

Role-playing Gaming Therapeutic Recreation Handbook of Practice

(Theoretical proposal draft and RFC)

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Dedication

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1.0 Preface

1.1 Foreword

1.2 Acknowledgments

1.3 Contributors and Feedback

2.0 Section 1: Introduction

As quoted from the Recreational Therapy Handbook of Practice 2010 Introduction:

“The International Classification of Functioning, Disability, and Health (ICF) from the World Health Organization (WHO) represents a major shift in health care. It looks at health, not from the perspective of disease, disorder, or injury, but from the perspective of how a person's health fits in with the rest of his or her life, the kinds of things the person does, and the environment the person lives in.

It says what recreational therapists have been saying all along.

The Recreational Therapy Handbook of Practice was written to bring together the ideas that are already well understood in recreational therapy practice and the new model of health care represented by the ICF. Some of the terminology is different and there are a few differences in perspective, but if recreational therapists take the time to understand and use the ICF, we believe that they will find it to be an excellent tool both for improving practice and for demonstrating the importance of the work we do.”

And my favorite quote from the book *Therapeutic Recreation – An Introduction* (Third Edition) by David R. Austin and Michael E. Crawford as they paraphrase Austin, 1999 and Ardell 1977: “Holistic medicine... treats the person rather than the disease... [Its] concern lies with the 'whole person' and with permitting individuals to assume self-responsibility for their own health... the ultimate aim of 'well medicine' (in contrast to the 'traditional medicine'...) to be that of moving individuals toward self-actualization. Whereas illness is the sole concern of traditional medicine, well medicine deals with wellness or health promotion.”

3.0 Introduction to the Book

This text is intended as an extension to the *Recreational Therapy Handbook of Practice* by Heather R. Porter and Joan Burlingame, herein referenced by the abbreviation *RTHP*.

This document is intended as a desktop reference for frequent consulting, rather than read cover to cover. As the authors of the *RTHP* stated “This is not a book that will sit on you shelf and become dusty” if you use role-playing gaming as a frequent treatment tool, it is hoped this document will also be a frequently consulted and useful resource.

The *Role-playing Gaming Therapeutic Recreation Handbook of Practice (RPGHP)* is focused on the use of role-playing gaming as the chosen therapeutic modality for treatment.

This document attempts to keep the redundancy of information from the *RTHP*, so you will need the *RTHP* to make full use of this *RPGHP*.

I have attempted to follow the same formatting as the *RTHP* to make it easier to cross reference information between the two books. Both books are based on the International Classification of Functioning (ICF) established by the World Health Organization (WHO). The codes referenced are listed on the WHO ICF website at: <http://apps.who.int/classifications/icfbrowser/>

This current version of the *RPGHP* is following the 2010 second printing of the *RTHP*.

The focus of this document will be listing the areas that role-playing gaming can be used as an applicable treatment, the levels adaptation for different functioning levels, what kind of RPG types are likely to be most helpful, and any specific recommendations for RPG sessions to work with the particular needs of the client at different levels of function.

This book includes all three major types of Role-playing Gaming:

- Tabletop Role-Playing Gaming (RPG or TRPG)
- Computer-based Role-Playing Gaming (CRPG)
- Live Action Role-Playing (LARP)

The different forms of Role-playing Gaming (RPG) have different applicability and benefits for different client needs. Those clients with severe gross motor control restrictions might not be able to realistically participate in typical LARP environments and may achieve more rewarding experiences through tabletop or computer-based role-playing gaming. This document will attempt to clearly define which RPG styles are the most likely to apply depending on the Function Qualifier levels, recommended adaptations that may be necessary, and the expected areas that are likely to benefit.

This document is initially a theoretical exercise since there is not yet a well established body of work using role-playing gaming as a therapy, so the terms may, might, should, etc. will be used frequently. It is hoped over time that professional caretakers and researchers overtime will be able to provide more definitive feedback as experiments in implementing these suggested treatments provide results, and these terms will hopefully become more definitive and less tentative.

As reports are received, and research progresses, the reports and research will be posted on the RPG Research website, <http://www.rpgresearch.com> and added as reference material to this document with appropriate citations and recommendations added to the treatment sections from the experience of those working in the field.

3.1 RPG as Verb Instead of Noun

This document focuses on the activity of participating in a role-playing game, rather than the specifics of individual role-playing games. With this approach, the term Role-playing Gam-ING (typically used in online communities as RPGing) will be used far more frequently than Role-playing Game. If necessary to specify a specific game, then the noun will be used over the verb.

4.0 Introduction to the Recreational Therapy Handbook of Practice

By Heather R. Porter and Joan Burlingame.

5.0 Introduction to the ICF

5.1 Overview of the ICF

<http://apps.who.int/classifications/icfbrowser/>

5.2 Clinical Terminology in the ICF

5.3 If You Are Not Yet Using ICF...

6.0 ICF Coding

6.1 Finding the correct code

6.2 When to score the codes

6.3 Specific Code Forms

6.4 Scoring the Identified Code

7.0 Section 2: Diagnoses

8.0 Section 3: Treatment and the ICF Model

8.1 *Body Functions*

8.1.1 Scoring

8.1.1.1 *General Coding Guidelines*

8.1.1.2 *Body Functions Qualifier*

8.2 Chapter 1 Mental Functions

8.2.1 Global Mental Functions (b110-b139)

8.2.1.1 (b110) Consciousness Functions

8.2.1.1.1 Treatment for Consciousness Functions

8.2.1.2 (b114) Orientation Functions

8.2.1.2.1 Treatment for Orientation Functions

8.2.1.3 (b117) *Intellectual Functions*

8.2.1.3.1 Treatment for Intellectual Functions

8.2.1.4 (b122) *Global Psychosocial Functions*

8.2.1.4.1 Treatment for Global Psychosocial Functions

8.2.1.4.2 Treatment for Temperament and Personality Functions

8.2.1.5 (b130) Energy and Drive Functions

8.2.1.5.1 Treatment for Energy and Drive Functions

8.2.1.5.1.1 Energy Level

8.2.1.5.1.2 Motivation

8.2.1.5.1.3 Appetite

8.2.1.5.1.4 Craving

8.2.1.5.1.5 Impulse Control

8.2.1.6 (b134) Sleep Functions

8.2.1.6.1 Treatment for Sleep Functions

8.2.1.7 (b139) Global Mental Functions, Other Specified and Unspecified

8.2.2 Specific Mental Functions (b140-b189)

8.2.2.1 (b140) Attention Functions

8.2.2.1.1 Treatment for Attention Functions

8.2.2.2 (b144) Memory Functions

8.2.2.2.1 Treatment for Memory Functions

8.2.2.3 (b147) Psychomotor Functions

8.2.2.3.1 Treatment for Psychomotor Functions

8.2.2.4 (b152) Emotional Functions

8.2.2.4.1 Treatment for Emotional Functions

8.2.2.5 (b156) *Perceptual Functions*

8.2.2.5.1 Treatment for Perceptual Functions

8.2.2.6 *Form Discrimination*

8.2.2.6.1 Visuospatial Perception

8.2.2.7 (b160) *Thought Functions*

8.2.2.7.1 Treatment for Thought Functions

8.2.2.8 (b164) Higher-Level Cognitive Functions

8.2.2.8.1 Treatment for Higher-Level Cognitive Functions

8.2.2.8.1.1 Abstraction

8.2.2.8.1.2 Organization and Planning

8.2.2.8.1.3 Time Management

8.2.2.8.1.4 Cognitive Flexibility

8.2.2.8.1.5 Insight

8.2.2.8.1.6 Judgment

8.2.2.8.1.7 Problem Solving

8.2.2.9 (b167) *Mental Functions of Language*

8.2.2.9.1 Treatment for Mental Functions of Language

8.2.2.9.1.1 Expressive Language Techniques

8.2.2.9.1.2 Receptive Language Techniques

8.2.2.10 ***(b172) Calculation Functions***

8.2.2.10.1 **Treatment for Calculation Functions**

8.2.2.11 ***(b176) Mental Functions of Sequencing Complex Movements***

8.2.2.11.1 Treatments for Mental Function of Sequencing Complex Movement

8.2.2.11.1.1 Buccofacial Apraxia

8.2.2.11.1.2 Conceptual Apraxia

8.2.2.11.1.3 Constructional Apraxia

8.2.2.11.1.4 Developmental Apraxia of Speech

8.2.2.11.1.5 Ideomotor Apraxia

8.2.2.11.1.6 **Limb-Kinetic Apraxia**

8.2.2.11.1.7 **Oculomotor Apraxia**

8.2.2.11.1.8 **Verbal Apraxia**

8.2.2.12 ***(b180) Experience of self and Time Functions***

8.2.2.12.1 Treatment for Experience of Self and Time Functions

8.2.2.12.1.1 Experience of Self

8.2.2.12.1.2 Body Image

8.2.2.12.1.3 **Experience of Time**

8.2.2.13 ***(b189) Specific Mental Functions, Other Specified or Unspecified.***

8.2.2.14 ***(b198) Mental Functions, Other Specified***

8.2.2.15 ***(b199) Mental Functions, Unspecified***

8.2.3 **References**

8.3 Chapter 2 Sensory Functions and Pain

8.3.1 Seeing and Related Functions (b210-b229)

8.3.1.1 (b210) Seeing Functions

8.3.1.1.1 Treatment for Seeing Functions

8.3.1.1.1.1 Treatment for Visual Acuity Functions

8.3.1.1.1.2 Treatment for Visual Field Functions

8.3.1.1.1.3 Treatment for Quality of Vision

8.3.1.1.1.4 Treatment for Functions of Structures Adjoining the Eye

8.3.1.1.1.5 Treatment for Sensations Associated with the Eye and Adjoining Structures

8.3.1.2 (b229) Seeing and Related Functions, Other Specified and Unspecified

8.3.2 Hearing and Vestibular Functions (b230-b249)

8.3.2.1 (b230) *Hearing Functions*

8.3.2.1.1 Treatment for Hearing Functions

8.3.2.2 (b235) *Vestibular Functions*

8.3.2.2.1 Treatment for Vestibular Functions

