



Appendices

- Appendix A: Guidelines for home exercises
- Appendix B: Guidelines for role-plays/behavioural rehearsals
- Appendix C: Assessing and managing suicidal clients
- Appendix D: Notes on stages of change
- Appendix E: Notes on motivational interviewing
- Appendix F: Notes on controlled gambling
- Appendix G: Case formulation and treatment plan sheet
- Appendix H: Contract for completion of the treatment programme
- Appendix I: Monitoring gambling sheet
- Appendix J: Motivations towards gambling worksheet
- Appendix K: Identifying gambling triggers and establishing safeguards worksheet
- Appendix L: Daily schedule
- Appendix M: Alternative activities worksheet
- Appendix N: The START technique contract
- Appendix O: Irrational thoughts record A (adapted from Beck et al., 1979)
- Appendix P: Irrational thoughts record B (adapted from Beck et al., 1979)
- Appendix Q: Relaxation techniques
- Appendix R: Imaginal exposure worksheet
- Appendix S: Problem-solving worksheet
- Appendix T: Goal-setting worksheet
- Appendix U: Negative emotions worksheet
- Appendix V: Balanced lifestyle worksheet
- Appendix W: Budgeting worksheet

APPENDIX A *Guidelines for home exercises*

The programme requires the client to complete a number of worksheets, or exercises at home so that the client can try the skills/strategies learnt in sessions in real-life situations. Home exercises are a very important part of therapy as they provide the client opportunities to (1) educate himself/herself through readings, (2) increase awareness of his/her own body and functions (e.g. by monitoring feelings, thoughts and behaviours), (3) increase awareness of his/her recovery and progress and (4) practise skills and strategies learnt in session. Home exercises will also reinforce learnt strategies and help increase the client's sense of self-efficacy (Beck, 1995).

Therapists may encounter clients that are either not completing their home exercise tasks, or not completing them properly. It is essential that therapists investigate the reasons behind any non-compliance or poor performances at home exercise tasks. Below are some common problems that therapists may face with home exercise tasks and strategies to overcome these problems and encourage compliance. The works of a number of authors were used to compile this section. These included: Beck, 1995; Kazantzis & Daniel, 2009; Kazantzis, Deane, Ronan, & L'Abate, 2005; Najavits, 2005; Simmons & Griffiths, 2009.

- ⊙ *Problem:* the client repeatedly forgets to complete the home assignments or does not complete them because of time constraints.

Strategies to overcome the problem: ask the client to identify a specific time that can be set aside to work on the assignment. Discuss with the client a specific place where the handouts/home exercise sheets can be placed so that the client can easily find them when it is time to complete the tasks. It is also important to discuss with the client prior to completing a session any obstacles that you or he/she might think will influence successful completion of the home exercises as well as strategies to overcome these obstacles.

- ⊙ *Problem:* the client's constant preoccupation with the negative consequences of his/her gambling problems (e.g. financial, accommodation, legal, employment or relationship problems) prevents him/her from completing the home assignments.

Strategies to overcome the problem: it is important to help the client deal with certain factors/stressors in the initial part of the programme as they may require urgent attention. Resolution (or the knowledge of the possibility of resolution) of such factors/stressors will also enable the client to focus more on treatment. Refer to Section 3.3 on devising a case formulation and treatment plan for further information.

- ⊙ *Problem:* the client has low motivation to complete the home exercise tasks.

Strategies to overcome the problem: encourage the client to set aside a specific time when their motivation tends to be high (e.g. just after a treatment session) to work on the tasks. Encourage the client to spend only small amounts of time on completing the tasks at the beginning of the programme. This time should then be gradually increased as treatment progresses and the client achieves some degree of success and thus, increases his/her motivation and self-efficacy levels. Therapists may also need to use motivational interviewing techniques (refer to Appendix E) to improve the client's motivation towards treatment and completing home exercise tasks.

- ⊙ *Problem:* the client has negative associations with 'homework' (e.g. clients that did not perform well at school).

Strategies to overcome the problem: avoid using the word 'homework' as there are negative connotations often associated with the term 'homework' (Kadden et al., 1995). Instead, words such as 'practice exercises', 'home exercises' and 'assignments' could be used.

- ⊙ *Problem:* the client may believe that home exercise tasks are not necessary for treatment success.

Strategies to overcome the problem: explore the client's reasons why he/she believes that the home exercise tasks may not be necessary for treatment success. It is possible that the client is no longer gambling and thus, views homework as unnecessary. It is also possible that the client does not view active participation as necessary for treatment success. The client may not see a clear relationship between completing the home exercise tasks and treatment success. Such erroneous beliefs need to be discussed/challenged in session. Therapists need to ensure that they always provide careful rationales for each assignment. They need to discuss how specific home exercise tasks will help to put strategies and skills learnt into practice and how they generalize to real life. Home exercises can also be modified to fit the specified details of individual situations of each client more closely.

- ⊙ *Problem:* the client may find home exercise tasks too difficult to complete.

Strategies to overcome the problem: assignments should not be difficult and should be related to the client's concerns. Ensure that the client not only understands the home exercise tasks but also knows how to do the home exercises before he/she leaves the sessions. Ensure that the client has all the handouts needed to complete the home exercise tasks.

- ⊙ *Problem:* the client may feel embarrassed that others will see them completing the tasks.

Strategies to overcome the problem: discuss with the client a specific place they can put the handouts/home exercise sheets that would not be accessible to others. Also discuss with them a specific place they can do the exercises that preserves their privacy. If the home exercise requires the client to carry out a task in public (e.g. carrying out a behavioural experiment such as predicting gambling outcomes of roulette spins), the client could always record the outcomes using an audiotape rather than writing them down on a piece of paper.

- ⊙ *Problem:* the client is avoiding completing the home exercise tasks due to fear.

Strategies to overcome the problem: the client may be avoiding completing the home exercise tasks because of a number of fears. These include the fear of failure, the fear of the negative emotions that will be elicited by tasks and inability to cope with these emotions, the fear that they will not be able to complete them successfully and the fear of change. Therapists need to investigate such fears and any erroneous beliefs need to be discussed/challenged in session.

APPENDIX B *Guidelines for role-plays/behavioural rehearsals*

Behaviour rehearsal (any procedure, where the client practises responses that are to be learned) can be used to acquire new skills via interactions with the therapists (and others) in simulated or *in vivo* situations (Kadden et al., 1995). Forms of practice include overt (practising for real) and covert responses (practising using imagination). The therapeutic environment is a safe place for the client to practise the skills and strategies before trying them out in the real world (Masters et al., 1987).

Goldfried and Davison (1994) outlined four general stages of behaviour rehearsal.

- ⊙ Preparing the client – discuss the importance and effectiveness of behaviour rehearsal in terms of learning new skills. Reassure the client that it is normal to feel uncomfortable when trying new skills and strategies out initially. Behaviour rehearsal will become easier the more the client does it. Point out that where appropriate, you will demonstrate the skills first.
- ⊙ Select target situations – therapists can suggest appropriate situations based on their knowledge of the client’s recent circumstances. Alternatively, encourage the client to generate and describe personally relevant situations where the new skills and strategies can be practised. To help the client elicit situations, you could ask the client to think of a recent situation where the strategies might have been useful (e.g. refusing when asked to go gambling), or ask the client to think of a probable difficult situation that may arise in the future where the strategies might be useful (e.g. meeting a friend who the client used to go gambling with).
- ⊙ Rehearsal in session – use modelling, reinforcement and constructive feedback to assist the client to learn new skills. Encouraging the client to practise the strategies/skills in the session a number of times will increase the likelihood that he/she will try them in his/her real life.
- ⊙ Carrying out learnt skills/strategies *in vivo* – encourage the client to continue practising the skills/strategies in real life (e.g. get the client to practise new strategies/skills learnt in session as a home exercise task).

APPENDIX C *Assessing and managing suicidal clients*

The main goal in managing a suicidal crisis is ensuring the client's survival. Listed below are some steps therapists can take to assess and manage a suicidal client.

Step one

The first step is to identify the client's motivation and risk for suicide. Some useful questions to ask to assess the risk include the following.

- ⊙ What are the thoughts?
- ⊙ How long (and how often) have you been having these thoughts?
- ⊙ When was the last time you had such thoughts?
- ⊙ What would you do?
- ⊙ What would you use?
- ⊙ Do you have access to what you are planning to use (e.g. a gun, pills)?
- ⊙ What steps if any have you taken (e.g. made plans for possessions, left instructions for people, written/writing a will or a note)?
- ⊙ Does it involve others?
- ⊙ Do these thoughts occur at a specific situation/time?
- ⊙ Do you know why you feel this way?
- ⊙ Have you attempted before? If so, how long ago and how was it attempted?
- ⊙ What are your thoughts about staying alive?
- ⊙ What has stopped you from acting on your thoughts so far?
- ⊙ What help could make it easier for you to cope with the problems you are currently experiencing?
- ⊙ What are your thoughts of the effects of suicide on your relatives, family, etc.?

Therapists also need to determine whether the client is able to see/talk about a future.

Likely risk factors for suicide among problem gamblers may be negative life events (e.g. financial losses, relationship failures, legal consequences), lack of social support, depression, genetic/familial predisposition to suicide, isolation, substance misuse, etc.

Step two

If the client appears to be at high risk of attempting suicide, the therapist should try to reduce this risk. Freeman et al. (1990) highlight some ways to achieve this. These include the following.

- ⊙ Exploring reasons for them not to take their own life and what the client feels would be accomplished by suicide (i.e. explore the advantages and disadvantages of suicide and of continued living). This can be achieved by showing the client that the disadvantages to suicide outweigh the advantages and that there are better alternatives for attaining his or her goals.
- ⊙ Reinforcing the factors that have stopped the client from acting on his/her thoughts so far.
- ⊙ Reminding the client of the effect the suicide will have on his/her family and friends.
- ⊙ Helping the client brainstorm options that will make it easier for him/her to cope with his/her current problems.
- ⊙ Challenging the client's thinking errors (e.g. 'Things are hopeless') that have led him/her to want to commit suicide. For example: 'What is the evidence that the situation is hopeless?', 'Will this hopeless situation last forever?', 'What is the evidence that things will never change?' and 'Are there other options?' When a client can see the errors in their thinking, he/she will realize that the situation may be difficult but not hopeless.
- ⊙ Dealing with the negative emotions (after the immediate crisis is dealt with) if the suicidal impulses are a product of negative emotions (e.g. anger at oneself or others).

Step three

Depending on how committed the client still is about attempting suicide, different approaches will need to be taken. If the client cannot make a commitment to refrain from a suicidal attempt, he/she may require hospitalization. Once the client has made a believable commitment to refrain from a suicide attempt, steps can be taken to minimize the risks of a suicide attempt. Treatment Protocol Project (1997) presents a management plan for individuals who may be contemplating suicide to assist these individuals to get through this period safely. Their suggestions for this management plan included the following.

- ⊙ Devising a suicide contract to delay the client's suicidal impulses. A suicide contract is an agreement (preferably written) between the client and the therapist in which the client agrees to a particular plan of action other than suicide if he/she experience suicidal thoughts (Callahan, 1996). It is vital that a good therapeutic relationship

between the client and therapist exist before such contracts are used (Jacobs, Brewer & Klein-Benheim, 1999). This contract lays out:

- the client's promise not to attempt suicide for an arranged period of time;
 - alternative things the client can do if he/she has suicidal thoughts;
 - the frequency and timing of therapeutic visits, problems tackled, who else will be involved and what to do in emergencies;
 - numbers to call when the client feels vulnerable. If the client is not currently at risk, ensure that he/she has 24-hour access to suitable clinical care (e.g. numbers of relevant helplines, crisis/extended hours mental health team, general practitioner, friends and family members). Also, provide explicit contingency plans if one of more of the contacts are not available.
- ⊙ Ensuring the client does not have the means of suicide (e.g. guns, pills, chemicals, car keys, knives, rope or other weapons).
 - ⊙ Reassuring the client that most problems can be solved and that he/she will be taught how to achieve this. Highlight to the client that he/she has already made a step towards improving his/her situation by seeking help for his/her gambling.
 - ⊙ Including significant others in the treatment programme.
 - ⊙ Discussing high-risk situations where crisis may develop that could result in suicidal ideations as well as ways to cope with these high-risk situations.
 - ⊙ Challenging thinking errors that may be maintaining suicidal ideations (e.g. 'Nothing is ever going to change').
 - ⊙ Keeping in regular contact with members of a multidisciplinary team if the client is associated with one.

Ongoing monitoring of suicide throughout the programme is very important especially for at-risk clients.

APPENDIX D *Notes on stages of change*

Prochaska and DiClemente (1982; 1986) described the different stages of change involved in stopping problem behaviours. It is important to note that behaviour change is not a linear process but rather a circular process where a client can move back or forward to any stage (Korn & Shaffer, 2004). These stages involve differing degrees of motivation, as well as different patterns of attitudes, intentions and behaviours (Prochaska & DiClemente, 1982; 1986; Prochaska, DiClemente, & Norcross, 1992). Therapists are required to respond differently depending on the stage the client is at. This is discussed below. Several references were used to compile this information including Bell and Rollnick (1996), Miller (1989) and Miller and Rollnick (1991). For more specific notes on motivational interviewing techniques, see Appendix E.

Precontemplation stage

Individuals at this stage do not believe that they have a problem, as they are not aware of the connection between their gambling behaviours and problems in their lives (Korn & Shaffer, 2004). These clients are not usually seen in the treatment setting. However, some problem gamblers are coerced or pressured into seeking help from significant others or legal systems. Thus, if these individuals do present for treatment they may not be concerned about gambling behaviours or their negative consequences. Problem gamblers that are at the precontemplative stage often minimize their problems (e.g. 'I can stop if I want to. I just choose not to'), deny the effects of their gambling (e.g. 'My wife is overreacting'), appear defensive ('I am hardly an addict') and/or defend their gambling ('I win more than I lose').

Therapist action: it is likely that the client is not ready to change, unaware that a problem exists, has low self-esteem or does not want to acknowledge that he/she has a problem. Thus, it is best not to give direct advice. Build rapport by understanding the client and his/her concerns. Introduce ambivalence by discussing the negatives and positives of gambling and offer information. The focus should be on raising some doubt (and thus, increase awareness) in the client and to increase the perception of risks

associated with continued gambling by educating the client via providing information and feedback (Bell & Rollnick, 1996). Encourage the client to examine his/her gambling behaviours and resulting negative consequences via self-monitoring. Tell the client that if he/she decides to give up gambling how he/she can go about doing so.

Contemplative stage

Individuals begin to think about the possibility of having a gambling problem but are ambivalent whether they should continue gambling or stop/reduce it and do not take any action to make changes.

Therapist action: explore the client's concerns. If you are met with resistance, move to the previous stage. Explore the pros and cons of continued gambling as well as the pros and cons of stopping or reducing gambling. Highlight negative consequences compared with the positive ones. Highlight reasons to change and the risks involved in not changing and strengthen self-efficacy. It is best not to confront the client as this can push him/her towards defending the benefits of continued gambling or even denial (Rollnick, Kinnersley, & Stott, 1993).

Preparation/Determination stage

Individuals believe that they have a problem that needs addressing and begin to consider change options (i.e. prepares herself/himself to make a change).

Therapist action: help the client explore the therapeutic options, to determine the best course of action and to strengthen his/her commitment for change (Miller & Rollnick, 1991). This is a very important stage, as reasons for attempting change and the strength of the initial resolution will affect the likelihood of relapse (Allsop & Saunders, 1991). Increase client's sense of self-efficacy or belief in his/her ability to make the change (Bell & Rollnick, 1996).

Action stage

Individuals begin to make specific behavioural changes. New coping skills are taught to replace old dysfunctional ones (e.g. gambling behaviours).

Therapist action: help the client to take steps towards change by going through the programme. It is important that the client is allowed to choose his/her own action plan and perceives that change is desirable (Bell & Rollnick, 1996). Acknowledge that it is normal to feel ambivalent from time to time. Rewards to reinforce successes are very important.

Maintenance stage

Individuals have made certain changes and now they are making efforts to maintain these changes. This is a very important stage as it is this stage that determines whether the results of the action stage are maintained over time and that lapses/relapses do not occur (Marlatt, 1988).

Therapist action: teach the client skills/strategies to maintain changes he/she has made. Encourage practice of the new skills and behaviours as in order to learn new behaviours they need to be rehearsed (Korn & Shaffer, 2004).

Relapse

Individuals begin gambling again.

Therapist action: help the client to recover from the lapse as quickly as possible by learning from it.

APPENDIX E *Notes on motivational interviewing*

Motivational interviewing is a therapeutic technique that can be used to help problem gamblers that are ambivalent about their gambling behaviours. For example, there is a conflict between their gambling behaviours (e.g. 'It's the only enjoyable thing in my life' or 'I have to win the money I have lost before I quit') and their need to stop gambling (e.g. 'I can't afford to continue gambling' or 'I will lose my job if I continue to gamble'). It aims to explore and amplify this conflict by eliciting problem gamblers concerns and reasons to change their dysfunctional behaviours using non-directive counselling skills such as open-ended questions, affirmation, summarization and reflection. At the same time, it helps motivate problem gamblers to change their current dysfunctional behaviours by creating cognitive dissonance between current behaviours and personal goals and encourage expression of arguments for change (Rollnick, Heather, & Bell, 1992).

Miller and Rollnick (1991) outlined some principles used in motivational interviewing. These include the following.

- ⦿ Empathy – reflect the client's concerns about his/her behaviours and normalize ambivalence. This does not necessarily mean identification with the client but rather understanding and acceptance of his/her problems and concerns.
- ⦿ Develop discrepancy between consequences of gambling and the client's personal goals by highlighting negative consequences of gambling.
- ⦿ Avoid arguing to reduce defensiveness from the client.
- ⦿ Reduce resistance from the client through reflection, reframing, inviting new perspectives and exploring rather than confronting.
- ⦿ Support the client's sense of their ability to change as the perception of his/her abilities to accomplish a plan and achieve certain goals will affect the probability that change is attempted (Bell & Rollnick, 1996).

Eliciting self-motivational statements

In motivational interviewing it is important not to present to the client the arguments for change as it can push both the therapist and the client

into the confrontational–denial spiral (Miller & Rollnick, 1991). Thus, it is important to facilitate the client’s expression of the following self-motivational statements using non-directive counselling skills (Miller & Rollnick, 1991). There are three categories of self-motivational statements. Described below are questions therapists could use to elicit these self-motivational statements.

- ⊙ Problem recognition (cognitive) – agreeing that there is a problem (e.g. eliciting statements such as ‘This is serious, I didn’t realize how much I have been gambling’). This can be achieved by asking:
 - ‘What difficulties have you had in relation to your gambling?’
 - ‘In what ways has gambling harmed you or others?’
 - ‘What makes you think that this is a problem?’
- ⊙ Expression of concern about perceived problem (emotional) – this is often displayed through non-verbals (e.g. ‘I’m worried about this’ or ‘I feel pretty hopeless’). This can be achieved by asking:
 - ‘What is it about your gambling that you or others see as reasons for concern?’
 - ‘What worries you about your gambling?’
 - ‘What can you imagine happening in the long run without change?’
 - ‘How do you feel about your gambling?’
 - ‘How does it concern you?’
- ⊙ Displaying an intention, commitment or decision to change (behavioural) – this may be displayed by eliciting statements (e.g. ‘I think it’s time for me to stop’ or ‘I have to do something to change’). This can be achieved by asking:
 - ‘What are the reasons you see for making change?’
 - ‘What makes you think you may need to change?’
 - ‘What are the advantages of changing?’

Once the client shows some optimism for change (i.e. the client indicates hopefulness or optimism about his or her ability to change), the following needs to be assessed: ‘What makes you think you could change?’ and ‘What encourages you that you can change if you wanted to?’

Motivational interviewing techniques that can be used with problem gamblers

The following strategies can be used to increase problem gamblers’ motivation to change their gambling behaviours. The work of Miller & Rollnick (1991) and Rollnick et al. (1992) were used to compile this list.

- ⊙ Give clear advice (e.g. negative consequences of gambling and positive consequences of not gambling) to change the desirability of gambling and attitudes towards gambling and thus advocating the client to stop gambling. Provide practical steps to achieve the goal.
- ⊙ Provide the client with alternatives to choose from.
- ⊙ Remove practical obstacles to stopping gambling (e.g. highlighting how this programme has helped treat other problem gamblers).
- ⊙ Provide the client with objective feedback on his/her gambling behaviours and comorbid problems (e.g. financial problems, relationship difficulties).
- ⊙ Help the client to set realistic, attainable and specific goals for change.
- ⊙ Actively assist the client (e.g. by facilitating a referral to a relationships counsellor for a gambler who is experiencing marital problems).
- ⊙ Build rapport and understand the client's reluctance to change despite negative consequences by empathetic inquiry (objectively explore how the client views his/her gambling in his/her life) and acknowledge that you can see how important his/her gambling is to him/her. This can also be achieved by explore a typical day or session of gambling.
- ⊙ Raise doubts and increase perceptions of risks and problems. This can be achieved by introducing negative consequences by:
 - asking 'How does your enjoyment of gambling affect your health/relationships/etc?';
 - discussing 'The advantages and disadvantages of gambling';
 - asking 'Where would you like to see yourself in five years' time?' . . . 'What needs to happen for you to achieve your goals in five years' time?';
 - asking 'What were things like for you when you weren't gambling?'
- ⊙ Offer information about the negative consequences. However, timing is important. For example, when the client appears curious ask if he/she would like some information. Another good time to offer such information is after you ask what he/she thinks of his/her situation and how might it relate to his/her gambling. Be casual and refer to people in general. Also, try to externalize the problem (e.g. 'Experts think . . .')
- ⊙ Explore concerns - explore each concern and thus, allow the client to contemplate his/her position while assisting him/her through the decision-making process (Bell & Rollnick, 1996). However, it is important to note that this assumes that the client has a problem. If the client is in the precontemplation stage he/she is likely to resist or feel confused.
- ⊙ Get the client to calculate how much money and/or time has been spent on gambling. For example, to calculate the amount he/she spends per year on gambling multiply the amount he/she spends per week by 52 (52 weeks in a year).

APPENDIX F *Notes on controlled gambling*

Clients that have chosen their treatment goal as ‘control gambling’ rather than ‘abstinence’ need to decide on the *maximum amount to be spent on gambling per week*. The client needs to decide how much he/she can afford to lose each week. If the client’s spending appears greater than his/her income the client will need to consider changing the treatment goal to ‘abstinence’. It is important to discuss with the client that if some or all of the money is not used in a particular week it should not be carried over to the next week. Once the client has decided how much money he/she can afford to spend/lose per week, the client needs to work out:

- ⊙ Days of the week the client plans to gamble – if the client misses a gambling day, he/she cannot make it up by gambling another day;
- ⊙ Total amount spent on each of the planned gambling days – the amount spent on each of the planned gambling days cannot add up to more than the maximum amount to be spent on gambling per week.

For example:

- ⊙ maximum amount to be spent on gambling per week: £50;
- ⊙ days of the week the client plans to gamble: Saturday and Sunday;
- ⊙ total amount spent on each of the planned gambling days: Saturday £25, Sunday £25.

Please highlight the following ‘control gambling’ rules to the client.

- ⊙ The limits set (e.g. amount of money and time to be spent on gambling) should be revised regularly (e.g. fortnightly or monthly).
- ⊙ Any winnings cannot be counted. The client needs to have a plan for the winnings (e.g. put it in an account where he/she can only deposit the money and not withdraw it easily). Any amount that is not gambled can also go into this account.
- ⊙ The client should only take with him/her the exact amount of money that he/she is supposed to gamble.
- ⊙ If the client does not end up gambling on a planned day, he/she cannot make it up by gambling on a non-gambling day or use that money in addition on the next gambling day. This money goes into the account immediately.

Encourage the client to write down these limits and rules on a card and put the card in a place that he/she sees frequently (e.g. on the fridge or in their wallet).

APPENDIX G *Case formulation and treatment plan sheet*

Name of client: Date:

DOB: Gender:

Presenting problems:

.....

.....

Predisposing factors:

.....

.....

Precipitating factors:

.....

.....

Perpetuating factors:

.....

.....

Prognostic factors:

.....

.....

.....

Design how the five Ps are related to one another

APPENDIX H *Contract for completion of the treatment programme*

I, (*client's name*) promise myself to complete this 12-week programme (from date to) in order to stop or control my gambling (*choose one*) and stay gamble free or only do controlled gambling (*choose one*) during this time.

Daily reward for successfully completing goal

.....

.....

.....

.....

Weekly reward

.....

.....

.....

.....

Costs for not successfully completing goal

.....

.....

.....

.....

Client: Date:

Therapist: Date:

Witness: Date:

APPENDIX I *Monitoring gambling sheet*

Date/ time	Events preceding the gambling situation	Thoughts and feelings before the gambling situation	Gambling situation (a) where (b) with whom (c) available cash	Thoughts and feelings while in the gambling situation	Outcome (a) amount spent (b) amount won/ lost	Thoughts and feelings after the gambling situation

APPENDIX K *Identifying gambling triggers and establishing safeguards worksheet*

Trigger:

.....

Possible safeguards:

.....

.....

.....

.....

.....

Trigger:

.....

Possible safeguards:

.....

.....

.....

.....

.....

Trigger:

.....

Possible safeguards:

.....

.....

.....

.....

.....

Trigger:

Possible safeguards:

Trigger:

Possible safeguards:

Trigger:

Possible safeguards:

APPENDIX M *Alternative activities worksheet*

Tick the activities that you are willing to try. Think of things you used to enjoy in the past but do not do anymore. Think of things you always wanted to do. Do not wait until you feel like it. Make the decision to do something whether or not you feel like it. Action comes before motivation and not visa versa. You are more likely to do an activity if you plan ahead.

ACTIVITY	
Exercise	
Surfing	
Swimming	
Bike riding	
Walking/walking the dog	
Running	
Playing sports/join a sports club (soccer, tennis, skiing, rugby, bowling, netball)	
Self-defence classes or karate	
Yoga/Pilates/meditation/tai chi	
Join the gym	
Chores	
Gardening	
Complete housework	
Complete a task you've been meaning to do	
Clean your garage	
Redecorate your room/home	
Organize your files	
Engage in pleasant activities	
Rent a movie or go to the movies	
Go to a live show (concerts, comedy shows, plays, sports event)	
Read a magazine, book or newspaper	
Cook a meal/try a new recipe	
Take a relaxing bath	
Go for a drive	

Take a train ride	
Go shopping or window shopping	
Go to the zoo	
Write a letter to a friend or relative	
Phone a friend or relative	
Go to a garage sale	
Plan a day trip	
Go to the beach	
Go to a cafe/restaurant	
Do a relaxation exercise	
Play computer games	
Surf the net	
Take photographs	
Go fishing	
Go on a picnic	
Have a barbecue	
Learn to dance or dance	
Write a diary	
Work on your car/motorcycle/bicycle	
Organize a weekend away	
Volunteer for a charity	
Spend time with your children	
Play with your pets	
Learn to sing or sing	
Play pool	
Visit people (friends and relatives)	
Go to the park	
Write a story	
Learn a musical instrument	
Go to the museum	
Go to the art gallery	
Play a board game	
Go to the markets	
Go to the library	

Listen to music	
Go camping	
Write a poem/song	
Start a collection (e.g. coin, stamps)	
Do a puzzle or crossword	
Do model building	
Pamper yourself	
Get a facial	
Get a haircut/new hair style	
Get a massage	
Enrol in a short course	
Community college class or other further education (e.g. to learn a new skill or language, update computer skills, update work skills)	
Art and Craft	
Pottery making	
Painting/drawing/sketching	
Making presents for family and friends	
Knitting, crocheting, cross stitching, quilting, sewing, needlepoint	
Jewellery making	
Scrap-booking	
Candle making	
Woodworking	
Join a club/group (e.g. church, youth club)	

APPENDIX N *The START technique contract*

I (client's name) agree that if I have a slip or strong urges during the course of the programme, I will use the START technique.

S – Stop what I am doing immediately.

T – Think of the possible negative consequences of gambling (when a 'close call' is experienced) or continuing gambling (when a lapse is experienced) and all the positive consequences experienced so far by controlling gambling/ abstaining from gambling.

A – Act by removing myself from the situation.

R – Ring someone immediately to talk to (helplines, friends).

T – Try the techniques learnt in this section to control the urges.

Every time I am successful at completing this technique I will:

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Every time I am unsuccessful at completing this technique I will:

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Client's signature & date

Therapist's signature & date

Significant other's signature & date

© *The START technique is based on Meichenbaum's (1977) self-instructional training.*

APPENDIX O *Irrational thoughts record A (adapted from Beck et al., 1979)*

A ctivating experience – events, thoughts, memories and feelings that trigger negative mood or behaviours (e.g. gambling)	B eliefs – interpretation or thoughts of the experience ☉ What were you thinking? ☉ What thinking error are you making?	C onsequences – resulting actions and feelings

APPENDIX P *Irrational thoughts record B (adapted from Beck et al., 1979)*

A ctivating experience – events, thoughts, memories, and feelings that trigger negative mood or behaviours (e.g. gambling)	B eliefs – interpretation or thoughts of the experience ☉ What were you thinking? ☉ What thinking error are you making?	C onsequences – resulting actions and feelings	Challenging irrational thoughts	Consequences – resulting actions and feelings after challenging irrational thoughts

Challenging: What thinking error am I making? What is the evidence against the thought? What are the disadvantages of thinking this way? What is an alternative way of looking at this? Try behavioural experiments to test your assumptions. For gambling specific thinking errors, also remind yourself of the law of randomness (e.g. 'There are no links between independent chance events so in most forms of gambling all possible outcomes have an equal probability of occurring'), the level of chance and skill involved in each form of gambling (e.g. 'Gambling outcomes are more determined by luck than skill') and structural characteristics of the gambling machines and gambling environments that encourage gambling despite losses.

APPENDIX Q *Relaxation techniques*

Abdominal breathing exercise

Breathing directly reflects the level of tension you carry in your body. When under tension your breathing becomes more shallow and rapid and occurs high in the chest. When relaxed you breathe more fully, more deeply and from your abdomen. It is difficult to be tense and breathe from your abdomen at the same time.

- ⊙ Become aware of your breathing by placing one hand on your upper chest and one hand on your tummy. If your chest is rising and falling as you breathe, this means that you are using your chest to breathe.
- ⊙ Practise breathing through your tummy rather than the chest. When you are doing this, your tummy should rise and fall as you breathe out and in and your chest should only move slightly.
- ⊙ Inhale slowly and fully through your nose into the 'bottom' of your lungs. That is, send the air as low down as you can. Do slow full breathing NOT deep breathing as this can cause hyperventilation. That is, breathe a normal amount of air rather than forcing a large amount of air in and out of you.
- ⊙ Try to get a steady rhythm going, take the same depth of breath each time (e.g. don't gulp in a big breath or let breath out all at once). Make sure you exhale fully. As you exhale it is a good idea to allow your whole body to let go (it helps visualizing your arms and legs going loose and limp like a rag doll).
- ⊙ Do ten slow full abdominal breaths. *Pause* briefly after you inhale and before you exhale. If you feel lightheaded, stop for 30 seconds and try again. It is not uncommon for people to feel lightheaded initially especially if they are not used to breathing this way. At first you may feel you are not getting enough air in, but with regular practise this slower rate will soon feel comfortable.
- ⊙ When practising do at least 30 breaths (three × 10 inhales, pause, exhale).

Progressive muscle relaxation (Jacobsen, 1968)

Progressive muscle relaxation (PMR) is a muscular relaxation exercise which involves daily practise of tensing and relaxing each muscle group in your body until you become an expert in ridding your body of tension. The goal of PMR is to reduce muscle tension in your body. To be able to

do this you will need to recognize and feel excessive tension by producing it deliberately and to recognize the release of the tension. This technique targets 16 muscle groups throughout your body. Initially it may take 30 minutes to complete, but with practice, you will be able to reduce this time.

Make sure you are wearing loose, comfortable clothing. Sit on a comfortable chair. Try to clear your mind of all worries or disturbing thoughts. If these worries or thoughts drift back into your mind while you are relaxing let them float gently out of your mind without reacting to them. Let your mind be clear and calm. When tensing each muscle group, squeeze the muscles immediately (i.e. not slowly or gradually). Also, try to keep all other muscles relaxed when you are tensing a particular muscle group. Try to practise this technique once per day. For each of the muscle groups in your body, tense the muscles for 7–10 seconds and then relax for 10–15 seconds. The steps include:

- ⦿ tense the muscles of your right hand and lower arm by making a tight fist and then relax;
- ⦿ tense the muscles of your right biceps by pushing your right elbow down against the arm of the chair and then relax;
- ⦿ tense the muscles of your left hand and lower arm by making a tight fist and then relax;
- ⦿ tense the muscles of your left biceps by pushing your left elbow down against the arm of your chair and then relax;
- ⦿ tense the muscles of your forehead by lifting your eyebrows as high as you can and then relax;
- ⦿ tense the muscles in your upper face, cheeks and nose by squinting your eyes and wrinkling your nose and then relax;
- ⦿ tense the muscles in your lower face and jaw by biting your teeth together and pulling back the corners of your mouth and then relax;
- ⦿ tense the muscles in your neck by pulling your chin downward toward your chest and at the same time prevent it from touching your chest and then relax;
- ⦿ tense the muscles in your chest, shoulders and upper back by taking a deep breath, holding it and, at the same time pulling the shoulder blades together and then relax;
- ⦿ tense the muscles in your abdomen by making your stomach as hard as possible and then relax;
- ⦿ tense the muscles in your right thigh by pushing down with the top muscles and up with the muscles underneath and then relax;
- ⦿ tense the muscles in your right calf by pointing your toes upward towards your head and then relax;

- ⦿ tense the muscles in your right foot by pointing the toe, turning the foot inwards and, at the same time, curling your toes and then relax;
- ⦿ tense the muscles in your left thigh by pushing down with the top muscles and up with the muscles underneath and then relax;
- ⦿ tense the muscles in your left calf by pointing your toes upward towards your head and then relax;
- ⦿ tense the muscles in your left foot by pointing the toe, turning the foot inwards and, at the same time, curling your toes and then relax.

Relaxation by imagery

Begin by focusing on your breathing. Spend a few minutes breathing slowly and smoothly.

- ⦿ As you breathe, slowly count backwards from five, sinking deeper and deeper into a state of relaxation. Say to yourself, 'I feel deeply relaxed'.
- ⦿ Next imagine a pleasant place that you can return to whenever you need relaxation or anxiety relief. For example, a warm, quiet beach. Close your eyes to help you concentrate.
- ⦿ Experience the place with all your senses – sight, touch, smell, hearing and taste. Remain there for about 5 minutes or longer, depending on the time you need for anxiety or stress relief.
- ⦿ Let your imagination run free.
- ⦿ Slowly let the image you have chose fade from the centre of your attention as you focus again on your breathing. Maintain a relaxed feeling. When you feel ready, count slowly to five and open your eyes.

Autogenic training

Autogenic training teaches the body and mind to respond quickly and effectively to your verbal commands to relax and help return to a balanced state (Davis, Eshelman & McKay, 1982). This is important, as arousal appears to play a role in the maintenance of gambling problems. Johannes Schultz (1932) first introduced it. It incorporated the hypnotic work of the nineteenth century physiologist Oskar Vogt and Yoga techniques. The exercises are targeted at reversing the fight or flight states that occur when one is stressed (Davis et al., 1982).

First, make yourself comfortable and close your eyes. Then slowly and thoughtfully repeat the following sentences to yourself.

- ⦿ My feet feel warm, heavy and relaxed. My ankles feel warm, heavy and relaxed. My knees feel warm, heavy and relaxed. My hips feel warm, heavy and relaxed. My feet, ankles, knees and hips all feel warm, heavy and relaxed.
- ⦿ My stomach and the centre of my body feel warm, heavy and relaxed.
- ⦿ My hands feel warm, heavy and relaxed. My arms feel warm, heavy and relaxed. My shoulders feel warm, heavy and relaxed. My hands, arms and shoulders all feel warm, heavy and relaxed.
- ⦿ My neck feels warm heavy and relaxed. My jaw feels warm, heavy and relaxed. My face feels warm, heavy and relaxed. My forehead feels warm, heavy, and relaxed. My neck, jaw, face, and forehead all feel warm, heavy and relaxed.
- ⦿ My whole body feels warm, heavy and relaxed. My whole body feels warm, heavy and relaxed (repeat these last two sentences several times).
- ⦿ Remain relaxed for 2-5 minutes. When you feel ready, slowly open your eyes and remain relaxed for another 2-5 minutes before you start an activity. If you are in a warm environment use the words 'cool' and 'light' instead of 'warm' and 'heavy'.

Step 4: Assess the advantages and disadvantages of each solution

Solution	Advantage	Disadvantage

Step 5: List the solutions in order of preference and choose a solution

.....

.....

.....

Step 6: Evaluate the success of the solution

.....

.....

.....

.....

.....

Step 5: Time spent working on the goal (When, how long and how often will you work on the goal? Date the goal is to be reviewed)

.....
.....

Step 6: Possible obstacles preventing you from reaching that goal and ways to deal with the obstacles

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Step 7: Assess the outcome of your goal (Did you achieve your goal? If not, why? What are the alternatives? Modify, re-plan and try again as soon as possible)

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Remember: Do not catastrophize when things go wrong. Remind yourself of other successes in your life and that if you can achieve them you can do this too. Label an attempt as partial success rather than total failure. Remind yourself that you only learn from trial and error and that even an attempt at your goal is a sign of success.

APPENDIX U *Negative emotions worksheet*

Describe the negative emotion (What were you feeling?)

.....
.....
.....
.....
.....
.....
.....

Describe the situation that led to the negative emotion

.....
.....
.....
.....
.....
.....
.....

What were you thinking prior to experiencing the negative emotion?

.....
.....
.....
.....
.....
.....
.....
.....
.....

What were you thinking after experiencing the negative emotion?

.....
.....
.....
.....
.....
.....

What did you do after experiencing the negative emotion?

.....
.....
.....
.....
.....
.....

In relation to your thinking and action after experiencing the negative emotion, what was helpful; what was not helpful?

.....
.....
.....
.....
.....
.....

What would you do differently next time?

.....
.....
.....
.....
.....
.....

APPENDIX V *Balanced lifestyle worksheet*

Indicate by ticking whether the following lifestyle areas are balanced or need changing.

Lifestyle areas	Balanced	Needs changing
Personal relationships and social support		
Emotional/mental well-being		
Intellectual activities		
Financial status		
Recreation/recreational activities		
Spiritual		
Physical health		
Work/school situation		

Areas that need balancing

Area 1:

.....

Plan to improve this unbalanced area:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Area 2:

Plan to improve this unbalanced area:

Area 3:

Plan to improve this unbalanced area:

Area 4:

Plan to improve this unbalanced area:

APPENDIX W *Budgeting worksheet*

Fill in the amount you receive on these per week

Net pay	£	
Pension/benefit	£	
Family payment	£	
Additional payment	£	
Board/rent received	£	
Child support/maintenance	£	
Other	£	
TOTAL INCOME		£

Fill in the amount you spend on these per week

Rent or mortgage	£	
Rates	£	
Insurance (car)	£	
Insurance (medical)	£	
Insurance (house)	£	
Insurance (other)	£	
Electricity	£	
Gas	£	
Telephone/mobile	£	
Transport/petrol	£	
Food and groceries	£	
Clothes	£	
Car registration	£	
School fees	£	
Child care	£	
Cigarettes	£	
Entertainment	£	
Hire purchase/repayments	£	
Any other regular payments	£	
Current bills (e.g. credit card)	£	
Other expenses	£	
TOTAL EXPENSES		£
TOTAL SAVINGS (TOTAL INCOME MINUS TOTAL EXPENSES)		£