

CHAPTER 9

ACTIVITY AS AN ESSENTIAL COMPONENT OF TREATMENT FOR THE PROBLEM GAMBLER

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Problem gambling therapists have minimal reference literature about the use of activity as a therapeutic tool with their gambling clients. This is surprising on three counts. First, most practitioners, regardless of clinical background, question clients about their activities or interests. Second, activity is widely accepted as an important component of most drug and alcohol programmes; several occupational therapists have published papers on the subject. Third, whether a client is working toward gambling abstinence or control, there are several practical activities that can be integrated into the recovery process (e.g. proper assessment of a client's lifestyle, the use of targeted activity during treatment, and enabling the client to develop a balanced daily routine).

The aims of this chapter are to discuss frameworks and ideas from the field of occupational therapy that are useful in the treatment of problem gambling. Discussion will focus initially on the value of activity for well-being, with attention paid to its definition and a useful theoretical framework. Debate will then turn to how activity fits with two important mainstays of problem gambling treatment, the wheel of change (DiClemente & Prochaska, 1998) and motivational interviewing techniques (Miller & Rollnick, 1991).

Why use activity?

It is worth remembering that gambling itself can be seen as a meaningful activity by members of the public, and it is positively promoted as such by the gaming industry. For many people it is a fun, exciting leisure pastime focused on winning money. From an occupational therapy point of view, a brief activity analysis shows that gambling utilises cognitive skills (e.g.

memory, reasoning, problem solving and concentration). It uses few physical skills, although depending on the method of gambling some fine motor skills may be employed. Gambling stimulates a strong physical fight/flight response. Sometimes this activity may involve social interaction, and it does demand a level of socially acceptable behaviour related to the context. The gaming industry plays on the basic human need for activity or occupation, with the added bonus of winning. Activities that are compulsive in nature and instantly gratifying appeal to our base animal ‘comforting’ instincts. In order to clarify how this human need for activity can be turned to more healthy pursuits, it is useful to understand a little about occupational therapy.

The basic principles underlying the occupational therapy profession are:

1. Individuals have an inherent need for purposeful activity.
2. In healthy people, activities are balanced between work, rest, and leisure, which are all meaningful to the person.
3. Activity has therapeutic power and can be used to remediate dysfunction.
4. Individuals and their activities are unique.

These four principles were incorporated into occupational therapy in the 1800s when activity was used to divert people with mental illness from troubling thoughts, and to encourage acceptable behaviour. The principles have been accepted in other areas of the addictions field and activity is seen as an essential component of many drug and alcohol cessation programmes worldwide. Clary and Felstead (1989) cited the use of activity as helpful in the detoxification process, as it promotes cognitive competence, concentration, hand-eye co-ordination, and living skills training (including enjoyment of leisure). These are all important for the maintenance phase of recovery.

Defining activity

In occupational therapy, activity can be described as any occupation that has meaning to the individual. Occupational therapists have various ways of categorising activity, but within the addictions field it is useful to think in terms of three areas:

1. An assessment of overall lifestyle, including current and past roles, habits, interests, leisure pursuits, work and domestic activities, which will involve consideration of how the person fills their day, how

gambling fits into their lifestyle, and how satisfied they feel with that lifestyle. It is important to identify the balance between these various facets.

2. Activities as therapy – using particular activities to promote change in the participant. This may be related to understanding the place gambling has in their life or thinking about specific activities to enhance recovery (e.g. yoga as a form of stress management).
3. Skill development activities – targeting specific deficit areas such as social skills, self-care, or communication skills.

A theoretical framework to help organise this information

The Model of Human Occupation (Kielhofner, 2002), is concerned primarily with why people choose particular activities (called the ‘volition’ sub-system), how they organise themselves to participate in these activities (the ‘habituation’ sub-system) and the skills and abilities required to carry out the activities (the ‘performance capacity’ sub-system). The person is viewed as an open system influencing and being influenced by the environment. This means that in a therapeutic relationship the client is an equal partner in the information gathering and processing. Each of the sub-systems is now described in greater detail.

Volition sub-system

This is made up of several components, including:

- Personal causation – the sense of awareness that the person has about their capacity (ability) to do a particular task, and how effective they feel in using these capacities.
- Values – the motivation that drives the person (i.e. what is or who are important in their life?).
- Interests – hobbies and leisure pastimes, whether there is any leisure time to pursue interests and what the client likes to do with their leisure time.

This section of the model gathers information about what motivates the client and what guides their choices. Some useful questions for the therapist would be to consider whether the client’s values are consistent with healthy non-addictive behaviour, and to consider whether the client’s interests are relevant to a change in lifestyle. The counsellor can then work with the client to promote values and interests that will assist their lifestyle change.

Habituation sub-system

This sub-system consists of the roles and habits which make up the client's life. Routines enable role performance and activity to occur in a functional way. Asking the client to describe their habits in some detail can provide evidence of chaotic or ordered lifestyles.

Roles may be current, past, or desired for the future, and may range from socially identified roles (e.g. wife, worker, father, friend, or daughter), through to more individually chosen roles (e.g. musician, sportsperson, or leader). Identifying roles and how they contribute to the client's life experience can help in examining where new skills may be needed if roles and habits are to change. Therefore the basic question for the counsellor is to consider whether the roles and habits are functional for a healthy non-addictive lifestyle.

Performance sub-system

This is information about the person's physical and psychological skills and ability to perform tasks (e.g. communication, problem solving, or cognition skills), and their subjective experience while undertaking those tasks. Performance skill deficits often point to catalysts for gambling behaviour. For example, people with poor communication skills may find the solitary nature of gambling less stressful than other activities, which require interaction with others. People with real or perceived physical disabilities may also find the low physical demand of many gambling activities attractive. Here the therapist may be considering whether the client has a realistic awareness of their capacity (ability) to choose, organise and perform activities that will contribute to a healthy lifestyle.

The environment

All activities occur in an environment. Examining the ability of the person to adapt themselves to the environment, or the environment to their needs, are skills needed to function competently. This information needs to be looked at in the context of the person's living, social, work, cultural, and physical environment. The counsellor needs to help the client figure out how the various environments with which the client interacts can contribute to a change in lifestyle. Another approach is to create a picture of the client's motivation, roles, habits, and capacity for performance in a variety of environments. A variety of standardised assessments may also be used for more specific information. At this stage, it is pertinent to demonstrate how this model might be applied to working with an actual client.

Case study

Kevin (a pseudonym) is a 43-year-old man who presented independently to the service, saying he needed help as he felt his gambling was getting out of control. He scored eight on the South Oaks Gambling Screen (SOGS) and six on the Diagnostic and Standards Manual (DSM-IV). He appeared to be at the ambivalent stage of change (DiClemente & Prochaska, 1998), saying he liked the time out and relaxation, and the possibility of winning money on poker machines, but the losing, spending too much and arguments with his wife were causing him to feel depressed. Kevin's behaviour can be examined through the lens of the model of human occupation which provides the following picture.

Assessment of Kevin's volitional sub-system shows that his awareness of his capacity and sense of efficacy around gambling is damaged. He no longer believes that gambling is a useful activity for him. He expresses little confidence in his abilities and feels he is a 'loser' in his non-work time. Although he has enjoyed past interests in woodworking and going to the gym, he no longer participates in these. The most important people to Kevin are his wife and children and he wants to do something about his gambling because of the impact on them. He feels his life revolves just around work and gambling.

A consideration of Kevin's habituation sub-system shows he is an organised person, but his lifestyle is very unbalanced, with long hours at work and virtually no time for relaxation or leisure activity other than gambling. He sees his main life role as 'worker' and worries about providing for his family, because he sees his 'husband' and 'father' roles as very important but often feels he fails at them. It is apparent that Kevin's work is stressful and that he finds gambling helps to relieve this.

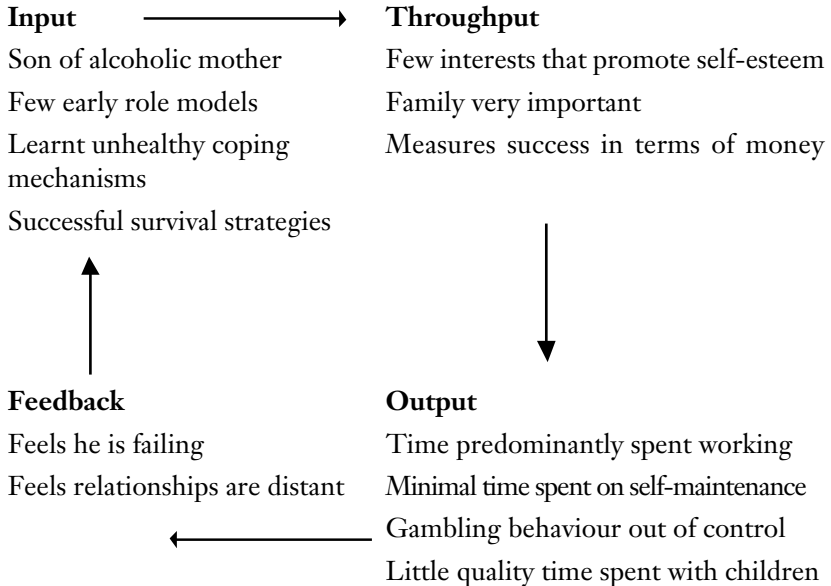
Kevin's performance sub-system shows excellent work and communication skills, and no physical deficits. He does, however, demonstrate deficits in the areas of managing feelings and emotions and he has a limited sense of his efficacy in all areas of life.

Pertinent environmental information is:

- Historical: Kevin's father left the family when Kevin was four. His mother was an alcoholic. These factors meant that he had to learn to survive from an early age. Kevin did well at school, but always found relationships difficult.
- Present: Kevin has a supportive wife, and two sons aged seven and five. They live in a comfortable three-bedroom home. His wife has

close friends and family, but he has few friends of his own and is isolated from his own family.

All of this information can be conceptualised schematically. This type of diagramming can be usefully shared with the client and may help them to understand their lives.



Combining activity with the wheel of change model

The wheel of change (DiClemente & Prochaska, 1998) and the motivational interviewing techniques (Miller & Rollnick, 2002) that stem from it have probably been the most useful and widely used development in counselling in the last ten years. Therefore it is not the purpose here to describe this model – it is assumed clinicians in the addictions field are familiar with it. However, the wheel of change and motivational interviewing can be integrated productively with the model of human occupation. Discussion will now concentrate on showing how activity principles can advance and enhance the gambling treatment process.

Pre-contemplation

At this stage, the person has not yet considered change. The task of the therapist is to engage the client and to help in a non-confrontational

manner. This involves raising doubt in the mind of the client about whether there is a problem with their current behaviour.

Activity is useful at this stage, because it has an inherent motivating effect. By stimulating the volitional system, readiness to change can be promoted. Suggestions for doing this in a clinical setting include:

- An exercise looking at lifestyle in general, and the balance between work, rest and leisure activity. This may increase someone's discomfort with the manner in which they choose to spend their time.
- A shared non-threatening activity, such as having coffee or playing pool together, can promote engagement in a way solely talking about gambling cannot achieve. Engagement can be difficult to achieve at early stages, especially with clients who have dual or multiple diagnoses, for example a mental illness.

Contemplation

This stage is characterised by ambivalence. The therapist's focus is to 'tip the balance,' to evoke further reasons for change, to encourage insight into reasons for not changing, and to strengthen the person's self-belief.

Many clients first present at this stage of change, and knowledge about a person's lifestyle and preferred activities can be useful in the following ways:

- Using information about the person's volitional system and what motivates them can be useful in helping 'tip' the decisional balance. For example, in the case of Kevin, a therapist might concentrate on thinking about the time he spent gambling and how he could be doing valued activities with his sons. He may need some coaching and confidence building to complete this task. An alternative approach is to concentrate on past activities Kevin enjoyed participating in, such as woodwork or the gym, and to stress that he is missing out on things he likes because his time is taken up with gambling.
- For clients who have communication problems or concentration difficulties due to head injury or intellectual disability, using an activity such as drawing (even basic stick figures) the 'things I like about gambling' and the 'things I don't like' (and getting them to explain the drawing) can be non-threatening and fun (especially if the counsellor joins in). Potentially this is a very powerful technique.

Determination

The therapist's task at this stage is to enable the client to choose the best course of action for changing their behaviour. When a client begins to plan their abstinence from gambling, the counsellor can encourage the person to think about an activity which they can use in keeping themselves safe. Generally, thinking of more than one or two activities is unrealistic, so concentrating on a few possibilities is good. Clients need to fill the gap created by their new non-gambling lifestyle. This activity can become symbolically important for the person (i.e. they are now a golfer, not a gambler). There are some important points about this approach:

- The client needs to look for a different type of experience from the compulsive one. They need to avoid beginning another addiction (e.g. drinking, smoking, over-exercising, etc.). It is important to identify an activity that makes the person feel good in a healthy way.
- The gambler can understand the importance of finding a new activity by doing a drawing exercise. Draw a pie chart on a whiteboard and get the person to divide it into their normal daily activities: work, eating, cooking, gambling, and any other pursuits. If the slice that is gambling is removed and not filled with something else, before long the gambling will come back just to fill the space.
- There are various ways of helping the client to fill the gap. With the use of motivational interviewing principles, the answers are generally provided when the person discloses what they like about gambling. For example, if a person likes the relaxation aspects and time out, then the replacement activity needs to have similar qualities (e.g. yoga, listening to music, or swimming). Again knowledge of the volitional system is useful here, because it reminds both therapist and client of the values and interests that need to be taken into account when searching for new activities. It is likely to be more successful if the activity is something the person has enjoyed in the past, and it should be simple to organise and non-threatening to the person (e.g. joining a new club or night class may be too challenging at this stage).
- People need to be warned that the replacement will probably not feel as good as the gambling immediately (because it is not the same instant-gratification experience), but with time and practise it will become rewarding and fulfilling.

Action phase

During this stage, the client starts to action their plan. For some clients, there is a big gap between ‘talking’ and ‘doing.’ For these clients it can be helpful to have a concrete activity to attend. Including activities in the person’s plan can help refocus the client. If the person thinks the whole time about trying not to gamble, their attention is focused on that activity and they are bound to gamble. Making a timetable or list of everyday activities (e.g. washing, visiting a friend, grocery shopping) helps the person to focus on what they are going to do, rather than on what they are not doing. Some very competent people are surprisingly unskilled in this area and may need suggestions about using a diary, lists, or calendars. At this stage, activity can also be used as a reward for new behaviour. For example, “if I stick to my plan for the week I can go to the movies.”

Maintenance

Once the gambling behaviour is stabilised, the therapist’s aim is to enable the client to use strategies to prevent relapse. Essentially this is about creating new roles and habits and normalising them. In activity terms, this falls into two categories. The first is to take an in-depth look at what gambling provided for them (e.g. relief from stress, loneliness, etc.), followed by in-depth discussion and exploration of how they would like their lifestyles to look and what new activities, interest roles and habits they would like to include. For example, in the case of Kevin, stress relief seemed to be an important function of gambling, so careful discussion and trial of activities that provide stress relief is a useful strategy. Second, areas of deficit in performance skills can be addressed (e.g. self-care). In Kevin’s case this may well involve looking at his ability to deal with difficult feelings.

Relapse

According to Miller and Rollnick (1991), the goal here is to help the client review the process of contemplation, determination and action without becoming stuck or demoralised. Again activity can be involved to provide a positive focus to counteract the gambling behaviour. Goal-directed activity has been shown to maintain motivation. In Kevin’s case, successful strategies such as spending time with his sons or developing his woodworking interests could be used to renew his motivation for change.

Conclusion

Occupational therapy, with its focus on competent occupational performance in the environment, can provide a useful service to people with gambling problems. The model of human occupation (which examines the motivation of choosing, organising and doing activities) fits well with DiClemente and Prochaska's (1998) wheel of change and the techniques of motivational interviewing (Miller & Rollnick, 1991).

Basically, whenever a person stops gambling there is a space in their life waiting to be filled. The occupational therapist can provide a service that enhances the likelihood of the client choosing a healthy behaviour to fill this spare time.

Although activity seems a natural and essential part of a person's life, and especially the life of someone recovering from a gambling addiction, there has been little attention paid to its importance in the clinical literature. However, it has been shown here that occupational therapy offers some simple, practical, useful mechanisms for enhancing the process of change in people with gambling additions.