Abstract

Backround: In Czech Republic, the addiction on computer games is an unexplore area. Unlike abroad, There exist only few research focused specifically on the typology of game players and also on the treatment methodes

Aims: The aim of this thesis was to map clients present in treatment of addiction on computer games, as it's seemed by clinicians (psychiatrists, psychologists, psychotherapists and educational workers) working with clients with non-substance addiction. Another aim is to discover which games are prefered by Czech players, who are present in treatment with addiction on computer games, and what is their motivation to play them. Finally I want to describe therapeutic procedures, used by clinicians during the treatment of this clients.

Methods: Qualitative methods were used for data collection – semistructured interview based on questionnaire. Data analysis was performed by inductive analysis, using method of contrast and comparison and method of formation of clusters.

Sample: The basic sample was made up of employees of ambulances, the pedagogical and Education Care Centers in Czech Republic. The overall number of facilities that participed this research was 72.

Results: There is only 18% of facilities, in which there are clinicians who have some experience with clients with computer games addiction. It was always an associated complication to another problem. There were just a few of this clients. Most often, the faciliets were visited by young boys aged between 14 and 22 years. They were students, most often with divorced parents.

The feature diagnosis were behavioral disorders, addiction on drugs or gambling.

Predominantly, there were MMORPG players, who enjoy the role playing and also the respect of other players due to their gamer skills. Another favorite type of games was "clickers". The players were playing games several hours, mostly during nights. Regarding to Bartle's typology, the most often archetypes were Achievers and Socializers. The gamers were playing regularly and they were team players with standard skills.

Concerning the treatment of these clients, the family therapy and regime measures predominated. Clients were unmotivated and they usually dropped out of the treatment. But they dropped out also because of unwillingness of the rest of their family to participate on the long term treatment.