Building Social Skills and Slaying Dragons: A Study of the Effects of Tabletop RPG Therapy on Adolescents with Autism Spectrum Disorder
  Knowledge Translation Plan

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**Introduction**

Within the past couple years, there has been a resurgence in the popularity of tabletop roleplaying games (RPGs), mostly with the 1974 dungeon crawler Dungeons and Dragons and other systems such as Call of Cthulhu, Vampire: The Masquerade, Dread, and other similar titles. Because of this increase in interest, researchers have begun to study how effective tabletop RPGs can be when it comes to therapeutic practice and have aptly named the practice tabletop RPG therapy. The current literature we have regarding the practice is yielding positive findings for a large majority of populations, but specifically for this study the focus was adolescents with Autism Spectrum Disorder (ASD). The studies suggest that players who participated in tabletop RPGs saw improvement in the development of social skills and satisfaction. No matter the system, all tabletop RPGS utilize an incredibly flexible narrative that can allow for the facilitator, referred to as the Dungeon Master (DM), to write the story based on a player’s goals for development. For this study it is predicted that, “When compared to life skills grouped through traditional recreational therapy, modifying and implementing social intelligence-oriented tabletop rpg therapy with adolescents with autism spectrum disorder will have greater chances of success obtaining life skills.”

**Literature Overlook**

Tabletop RPGs are methodical games with detailed rules, statistics and guidelines set depending of the game system utilized. Despite the literal textbooks worth of information for each system, each RPG is free-flowing and flexible for narrative explorations, creativity and development. After the DM comes up with the story, they will assemble a group of 3-8 players, each person having their own unique character designed based on their own preferences. The characters have unique abilities distinguishing them from one another including numeric stats and skills, combat/action-based specialties, defining characteristic, mannerisms and backstory determined by the player. As the DM describes the events, challenges and narratives the players respond in action and speech in character. Determining success and failure within the narrative is often left to random chance with the use of specific dice (either with a certain number of sides or certain symbols), although the DM ultimately has the final say whether or not an action was successful. These games tend to last for long periods of time (from weeks to years) broken down in sessions that are usually hosted on a weekly basis. The sessions together form the campaign in which there can be multiple narrative arcs.

The prospect of utilizing entirely customizable systems has led researchers to believe that RPG systems can be directly used to address specific life concepts, especially those related to social skills and development. For those who have difficultly with social cues, such as individuals with ASD, having these skills played out in make believe scenarios can be much easier to comprehend rather than having to experience in directly within their own lives. (Adams, 2013). The complete power over the gameplay, storyline, and events allows the DM to directly navigate where the players are going and ultimately what they get out of the session. If there is a specific goal that that must be met, then the DM can write the story in a way that addresses that goal. When done properly, tabletop RPG therapy can be perceived more as a leisure activity rather than a leisure therapy as the players become more enraptured with the story and more connected to their characters. This presents an amazing opportunity for therapists, because if the player is able to become immersed enough within the story then they can be guided through and experience specific social skills cleverly disguised as colorful narrative of fantastic worlds.

**Methods.**

While there is limited information one both topics within the studies themselves, therapists from different professions have already begun to use tabletop RPGs in professional practice. The organization can practice alone, but many times they will be associated with another clinical practice in which two different therapies are utilized in tandem. This can be best explained within the APIE process:

* Assessment - Consulting the clinician, the DM learns about each player social goals, and places them within specific groups. Those with ASD can be placed in a number of different groups regardless of gender, age, severity in disability although it is recommended that the DM places them with other players who have similar goals. After the group is formed the DM assists the players in character creation based on the set goals that each individual has.
* Plan – Taking into considerations the goals, the different character’s personalities and backstories, and the player’s own mannerisms and preferences, the DM begins to write the narrative. This narrative must address the set goals without being too direct while being stimulating enough to capturing the interest of the players. As the campaign continues the DM will return to this stage several times.
* Implement – The DM runs the players through the story over a number of sessions. They first present minor tasks and challenges, allowing the players to have time to go more in depth into playing their character. As the campaign progresses the goals will be presented within story events, for which the player’s characters must overcome. Most likely there will be a common goal for the player’s, possibly personified as the main villain within the story.
* Evaluate – Each session the DM records the actions of the players and compares them with the goals aligned for the campaign. Evaluating every session assures that the players are staying on track and shows the progress of the character’s development in correlation with that of the player. The final session often addresses the main goals head on, in which the player’s have seen enough growth to face the challenge head on.

Once the campaign is over the clinician is able to see through the player’s actions their development within their goals. The clinician may also be there to observe each session to assess the DM’s methodology throughout the narrative, provide feedback and assure that the welfare safety of the player is properly being ensured.

**Results.**

Many researchers have concluded that there is a positive correlation in regard to this method of therapy. Presenting social skills within a narrative that gives the player extreme depths of immersion seems to be a much easier method in regard to the players understanding the concepts provided. There is also a much higher perceived level of meaning within the group setting, as the gameplay promotes a level of comradery seemingly much higher than other forms of group or individual therapy. (Gutierrez, 2017). The consensus seems to be that when it is in a friendly group environment playing a game it makes it easier to solve conflicts and perceive the true meaning of the struggle that conflict. The higher levels of enjoyment within the group setting make the comprehension of social skills a lot more naturally earned as opposed to the starker methods of group therapy.

**Discussion.**

There are already many groups within the United States and Canada utilizing these practices on a volunteer, experimental and clinical level. However, the biggest detractor from this practice seems to be the lack of evidence-based practice, the most likely reason for this being that tabletop RPG therapy is still a relatively new practice. There is also the issue of how the therapy is received by the public, as many perceive the practice as being “just a game of make believe”. This is especially so when considering the negative backlash from certain political groups that concluded that tabletop RPGs were harmful, promoted violence and was of the occult.

Most researcher feel that there needs to be more advocacy for the practice, as well as a great deal more research. Some suggest that a CTRS license should be required for this practice, and that groups should be formed with the guidance of Recreational Therapy. Even going out to volunteer services as a DM within these groups helps and is very much encourages by currently established organizations around the world.

*Conclusion.*

 The use of tabletop RPG therapy is a field that deserves a lot more research and practice. It is nor hard at all for someone to become a DM, but it is having the proper knowledge to turn a game of Dungeons and Dragons into therapeutic practice that makes this therapy so useful. It is much easier to make a client care about the therapy their receieving if they are emotionally invested in it, which is why presenting it within an invigorating story can make it easier for therapists to properly convay the goals. The best way for tabletop RPG therapy to advance is for therapist everywhere to educate themselves on the practice, accumulate evidence to support it and open themselves up to telling their clients an emotional, personal and stimulating narrative of self growth and teamwork.

References

Adams, A. S. (2013). Needs Met Through Role-Playing Games: A Fantasy Theme Analysis of Dungeons & Dragons. Kaleidoscope: A Graduate Journal of Qualitative Communication Research, 69-86.

Gutierrez, R. (2017). Therapy & Dragons: A look into the Possible Applications of Table Top Role-Playing Games in Therapy with Adolescents. San Bernardino: California State University.

Hawkes-Robinson, W. (2016). Role-Playing Games (RPG) as Intervention Modalities to Achieve Therapeutic & Educational Goals for Individuals and Groups from the Therapeutic Recreation Perspective. Austin: Texas State University.

Spinelli, L. (2018). Tabletop Role-Playing Games and Social Skills in Young Adults. New York City: Pace University.

Orr, M. (2017). The influence of role-playing games on perceived social competence. Halifax: Mount Saint Vincent University.

Martin, E. M. (2018, September 21). Phone interview with anonymous practitioner, IRB confidentiality.

Appendix A - Interview Questions

**Adapt Knowledge to Local Context**:

1. Do you believe that my research statement regarding the use of therapeutic tabletop rpgs is valuable, useful and appropriate in a professional practice setting? Specifically, with adolescents? And with other groups? Please explain.
2. Do you believe that tabletop rpgs are customizable to the clients and setting in which you work? How would you customize these sessions to tailor to match every client’s needs while still maintaining a group setting?

**Assess Barriers and Knowledge Use**:

1. Based upon your experience, what barriers do you believe might be encountered in the application of tabletop rpgs in a real-time treatment scenario?
2. Can you give me an example of the barriers you have experienced?
3. What strategies might I employ to overcome these barriers?

**Select, Tailor, and Implement Interventions**:

1. Now that you know the intervention we are using for my research, what recommendations might you give, based upon your practice and experience, to tailor a therapeutic tabletop rpg session for adolescents on the autism spectrum? Is there anything I should avoid, pursue or consider when planning these sessions?
2. When considering this group settling is there a certain number of clients that would be much more beneficial to the group as a whole? Or varying genders, age groups, specific diagnoses or their personal preferences?
3. Can it be beneficial to have moments throughout these sessions that focus specifically on one client at a time to address their personal goals? If it is what would be the best way of enabling this moment?
4. How do we prevent one client from becoming/taking primary focus within the story of the rpg for the entire campaign? What is the best way to involve those who aren’t as outspoken?
5. What barriers do you face when it comes to the groups decisions to solve problems presented to them? In your experience how often over the entire campaign did you have to step in to mediate? Have you ever had to use a gmpc (game master player character) to keep the players on track, and would you recommend it? Did you find/do you think that there are any barriers with using a gmpc?
6. What are your methods to teach new players how to play the game? Do you modify the game in order to make it easier to understand, or is it not wise to do so?
7. Which tabletop system do you recommend? Do you take into consideration of your clients interests when you establish the setting of the game?

**Monitor Knowledge Use**:

1. If you were using therapeutic tabletop rpgs with adolescents on the spectrum, how would you go about measuring the effectiveness of the intervention? (Suggestions, comments, thoughts?)

**Evaluate Outcomes**:

1. Based on your experience and practice, what would you expect the outcome of this research would be?
2. Do you currently keep any measurable outcome data for your services?
3. In general, what changes in working environment, the field or your facility have impacted the way you were able to implement interventions with your clients?

Appendix B – Paper Outline

**Introduction**

 1. Introduce tabletop RPG therapy and what it is.

 2. What sources are there on the topic for tabletop RPGs, and what do they say?

 3. Introduce the target population for this research, adolescents who have Autism Spectrum Disorder.

 4. Question: “Will this method of therapy work for adolescents on the spectrum?”

 5. State the PICO statement: “When compared to life skills grouped through traditional recreational therapy, modifying and implementing social intelligence-oriented tabletop rpg therapy with adolescents with autism spectrum disorder will have greater chances of success obtaining life skills.”

**Literature Overview**

1. Define the terminology used in practice.

 2. Explain the results as stated by the sources.

3. Highlighting the practice of an organization that specializes in the use of tabletop RPG therapy (to remain anonymous).

**Methods.**

3. State the step by step method from the organization in which a session/campaign is run through the APIE process.

1. Assess – Identify the goal for each individual player. What can be addressed as a group, and what must be addressed individually.
2. Plan – With the information gleaned from the assessment stage, the DM will construct a narrative in order to address those goals.
3. Implement – The session is run, and the players respond in character to the situations and challenges provided.
4. Evaluate – The player’s action is recorded and evaluated on whether or not it meets certain goals. The DM responds accordingly with an event or challenge.

 5. How are the results evaluated at the end of the practice?

6. Is this practice ethically safe? What safeties are considered?

**Results.**

 1. What were the results of this research?

 2. Did these findings match the prediction of the PICO statement?

3. What does this mean for the practice of tabletop RPG therapy? How can CTRS’ apply it to practice?What must they consider in order to achieve these outcomes?

4. What measures or assessments do you recommend based upon the evidence?

 **Discussion.**

1. What are the limitations of this research? What limited the ability to find the evidence for this practice?
2. What recommendations can be gleaned from the literature? What would benefit future research for tabletop RPGs?

*Conclusion.*

1. Summarize the research.
2. What impact do you believe this information will make in the field of TR?
3. Suggestions for the next steps in further research and practice.

Appendix C – Annotative Bibliography

Adams, A. S. (2013). Needs Met Through Role-Playing Games: A Fantasy Theme Analysis of Dungeons & Dragons. Kaleidoscope: A Graduate Journal of Qualitative Communication Research, 69-86.

 This is a study and analysis of the game Dungeons and Dragons and the positive effects it has in regard to communication and an individual’s social need and learning. Breaking down only some of the infinite number of storytelling possibilities, D&D can utilize practically any method of character development in order to encourage cooperative group functioning and social development. Four of the most notable aspects that can be gleaned are democratic ideologies, friendship maintenance, and stimulus through extraordinary experiences and the reinforcement of “good versus evil”.

Piper, A.M., O’Brien, E. (2006). SIDES: A Cooperative Tabletop Computer Game for Social Skills Development. Proceedings of the 2006 20th anniversary conference on Computer supported cooperative work (pp. 1-10). Alberta: ACM.

 SIDES, which stands for “Shared Interfaces to Develop Effective Social Skill”, is a study in which middle school aged adolescents who have been diagnosed with Asperger’s Syndrome are brought together into groups to solve puzzles. It is a tabletop virtual game that requires a co-op four player mode in order for the player to progress, encouraging cooperation. Although the game is a simple one when compared to other story-driven tabletop games it still showed positive outcomes in regard to the development of the children’s group skills

Annuska Zolyomi, M. S. (2017). Mining for Social Skills: Minecraft in Home and Therapy for Neurodiverse Youth. Proceedings of the 50th Hawaii International Conference on System Sciences (pp. 3391-3400). Waikoloa: HICSS.

 Minecraft is a very simple game when considering other rpgs and video games. Although there are little to no “threats” of enemies or opposing players present within the game, it has still yielded results that suggest that the gaming community, despite no face-to-face interaction, can help develop positive social skills. In fact, this study suggests that there may be a way to utilize this online sociability since Minecraft is a compelling and safe environment.

Gutierrez, R. (2017). Therapy & Dragons: A look into the Possible Applications of Table Top Role-Playing Games in Therapy with Adolescents. San Bernardino: California State University.

 This is a qualitive study that aimed to obtain a better understanding of the social implications that tabletop rpg therapy can have on adolescents. It also analyzed the feelings the practitioner had on the effectiveness that the sessions had, and whether or not it was a useful method. It was concluded that there was indeed positive feedback on using tabletop rpgs as a therapeutic method, most participants noting that the game catered to their own individual “character” needs.

Hawkes-Robinson, W. (2015). Role-playing Gaming Recreation Therapy Handbook of Practice: Hypothetical Draft. http://www.rpgr.org.

 This is a new draft that is specifically written by W.A. Hawkes-Robinson (one of the leading specialists on tabletop rpg therapy) for Therapeutic Recreation specialists who wish to utilize tabletop rpg therapy with their clients and is a comprehensive guide on how to guide the sessions in a way that will positively benefit *all* of your clients. It will teach you the core rules in order to play the game (if you don’t already know), the equipment needed, the best way to help your clients build their characters based on their needs, and how to drive story elements in a way that it teaches positive life skills.

Hawkes-Robinson, W. (2016). Role-Playing Games (RPG) as Intervention Modalities to Achieve Therapeutic & Educational Goals for Individuals and Groups from the Therapeutic Recreation Perspective. Austin: Texas State University.

 This is yet another source from W. Hawkes-Robinson in which he analyzes not only the traditional for of tabletop rpgs, but its sister rpgs, live-action (LARP), solo adventure Choose Your Own Adventure books (CYOA), and computer-based (CRPG). He found that although they each had differing results, there were still positive outcomes that came from all of them ranging from social skills, to fine and gross motor skills.

Hawkes-Robinson, W. (2016). The Therapeutic and Educational Uses of Role-Playing Games (RPG) as Intervention Modalities for Individuals and Groups from the Therapeutic Recreation Perspective. Portland: Pacific Northwest American Therapeutic Recreation Association (PNWATRA).

 This was W.A. Hawkes-Robinson presentation for the American Therapeutic Recreation Association American Therapeutic Recreation Association Conference in 2016, in which he highlights the benefits of this form of therapy. He extensively talks about how it can positively and negatively affect a client, how to tailor a session to meet your client’s needs, and how it relates to other forms of therapy (I have contacted him in the hopes that I can find a video of this presentation, or to at least get a good idea of what was said).

Jason Steadman, C. B.-S. (2014). Using Popular Commercial Video Games in Therapy with Children and Adolescents. Journal of Technology in Human Services, 201-219.

 There are specific games that can be used for psychotherapeutic purposes (most of them either being tailored to do so or being specifically made for that function). However, this study takes into consideration that there could be potential for therapy in more popular, mainstream games. Identifying 100 popular games and categorizing them, this study seeks to find the benefits from each category.

Leonardo Giusti, M. Z. (2011). Dimensions of collaboration on a tabletop interface for children with Autism Spectrum Disorder. In CHI, Proceedings of the International Conference on Human Factors in Computing Systems (pp. 3295-3304). Vancouver: ACM.

 A collaboration of therapists conduct a study on two groups of 8 children on the Autism Spectrum to support social competence learning compared to Cognitive-Behavioral Therapy. It found that it benefited the CBT methods, encouraging cooperation amongst its participants.

Orr, M. (2017). The influence of role-playing games on perceived social competence: Halifax: Mount Saint Vincent University.

 In this study a group of young adults who participated in tabletop rpgs were questioned on their social competency, filling out a strengths and difficulties questionnaire in regard to how they felt. The study showed that the participants were over average or above average social competence, with interviews reflecting the same themes of development; Content Focus, Social Focus, Creativity Focus, and Identity Focus.

Paulino, M. Y. (2017). Role to Play: Examining the Player Experiences of Dungeons & Dragons . The Bedan Journal of Psychology, 157-163.

 Much like the previous study this was a questionnaire that gauged the social competency that the participants felt. The difference in this study was that the participants were a little older, and there was a totally of 60 of them. Also, much like the previous study there were core elements that the participants related to the activity; creative, emotional, and social experience.

Spinelli, L. (2018). Tabletop Role-Playing Games and Social Skills in Young Adults. New York City: Pace University.

 A third study in which participants are given a questionnaire has 85 participants between the ages 18-25. However, in this study half of them were avid players, while the other half were not. Each was asked how they felt tabletop rpgs affected themselves in the categories of creativity, self-efficacy, and social skills, and it was found that those who did play scored significantly higher than those who didn’t.

Suzanne Carrington, E. T. (2003). Adolescents with Asperger Syndrome and Perceptions of Friendship. Focus on Autism and Other Developmental Disabilities, 211-218.

 Stepping away from tabletop rpgs and games, this study focuses on the perceived importance of friendship amongst 5 middle school students diagnosed with Asperger Syndrome. In it, interviews are given where the children reflect on what a friend is, what a friend isn’t, the importance of having friends, the social language of friendship, and the multiple levels of relationships other than friendship.

Thijs Alofs, M. T. (2012). A Tabletop Board Game Interface for Multi-User Interaction with a Storytelling System. Enschede: University of Twente.

 In a much younger demographic, researchers conducted a study to see the social cooperation of children who interact with an AI story telling system known as Interactive Storyteller. Much like a tabletop rpg, the participants are given choices on how a presented story can go, and in this setting, researchers tested the social benefits of participants making the story together.

William Kist, K. M. (2017). “I’ve Had Conversations That Have Gone on for Hours:” A Portrait of an Autistic Youth’s Online Relationship Building. Jl. of Interactive Learning Research, 397-416.

 This is a single case study on a 21-year-old man, Jason, who was diagnosed as being on the Autism spectrum. He had been playing online virtual games since he was 12 years old, and for four years researchers followed him in order to analyze the affects these games had on his social abilities. They saw that there were positive outcomes, and that the virtual world has a great deal of potential for social skills and development.

Appendix D: Knowledge Translation Plan