denied gambling.
- Unaware participants gambled not only on the most common, socially sanctioned activities – raffles, lottery and scratch-off tickets – but also on slot machines (19.04%, n=262), casino table games (7.99%, n=110), and video poker (4.94%, n=68), which are clearly associated with gambling and gambling establishments.



“Why Do We Need to Address Gambling?”

Educate staff on:

- Comorbidity of problem gambling and substance use disorders
- How gambling can impact recovery from substance use disorders
- Similarities between gambling and substance use disorders



Impacts of Problem Gambling: Taxonomy of Harms

Financial

Debt, lack of savings, bankruptcy, poor credit

Health

High blood pressure/angina, lost sleep, panic-related heart problems

Relationships

Social isolation, lying to or arguing with friends/family, fighting over money, relationship break up

Emotional & Psychological

Depression, anxiety, morbid thinking, suicidality, self-harm, shame

Work or School

Lost job/dropped out of school, absences from school/work, reduced performance, gambling during work/study time

Criminal Activity

Stealing, fraud, assault, robbery, family/domestic violence, murder

Community & Culture

Stopped following cultural or spiritual practices, lost ties with community



Step 3: Staff Trainings

- Gambling terminology
- What questions to ask
- How to ask questions

*30-hour gambling training should be encouraged for all staff



Step 4: Client Screenings

- Sometimes they need to see the proof!
- Comes later in the process

Group Exercise #1

Group Exercise

- You are an SUD agency director who is trying to implement a gambling treatment program
- In thinking about the following vignettes:
 - What pushback might you see or expect from this clinician?
 - How would you address this pushback?
 - What training or education might this clinician need to be able to provide effective gambling counseling?

Counselor Vignette: Allison

- Licensed Clinical Social Work and Licensed Clinical Alcohol and Drug Counselor
- Completed 30-hour gambling training during her MSW Program
- 6 years experience working with substance use disorders and very comfortable addressing substance use disorders and mental health issues
- No experience working with problem gambling
- Carries a large caseload of 20-24 Intensive Outpatient clients

- What pushback might you see or expect from this clinician?
- How would you address this pushback?
- What training or education might this clinician need to be able to provide effective gambling counseling?



Counselor Vignette: Terri

- Current MSW student
- 1 year experience working with substance use disorders
- Still learning to get comfortable challenging clients who are in denial or minimize their substance use
- No experience working with problem gambling or knowledge about problem gambling

- What pushback might you see or expect from this clinician?
- How would you address this pushback?
- What training or education might this clinician need to be able to provide effective gambling counseling?



Counselor Vignette: Dave

- Certified Alcohol and Drug Counselor (CADC)
- In recovery for 15 years
- Has worked in SUD treatment for 10 years
- Strong 12-step, abstinence-based orientation
- Understands gambling can be addictive
- Has limited understanding of scope of gambling behaviors and problems

- What pushback might you see or expect from this clinician?
- How would you address this pushback?
- What training or education might this clinician need to be able to provide effective gambling counseling?



Counselor Vignette: Troy

- Certified Alcohol and Drug Counselor (CADC)
- Not in recovery himself
- Has worked in SUD treatment for over 8 years
- Engages in gambling regularly via scratch-offs, lottery tickets, and sports betting
- Views gambling as fun and enjoyable, rather than as a problematic behavior except in very rare circumstances.

- What pushback might you see or expect from this clinician?
- How would you address this pushback?
- What training or education might this clinician need to be able to provide effective gambling counseling?



What have your experiences been?

Addressing Agency Culture (Clients)

“But Ryan, my gambling isn’t a problem.”

“I’m not here for my gambling.”



Addressing Agency Culture (Clients)

- Engaging substance use disorder clients into treatment for problem gambling is a **process**
- Takes time and multiple steps
- Will not happen overnight



Step 1: Educating Clients about Gambling

- First step is to begin incorporating groups on gambling and other addictive behaviors into curriculum
- This allows clients to begin to get a better understanding of :
 - what gambling is and what activities constitute gambling
 - the similarities between gambling and substance use
 - the problems that can result from gambling



Step 2: Screening of Clients for PG

- All current clients in substance use disorder treatment, as well as new clients coming in, should be screened for gambling/problem gambling
- Must include screening for suicidality and non-suicidal self-injury



Goals of Screening

- Identify clients in need of further assessment
- Open up the conversation
- Increase curiosity
- Begin to move clients from pre-contemplation to contemplation
- Give permission to talk about gambling
- Begin to make connections between gambling and other major life areas



Reasons for Inaccurate Screening Results

- Clients don't report
- Counselors don't follow-up
- Counselors ask the “wrong questions”
- Counselors often miss sub-clinical problem gamblers
- Counselors may not be comfortable asking questions about gambling
- Lack of time
- Priority (of client and clinician)

Rutgers Gambling Screening Protocol



Rutgers Gambling Screening Protocol (2024 version)

Note to Clinician:

This is a gambling screening protocol, used to identify gambling behavior and problems and to individualize treatment. Only Parts 1 and 2 are used for all clients. The word "gambling" is intentionally omitted because it tends to lower response rates among those who find it stigmatizing. The term is not introduced until activities are identified. Therefore, you should not indicate to a client that these questions are related to problem gambling.

The protocol consists of:

Part 1 (All clients): Activities Frequency Chart (Nower, 2020);

Part 2 (All clients): Modified version of the Brief Biosocial Gambling Screen (BBGS, Gebauer et al, 2010);

Part 3 (Only those who meet criteria below): Problem Gambling Severity Index (PGSI, Ferris & Wynne, 2001), called "Gambling Perceptions" in this protocol;

Part 4 (Separate handout; Only clients receiving gambling treatment) Gambling Pathways Questionnaire (GPQ, Nower & Blaszczyński, 2017)

Administration:

1. Screen all clients with "Part 1," **the Activities Frequency Chart**.
2. If "no" to all activities, end of screen; if "yes" to any activities, give "Part 2," the **modified, three-question BBGS**.
3. If client endorses a) any activity 2 to 3 times a month or more OR b) "yes" to any BBGS item, give "Part 3: Gambling Perceptions," which is the **PGSI**.

PGSI scoring is as follows:

For each question: Never (0), Sometimes (1), Most of the time (2), Always (3), with total scores ranging from 0 to 27.

Total Score of 0 = Non-problem gambling.

Total Score of 1 or 2 = Low-risk gambling (Low level of problems with few or no identified negative consequences.)

Total Score of 3 to 7 = Moderate-risk gambling (Moderate level of problems leading to some negative consequences.)

Total Score of 8 or more = High-risk gambling (Problem gambling with negative consequences and a possible loss of control.)

4. Clients who agree to treatment should be given **GPQ** at first visit (see additional handout). GPQ results will help individualize treatment planning.



Part 1: Activities Frequency Chart



The following is a list of leisure activities. Please indicate how often in the *past year* you have done each of the activities **for money...**

	Not at all	Less than once a month	Once a month	2-3 times a month	Once a week	2-3 times a week	4+ times a week
Purchased a lottery, Powerball or Mega Millions ticket							
Purchased an instant scratch-off ticket							
Bought a ticket for a raffle or drawing							
Played Bingo							
Wagered on sports							
Bet on horse racing at a track/off-track betting parlor							
Played live or tournament poker (excluding video poker)							
Played live casino table games, excluding poker (e.g., blackjack, roulette, craps, baccarat)							
Played daily fantasy sports							
Played games of skill for money (e.g., backgammon, mahjong, puzzles, word games, trivia, board games, strategy games, bridge)							
Traded cryptocurrencies (e.g., digital currency such as Bitcoin, Ethereum, Ripple)							
Played dice, spades, or other "street games"							
Played a slot machine							
Traded high-risk stocks (e.g. options, margins, futures)							
Played a video poker or other card game machine							
Bet on esports							
Purchased skins or loot boxes in video games							
Spent real money while playing social casino games							
Spent real money on social sports betting apps							



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Part 2



Please respond **yes** or **no** to the following questions:

1. Have you ever become restless, irritable or anxious when trying to stop/cut down on any of those activities?
2. Have you tried to keep your family or friends from knowing how much you spent on any of those activities?
3. Had you had such financial trouble as a result of any of the those activities that you had to get help with living expenses from family, friends, or welfare?

Step 3: Client Assessments

- All clients who screen positive should undergo a full assessment by a certified counselor
- Problem Gambling Severity Index (PGSI)
- Gambling Pathways Questionnaire (GPQ)



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Part 3: Gambling Perceptions



We would now like to learn a little bit more about your perceptions of your wagering and betting behavior, which is also referred to as “gambling.”

Thinking about the past 12 months, how often...

	Never	Sometimes	Most of the time	Always
Have you bet more than you could really afford to lose?				
Have you needed to gamble with larger amounts of money to get the same excitement?				
Have you gone back another day to try to win back the money you lost?				
Have you borrowed money or sold anything to get money to gamble?				
Have you felt that you might have a problem with gambling?				
Have people criticized your betting, or told you that you have a gambling problem, whether or not you thought it was true?				
Have you felt guilty about the way you gamble or what happens when you gamble?				
Have you felt that gambling has caused you any health problems, including stress or anxiety?				
Have you felt your gambling has caused financial problems for you or your household?				



The next series of statements refer to feelings and behaviors you experienced *before* or *after* gambling became a problem for you. The questions will repeat, but you may have different answers, depending on the time frame. Please check ONE box for each statement .

“BEFORE gambling became a problem for me...”

15. I often felt panicky.

16. I often felt tense and nervous.

17. I worried a lot.

18. I often felt sad and down for periods of time (lasting at least two weeks).

Strongly DISAGREE Strongly AGREE

1 2 3 4 5 6

“SINCE gambling became a problem for me...”

19. I often feel panicky.

20. I often feel tense and nervous.

21. I worry a lot.

22. I often feel sad and down for periods of time (lasting at least two weeks).

Strongly DISAGREE Strongly AGREE

1 2 3 4 5 6



Pathways Scoring Sheet

	Mood Pre														
Score		+		+		+			=		1A				
Question #	15		16		17		18			SUM					
	Mood Post														
Score		+		+		+			=		2A				
Question #	19		20		21		22			SUM					
	Child Abuse, Neglect & Trauma														
Score		+		+		+		+		+		=		3A	
Question #	23		24		25		26		27		28		29	SUM	
	Stress-Coping Motivation														
Score		+		+		+		+		+		=		4A	
Question #	1		5		14		34		40		43		45	SUM	



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		Impulsivity									
Score		+		+		+		=		1B	
Question #	9		12		36		47		SUM		
		Meaning Motivation									
Score		+		+		+		=		2B	
Question #	3		7		11		30		37	SUM	
		Risk-Taking									
Score		+		+		+		=		1C	
Question #	2		8		33		39		SUM		
		Sexual Risk-Taking									
Score		+		+				=		2C	
Question #	6		31		42				SUM		
		Antisocial Traits/Behaviors									
Score		+		+		+		=			
Question #	4		10		13		32		35		
								Total	=		3C
								+			
Score		+		+		+		=		SUM	
Question #	38		41		44		46		48	Total	



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Trait Severity Scales

Mood Pre & Mood Post	1A & 2A	Child Maltreatment	3A
Low	0-8	Low	0-14
Medium	9-14	Medium	15-22
High	≥15	High	≥23
Stress-Coping Motivation	4A	Impulsivity	1B
Low	0-19	Low	0-8
Medium	19-36	Medium	9-18
High	≥37	High	≥19
Meaning Motivation	2B	Risk Taking	1C
Low	0-11	Low	0-8
Medium	12-18	Medium	9-18
High	≥19	High	≥19
Sexual Risk-Taking	2C	Antisocial Traits/Behaviors	3C
Low	0-4	Low	0-18
Medium	5-10	Medium	19-36
High	≥11	High	≥37



Pathway Scoring:

The number in **1A** is greater than or equal to **12**, **ADD 1** _____

The number in **2A** is greater than or equal to **18**, **ADD 1** _____

The number in **3A** is greater than or equal to **18**, **ADD 1** _____

The number in **4A** is greater than or equal to **35**, **ADD 1** _____

The number in **1B** is greater than or equal to **18**, **ADD 1** _____

The number in **2B** is greater than or equal to **22**, **ADD 1** _____

TOTAL

If **TOTAL** (1A+2A+3A+4A+1B+2B) equals 3 or more, then conditions for Pathway 2 have been met.

Conditions for Pathway 2 met?

Yes No

The number in **1B** is greater than or equal to **18**, **ADD 1** _____

The number in **2B** is greater than or equal to **22**, **ADD 1** _____

The number in **1C** is greater than or equal to **15**, **ADD 1** _____

The number in **2C** is greater than or equal to **9**, **ADD 1** _____

The number in **3C** is greater than or equal to **30**, **ADD 1** _____

Sub-Total: _____

The number in **1A** is greater than or equal to **12**,

SUBTRACT 1 from Sub-Total _____

TOTAL

If **TOTAL** (1B+2B+1C+2C+3C MINUS 1A) equals 2 or more, then conditions for Pathway 3 have been met.

Conditions for Pathway 3 met?

Yes No

If BOTH conditions for Pathways 2 and 3 are met, assign to Pathway 3.

If NETHER condition for Pathway 2 or 3 is met, assign to Pathway 1.

Final Pathway: Pathway 1 Pathway 2 Pathway 3

Step 4: Engaging Clients into Gambling Treatment

- Second hardest part of the process
 - Just like counselors often don't want more work, clients often don't want more treatment
- Use Motivational Interviewing
- Explore benefits of gambling treatment with clients
- Give clients treatment options
- Approaches for substance use disorder treatment and gambling treatment can be different
- Harm reduction and treating gambling as a secondary problem

Group Exercise # 2

Group Exercise # 2

- You are a counselor in a substance use disorder treatment agency
- A new client has come into your agency for treatment for their alcohol use disorder
- They have completed the initial gambling screening (Activity Sheet and Modified BBGS)
 - They play lottery 1x/week, bet on sports 1x week, and go to the casino 2-3x month
 - They answered “Yes” to question 2 on the modified BBGS

Have you tried to keep your family or friends from knowing how much you spent on an of those activities?

How do you begin to engage this client into treatment for their gambling?



Key Takeaways

- We need to cast a wide net when screening for problem gambling
- Behavioral health agencies should be **screening for and treating** problem gambling
 - Screenings must also include screenings for suicidality and non-suicidal self-injury
- Agency culture must be changed for gambling services to be effectively integrated
 - This is a process and will take time
- Staff pushback is common when trying to implement gambling services
 - There are many possible reasons for pushback from staff
- Education and training of staff is vital
 - Follow-up will be required

Key Takeaways

- Clients will also often pushback against the implementation of new services
 - Will be a process changing client views about this issue
- Client education about gambling and screening for gambling should be done in phases
- All clients in SUD treatment should be screened for gambling/problem gambling
- Motivational Interviewing is invaluable in engaging clients into gambling treatment
- Approaches for SUD treatment and gambling treatment can be different
 - Give clients options!



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