**AGPA Connect 2023 Presenter Information**

**Course Code:** 215-5

**Course Title:** Rolling for Recovery: Therapeutically Applied Role-Playing Game Group Therapy

**Course Times:** 4:30 PM - 6:00 PM

**Course Dates:** Friday, March 10

**Instructors:** Allison Battles

 Robert Curland

 Thomas Quinlan

**Course Description:** The purpose of this presentation is to introduce the therapeutic application of tabletop role-playing games in group psychotherapy, review relevant literature, and present on recent clinical advancements and associated research findings. Presenters will share about the Roll for Recovery group, a therapeutically applied role-playing game (TA-RPG) group developed at the Minneapolis VA Health Care System, and review group processes and implementation. Video recordings of a mock group will be shown to demonstrate the Roll for Recovery approach and experience.

**Learning Objectives**

The attendee will be able to:‎

1. ‎‎‎‎‎Identify the theoretical application, clinical orientation, and evidence base of therapeutically applied ‎tabletop role-playing games (TA-RPGs) in group therapy.‎
2. ‎Appraise the Roll for Recovery group and its development.‎
3. ‎Describe the Roll for Recovery group model and both the process and skills focused applications.‎
4. ‎State the quantitative and qualitative findings regarding feasibility, acceptability, clinical outcomes, ‎and referring provider perceptions from ongoing program evaluation.‎
5. ‎Analyze the therapeutic processes of Roll for Recovery through review of mock group recording.‎
6. ‎Evaluate how therapeutically applied role-playing games (TA-RPGs) can be utilized within practice.‎

**Significant Articles:**

1. Bowman, S. L. (2010). The functions of role-playing games: How participants create community, solve ‎problems and explore identity. McFarland.‎
2. Daniau, S. (2016). The Transformative Potential of Role-Playing Games: From Play Skills to Human Skills. ‎Simulation and Gaming, 47, 423-444. doi: 10.1177/1046878116650765‎
3. Henrich, S., & Worthington, R. (2021). Let your clients fight dragons: A Rapid Evidence Assessment ‎regarding the therapeutic utility of ‘Dungeons & Dragons’. Journal of Creativity in Mental Health, 1-19. ‎https://doi.org/10.1080/15401383.2021.1987367‎
4. Leonard, D. J., & Thurman, T. (2018). Bleed-out on the brain: The neuroscience of character-to-player ‎spillover in larp. International Journal of Role-Playing, 9(1), 9-15.‎
5. Rivers, A., Wickramasekera, I. E. II, Pekala, R. J., & Rivers, J. A. (2016). Empathic features and ‎absorption in fantasy role-playing. American Journal of Clinical Hypnosis, 58, 286-294. doi: ‎‎10.1080/00029157.2015.1103696‎

**Agenda:**

- Identify the theoretical application, clinical orientation, and evidence base of therapeutically applied tabletop role-playing games (TA-RPGs) in group therapy. (10-min, Obj 1, Dr. Robert Curland, Lecture and PowerPoint)

- Provide an introduction to TA-RPGs and their implementation. Explore available literature on TA-RPGs and the intersection of games, culture, and mental health.

-Appraise the Roll for Recovery group and its development (10-min, Obj 2 Dr. Allison Battles, Lecture and PowerPoint)

 - Provide an introduction to the Roll for Recovery group. Elaborate on the process of developing the therapeutic model and approach.

- Describe the Roll for Recovery group model and both the process and skills focused applications (20-min, Obj 3, Dr. Allison Battles & Dr. Thomas Quinlan, Lecture and PowerPoint)

- Examine Roll for Recovery’s integrative therapeutic model. Explore the options for process or skills focused groups. Detail the ways that diversity and identity expression are integrated across group experiences.

- State quantitative and qualitative findings regarding feasibility, acceptability, clinical outcomes, and referring provider perceptions from ongoing program evaluation (10-min, Obj 4, Dr. Thomas Quinlan, Lecture and PowerPoint)

- Present the qualitative and quantitative findings from a pilot and on-going program evaluation. Share about program evaluation and recruitment process. Detail results on group feasibility, acceptability, and outcomes as well as provider perspectives.

- Analyze the therapeutic processes of Roll for Recovery through review of mock group recording (20-min, Obj 5, Drs. Battles, Quinlan, & Curland, Lecture and video)

- Review recordings of a mock group demonstrating the approach and implementation of a Roll for Recovery group. Discuss how therapeutic principles and techniques are integrated across group experiences.

- Evaluate how therapeutically applied role-playing games (TA-RPGs) can be utilized within practice (5-min, Obj 6, Dr. Thomas Quinlan, Lecture, powerpoint, Q&A)

- Discuss intersection of TA-RPGs, gaming, culture, and mental health recovery. Identify how gaming dynamics can be integrated into practice. Provide take away messages about use of TA

-RPGS in both VA and non-VA clinical practice.

- Participant Evaluations (15-min)

**Assessment Questions:**

Question 1 (include possible answers)

Is competence in group psychotherapy required to graduate an ACGME accredited general psychiatry residency?

Correct Answer 1

No

Question 2 (include possible answers)

Is exposure to group psychotherapy required in an ACGME accredited general psychiatry residency?

Correct Answer 2

No

Question 3 (include possible answers)

What standard does the ACGME requires Child and Adolescent Psychiatry fellows to demonstrate in beginning clinical skills in various psychotherapy modalities including group psychotherapy?

Correct Answer 3

Competence

Question 4 (include possible answers)

What is a best practice for "process group"/T-group leaders with regard to position in the residency program?

Correct Answer 4

Group leader has no evaluative role for the psychiatry resident group members

Question 5 (include possible answers)

What is a best practice for "process group"/T-group leaders with regard to training?

Correct Answer 5

Group leader has training in "process group"/T-group work, not just training as a group psychotherapist.

Question 6 (include possible answers)

What is a best practice for "process group"/T-group leaders with regard to relationship with the residency program?

Correct Answer 6

Residency program provides consistent time and place for the meeting without competing activities. Residency program provides some compensation for the work of the group leader.

Question 7 (include possible answers)

What learning opportunities are available in a "process group"/T-group in a residency training program?

Correct Answer 7

Experiential here-and-now learning about group dynamics including group membership, group development, and social roles.

Question 8 (include possible answers)

What other benefits are available in a "process group"/T-group in a residency training program?

Correct Answer 8

Emotional support from colleagues, processing the work of professional formation.

Question 9 (include possible answers)

True/False: A residency process/T-group is a form of psychotherapy.

Correct Answer 9

False

Question 10 (include possible answers)

What is a way to include a "process group"/T-group in a smaller residency program with insufficient numbers?

Correct Answer 10

Move the "process group"/T-group online and include membership from multiple residency programs