



LEVELS OF INVOLVEMENT FRAMEWORK

In 1997, the AFM developed a framework to describe the range of individual gambling, alcohol or other drug involvement. This framework covers non-problematic to highly problematic involvement, and describes the various levels of involvement in terms of observable data or reported experiences. The focus is on consequences of involvement at different levels, rather than descriptions of frequency of use or perceived reasons for use. A focus on consequences is congruent with the Harm Reduction approach. The Levels of Involvement Framework (LOI) was officially adopted by AFM for use in all of its service initiatives in January 1998.

The term 'involvement' was chosen to reflect the concept of active participation-- drinking, using drugs or gambling are activities which individuals engage in, rather than being passive recipients of. Involvement also denotes the present tense, indicating that the level of involvement may change over time, and does not remain static. Change in level of involvement reflects the actions of the individual.

Much of the commonly used terminology describing addictions has focussed on the *individual*, that is: 'alcoholic', 'addict' or 'pathological gambler'. The LOI focuses on *behaviour* and avoids labelling people.

The LOI framework addresses an observation made by many front-line addictions counsellors. Most addictions services were designed to assist individuals who were dependently involved, that is: 'alcoholics', 'drug addicts', 'pathological gamblers'. However, many people who present for services do not meet the description for dependent involvement, (to be outlined later), but still are experiencing problems in their lives related to their drug use or gambling. This constituted a gap in service.

This gap in service was further complicated by stigma. Many people believe the AFM, and other addictions agencies, only work with 'alcoholics', 'addicts' or 'pathological gamblers', and they do not want to self-identify with those labels. For example, a person may believe they must decide between either having no concern about alcohol at all, or that they are alcoholic. Many individuals who experienced problems related to their use of alcohol, such as family arguments or impaired driving charges, were not seeking or receiving assistance because they did not see themselves as 'alcoholics'.

The LOI framework assists people to identify degrees of concern based on descriptive criteria, without limiting them to either ‘being addicted’ or ‘having no problem.’ The problem is defined collaboratively by the individual and the counsellor, using data derived from counsellor observation and the individual’s self-reported subjective experiences. The framework is intended primarily to assist in the problem naming process which occurs in the context of helping conversations. The ‘Problem Naming’ process refers to the work counsellors do to assist people to describe, identify, and name (or label) their experiences. The distinction here is that in the case of ‘diagnosis’, meaning tends to be assigned by an ‘expert’, whereas with problem naming, meaning is negotiated or co-created by clients and counsellors working together.

Level of Involvement	Definitions
<i>Non-Involvement</i>	Where a person: <ul style="list-style-type: none"> • has never gambled, used alcohol or other mood mind-altering drugs, or, • has chosen a non-involved lifestyle following some involvement.
<i>Irregular Involvement</i>	<ul style="list-style-type: none"> • Random or infrequent involvement, usually confined to specific occasions or situations. • Little or no evidence of any harmful or adverse consequences. • Includes experimental involvement, defined as trying a substance or a gambling activity once or several times.
<i>Regular Involvement</i>	<ul style="list-style-type: none"> • Regularly recurring involvement (patterns evident). • Some evidence of adverse, related consequences (typically minor or isolated) may be apparent. • Often characterized by individuals who actively seek involvement, or where involvement has become a regular feature of their lifestyle.
<i>Harmful Involvement</i>	<ul style="list-style-type: none"> • Evidence of recurring adverse consequences is apparent. For example: <ul style="list-style-type: none"> • Involvement resulting in recurring failure to fulfil major role obligations at home, school or work; • Involvement resulting in recurring financial or legal problems; • Continuing involvement despite repeated or persistent problems, in one or more life areas, which are caused by or made worse as a result of the involvement.

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<i>Dependent Involvement</i>	<ul style="list-style-type: none"> • In addition to the characteristics of <i>Harmful Involvement</i>, at this level, involvement tends to be patterned, and is characterized by particular features. Most notably: • The individual experiences a physiological and/or psychological need for continued involvement; and, • The individual experiences some loss of control over his/her involvement. • Evidence of dependent involvement may include: <p>Impaired Control</p> <ul style="list-style-type: none"> • Levels of involvement frequently exceed original intentions. • Several unsuccessful efforts have been made to cut down or otherwise control involvement. • The individual experiences a compelling need to continue involvement. <p>Preoccupation</p> <ul style="list-style-type: none"> • Increasing amounts of time, money, and energy are devoted to activities related to maintaining involvement or recovering from it. • The individual has given up or has significantly reduced involvement in other previously valued activities. <p>Adverse Consequences</p> <ul style="list-style-type: none"> • Involvement is continued despite the individual's knowledge that the persistent physical, mental, social or financial problems they experience, likely have been caused or made worse as a result of the involvement. • The individual attempts to cope with losses through continued involvement. <p>Withdrawal Distress</p> <ul style="list-style-type: none"> • The individual experiences physical or mental distress as a result of abstaining from involvement in order to avoid experiencing that distress. <p>Progression</p> <ul style="list-style-type: none"> • Increased levels of involvement (frequency, quantity, or duration) are required over time to achieve or maintain the desired effects

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<p><i>Transitional Abstinence</i></p>	<ul style="list-style-type: none"> • Where an individual with past involvement at harmful or dependent levels has chosen to abstain from alcohol, other drugs or gambling but has yet to achieve a sense of comfort with, or confidence in, that decision. • Although usually regarded as a positive step toward personal growth and development, it is at the same time, often characterized by some apprehension, anxiety, ambivalence or uncertainty. • It should be noted that although A transitional abstinence may occur as an initial period of abstinence prior to the achievement of a more stabilized abstinence, periods of episodes will also occur in conjunction with harmful or dependent levels of involvement. In fact, one of the characteristic features of dependent involvement is the occurrence of repeated unsuccessful attempts to abstain. • Will typically occur in relation to the <i>Action</i> stage of change, but could occur at other stages of change.
<p><i>Stabilized Abstinence or Recovery</i></p>	<ul style="list-style-type: none"> • Where an individual with past experience at harmful or dependent levels has chosen to abstain from alcohol, other drugs, or gambling, and has achieved a sense of comfort with the decision, or a measure of confidence in the ability to maintain an abstinent lifestyle. • Will occur in relation to the <i>Maintenance</i> stage of change.