



RPG Research

Role-Playing Gaming Recreation Therapy

Handbook of Practice

Hypothetical Draft

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(Hypothetical proposal draft and RFC)

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Dedication

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1.0 Preface

1.1 Foreword

1.1.1 About the Author(s)

1.1.1.1 *William A. Hawkes-Robinson, "Hawke Robinson", published as W.A. Hawkes-Robinson.*

The author has been involved with role-playing games since 1979, and Therapeutic Recreation / Recreation Therapy since 2004. He is the founder of the RPG Research Project (<http://rpgresearch.com>) and RPG Therapeutics LLC (<http://rpgtherapeutics.com>).

Interviews, Articles, Videos, Audio, Essays & Presentations

Here is summary of just a few of the relevant essays and presentations. (Please note that Blog postings are much more informal and not to be considered formal research reports):

Listed in reverse order from most recent to oldest:

- ARTICLE - [HBO's VICE Documentary Article Includes Interview of Hawke Robinson of RPG Research - "Denmark - LARPing Is the Future of Education"](#)
- CHAT LOG - #RPGNET Q&A on [RPG Research & RPG Trailer](#). - <http://rpgresearch.com/news/join-live-rpg-research-q-a-on-rpgnet>
- ARTICLE - [Michael Tresca 3 part interview of Hawke Robinson, founder of RPG Research & RPG Therapeutics LLC](#). - <http://rpgresearch.com/documents/rpg-research-project/interviews/michael-tresca-interview-of-hawke-robinson-part-1-of-3>
- AUDIO - 73rd Annual World Science Fiction Convention Panel - [Game Mastering 101 Panel, August 21, 2015](#). Panel Members: [Annie Bellet](#) , [John Welker](#) , [W. A. Hawkes-Robinson](#)
- AUDIO - WorldCon 73 / Sasquan Panel - [Game Designers Toolbox Panel, August 20, 2015](#). - Panel Members: [Ken Burnside](#) , [John Welker](#) , [W. A. Hawkes-Robinson](#) , [Alan Stewart](#) Moderator , [Ari Goldstein](#)
- VIDEO - WorldCon / Sasquan Panel - [Gaming for Therapy, Gaming for Education, August 19, 2015](#). Panel Members: [John Welker](#) Moderator , [W. A. Hawkes-Robinson](#)

- POSTER - WorldCon /Sasquan Super Science Saturday - **8' x 4' RPG Research Poster**
- VIDEO - **Seattle Children's Hospital, Washington State Therapeutic Recreation Association (WSTRA) 16th Annual Conference, Presentation on - "The Therapeutic and Educational Uses of Role-Playing Games (RPG) as Intervention Modalities for Individuals and Groups from the Therapeutic Recreation Perspective"** Certified by the American Therapeutic Recreation Association (ATRA) for Continuing Education Units (CEUs) - <http://rpgresearch.com/blog/enhanced-video-rpg-as-therapy-presentation-seattle-childrens-hospital-wstra-con-16>
- VIDEO - **Zombie Orpheus Entertainment's**, Creators of "The Gamers", Journey Quest" and other movies. **ZoeCon II** - <http://rpgresearch.com/blog/rpg-research-speaking-at-zoecon-ii-video>
- VIDEO - **Presentation on the use of Role-playing games to aid in the recover of brain injury clients for Eastern Washington University** course on Recreation Therapy for People with Disabilities - <http://rpgresearch.com/blog/had-presentation-today-on-rpg-therapy-for-tbi-clients>
- VIDEO - Live-Action Role-Playing (LARP) as Therapy - Google Hangout Panel - "**LARPing as a Form of Therapy**" - <http://rpgresearch.com/news/larping-as-a-form-of-therapy-panel-hangout-broadcast-wed-march-26-6-00-pm-pacific> - with Dr. Sarah Lynne Bowman, Chris Shell, Jamie Metzger, & Hawke Robinson. Hosted by Kristin Brumley of "Stay in Character".
- List of 3 **Autism Spectrum Example Program Plans** - <http://rpgresearch.com/blog/list-of-created-autism-spectrum-program-plans-utilizing-role-playing-games-as-intervention-modalities-from-a-therapeutic-recreation-approach>
- VIDEO - **90 Minute Presentation Video: "The Therapeutic and Educational Uses of Role-Playing Games (RPG) as Intervention Modalities for Individuals and Groups from the Therapeutic Recreation Perspective" at Seattle Children's Hospital for the Washington State Therapeutic Recreation Association (WSTRA) 16th annual conference.(CEU certified by the American Therapeutic Recreation Association)** (April 2015)
- ESSAY - [Personalities and Alienation of Dungeons and Dragons Game Players](#) (2011)
- ESSAY - [Role-playing Games Used as Educational and Therapeutic Tools for Youth and Adults](#) (2008, rev 2011)
- ESSAY - [The Battle Over Role Playing Gaming](#) (2008, rev 2011 - EWU and Other Minds Magazine)
- ESSAY - [Role-playing Gaming for the Deaf using American Sign Language](#) (2007)
- ESSAY - [Potential Benefits and Deficits of Role-playing Gaming](#) (2007)
- ESSAY - [An Overview History And Therapeutic Value Of Role Playing Gaming](#) (2004, rev 2007)

1.1.1.1.1 Project Highlights

Hawke is constantly involved with a wide range of communities, here is just a short list of some programs related to using role-playing games as an intervention modality for therapeutic and/or educational goals:

- [3 Different RPG-based Program Plans for Autism Spectrum toddlers, youth, & adults - http://rpgr.org/blog/list-of-created-autism-spectrum-program-plans-using-role-playing-games](http://rpgr.org/blog/list-of-created-autism-spectrum-program-plans-using-role-playing-games)
- Prototype of Tabletop RPG as a Modality for Therapeutic / Educational Intervention for ASD Youth & Adults to Develop Civic Resources Knowledge & Skills - <http://rpgr.org/blog/first-prototype-of-tabletop-rpg-for-therapeutic-intervention>
- Using Live-Action Role-Playing Adapted Activities for ASD Toddlers - <http://rpgr.org/blog/creating-larp-program-for-autistic-toddlers>
- [A Recreation Therapy-related Program Plan Using Role-playing Gaming to Prepare Autism Spectrum Disorder \(ASD\) Youth & Adults to Use the Metropolitan Bus - http://rpgr.org/blog/list-of-created-autism-spectrum-program-plans-using-role-playing-games](#)
- [RPG for Deaf Community - Hands On Adventure - http://rpgr.org/documents/rpg-research-](#)

[documents/Deaf-American-Sign-Language-RPG-Ver-2-20111212b.pdf/view](#)

- [Using Role-playing Games To Assist Recovery of Traumatic Brain Injury Patients](#)

1.1.1.1.2 Overview

Hawke is an undergraduate senior student at Eastern Washington University (EWU) working on an interdisciplinary degree in Recreation Therapy, Music Therapy, Neuroscience, & Research Psychology. He is expecting to complete two internships, the degree, and sit for the Certified Therapeutic Recreation Specialist test in 2016. He has been registered with the state of Washington as a Recreation Therapist since September 2014. The internships include a 16 week Therapeutic Recreation department internship and 10 week Psychology department internship, in addition to the thousands of related work and volunteer hours with a wide range of populations over the years, He plans to continue with graduate and potentially post-graduate programs in related disciplines, is developing a private practice and privately funded research facilities.

Research efforts include a broad range of areas, while noting any potential uses of RPG as an intervention modality for therapy and education. Areas have been related to developing some program trials and using RPG from a Recreation Therapy perspective for Autism spectrum (ASD) toddlers, youth, & adults, as well as [designing program plans \(though not yet implemented\) for Traumatic Brain Injury](#) (TBI), Post Traumatic Stress Disorder (PTSD), Cerebral Palsy (CP) and other populations. While fortunate enough to have opportunities to run a few small trial programs, and some questionnaire-based efforts, has not yet had the resources to implement the desired controlled studies, but working toward such long term goals. Most of the research is on his own time, with his own resources, and not in any way linked with the university ([the 164 respondents to the gender bias self-report questionnaires for example](#)), while some efforts have been as an undergraduate student at Eastern Washington University (ASD toddlers).

After enjoying for many years working in the information technology (IT), information security (InfoSec), and computer science industries, Hawke Robinson was fortunate enough to be able to retire from the computer sciences in 2003 (age 33), so that he could focus on raising his three sons. He continued occasional technology-related exclusive speaking and consulting for select clients until 2011.

One of his goals is to develop a comprehensive body of scientific work useful toward the creation of an effective set of tools implementing recreation therapy related role-playing gaming as modalities for therapeutic and/or educational interventions.

In relation to the RPG Research project it is hoped the research data will indicate methods for developing effective therapeutic interventions using role-playing games (tabletop, live-action, and computer-based) as the modalities for treatment of diverse populations and needs including but not limited to the deaf and hard of hearing communities, depression, PTSD, Autism Spectrum Disorders (ASD), ADD/ADHD, Alzheimer's, traumatic brain injury (TBI) and other neuro-plasticity related benefits, as well as other areas where the research indicates appropriate.

1.1.1.1.3 Roots of RPG Research

Hawke first began the roots of the RPG Research project around 1985 in reaction to the "moral panic" of the 1980's backlash against the popularity of the role-playing game Dungeons & Dragons (and other popular media of the time). In early high school at the time, he wrote an 8 page essay for the school English course at [Realms of Inquiry](#) "A school for gifted and talented children" in Salt Lake City, Utah. The instructor then asked that he read this essay to the entire upper school with a follow up Q&A. The essay and subsequent discussion were so successful that it helped dissuade a number of students from their beliefs in the media's misleading negative claims about role-playing gaming and gamers. Some of the students and staff that had been previously skeptical, concerned, or mocking about role-playing games and gamers, became interested enough that they at least discontinued the harassment of role-playing gamers, and some even began participating in the actual role-

playing game sessions.

Through the RPG Research Project, Hawke is taking a longitudinal approach, planning to span many years (decades) creating new research and experiments attempting to identify any **causality** related to the therapeutic and educational impact of role-playing gaming, and the possible development of controlled uses of role-playing games for specific therapeutic goals where potential is found to be appropriate.

1.1.1.1.4 Volunteer Work

Currently Hawke Robinson has been providing all services without charge to participants. In addition to (so far) self-funding all research efforts, he provides role-playing gaming sessions for many people throughout Washington & Idaho, free of charge. He also frequently volunteers with other organizations in a wide range of areas. He has worked as a volunteer for many facilities, locations, and populations, including (but not limited to):

- [Saint Luke's Rehabilitation](#) as a recreation therapy activities assistant for the Traumatic Brain Injury (TBI) and Spinal Cord Injury (SCI) departments. 2014 to 2015.
- [Campfire USA's Camp Dart-lo](#) as camp counselor, activities counselor, archery instructor, and other roles. Spokane, Washington. ~2007.
- [Boy Scouts of America](#) day camp counselor, Spokane, Washington. ~2007.
- [Free Rein Hippo-therapy](#) side-walker, Spokane, Washington. ~2006.
- [Saint Joseph's Villa](#) volunteer, Salt Lake City, Utah. ~1980.
- Eastern Washington University Center for Deaf & Hard of Hearing ([EWCDHH](#)) volunteer
- ...
- ...
- ...
- ...
- ...
- ...
- ...

1.1.1.1.5 Education, Degrees, Certifications, Advanced Training, & Professional Membership

As well as being strongly self-educated, entrepreneurial, and professionally successful in many domains, Hawke has a broad range of practical real world business and R&D (Research & Development) experience in various fields. He has also acquired a number of certifications and advanced training in multiple fields over the years including CNA (Certified Nursing Assistant), ASE (Automotive Service Excellence in 4 areas), MCP+I (Microsoft Certified Professional plus Internet), MCSE (Microsoft Certified Systems Engineer), CNA (Certified Network Administrator), SCSAp1 (Sun Certified Solaris Administrator part 1), Java programmer, Silverstream developer and administrator, Broadvision architect and administrator, the SANS Institute's information security GIAC GCIH (Global Information Assurance Certification - GIAC Certified Incident Handler) and many others, including his paper on the vulnerabilities of Microsoft's PPTP implementation subsequently published by the SANS Institute. You may view his lengthy and more complete resumes online at <http://www.hawkenterprising.com> for more details.

Originally from California, he has also resided in Utah, Idaho, Oklahoma, and currently Washington state. In 1998 Hawke earned an Associates degree in Computer Science in Salt Lake City, Utah. He now resides in Spokane, Washington, USA.

Hawke is in good standing as a paying member of the American Therapeutic Recreation Association ([ATRA](#)) since 2013, and the Washington State Therapeutic Recreation Association ([WSTRA](#)) since 2013.

W.A. Hawkes-Robinson is registered with the [Washington State Department of Health as a Recreational Therapist](#) since 2014, registration #RE60526204. Once he finishes the requisite coursework and internship, Hawke plans to sit for the Certified Therapeutic Recreation Specialist (CTRS) test through the [National Council for Therapeutic Recreation Certification](#) (NCTRC).

1.1.1.1.6 Relevant Completed Coursework at Eastern Washington University

Below is a list of relevant courses already completed (unless marked pending). Hawke is currently Magna Cum Laude status at EWU. This is not a comprehensive list, and does not usually include unrelated general degree requirements and non-relevant courses.

1.1.1.1.7 Recreation Therapy-related Courses

- Arts in Recreation (RCLS 260)
- Assessment Techniques in Therapeutic Recreation (RCLS 450)
- Leadership in Recreation (RCLS 220)
- Outdoor Adventure Programming (RCLS 325)
- Overview Therapeutic Recreation Services (RCLS 240)
- Processes and Techniques in Therapeutic Recreation (RCLS 445)

- Professional Involvement in Recreation (RCLS 498)
- Professional Issues in Therapeutic Recreation (RCLS 440)

- Programming in Recreation and Leisure Services (RCLS 385)
- Recreation & Leisure in Modern Society (RCLS 220)
- Recreation Therapy for People with Disabilities (RCLS 245)
- Therapeutic Recreation Program Planning (RCLS 420)

1.1.1.1.8 Psychology, Neuroscience, Sociology, Medical, & Research-related Courses

- General Psychology (PSYC 100)
- Kinesiological Application of Anatomy and Physiology (PHED 132)
- Counselling, Education, and Developmental Psychology - Lifespan Development (CEDP 201)
- Religion & Theology (HUMN 215)
- Abnormal Psychology (PSYC 302)

- Psychology of Risky Behavior (PSYC 190)
- Medical Terminology (HLED 256)
- Psychology of Adjustment (pending) (PSYC 307)
- Scientific Principles of Psychology Research (pending) (PSYC 309)
- Research Methods in Psychology (pending) (PSYC 313)
- Computerized Research Techniques (pending) (PSYC 318)
- Psychology of Women (PSYC 331)
- Psychology of Human Relations (PSYC 315)
- Statistics in Social Sciences (pending) (CSBS 320)
- Computer Aided Data Analysis (pending) (CSBS 321)
- Theory, Assessment, & Treatment of Trauma (currently) (PSYC 450-77)
- Psychology of Group Dynamics (pending) (PSYC 483)

- Neuroscience of Memory (PSYC 498)
- Psychology of Cults (PSYC 498)
- Psychology of Deception (PSYC 498)
- Psychology of Meditation (PSYC 498-77)
- Psychology of Play Therapy (PSYC 498-82)

1.1.1.1.9 Music and Music Therapy Related Courses

- Compositional Techniques (MUSC 209)
- Composers Symposium 2012
- Concert Choir 2004-2008 (Baritone/Bass)
- Counterpoint (MUSC 305)
- Digital Sound, Sound Engineering, and Production
- Guitar and Music Fundamentals
- History of Rock and Roll

- Music in the Humanities
- Music Theory I, II, & III
- Piano for Non-Majors II, & III
- Power of Music - Music for Healing & Education - Overview of the power of music and music therapy.
- Sight Singing and Aural Skills I - III
- Solo Vocalist - Baritone - 2004-2012
-

1.1.1.1.10 Other

- American Sign Language I, II, & III
- Aqua Aerobics 2006-2007
- Chinese - Mandarin
-

- Analysis, Research, and Documentation
- Composition, Exposition & Argument

- East Asian History
- Geology
- Karate
- Modern Government in American Context
- Western Heritage: Origin to 18th Century
- Yoga
-

For more detailed information, see Hawke's lengthy resume at <http://www.hawkenterprising.com>

1.1.1.1.11 Role-playing Gaming Background

Hawke has been involved with role-playing games since 1979 as a paper and dice tabletop role-playing game player. Around 1983 he became a regular Game Master (GM), often paid by players for each session, and during the summer often running three or more weekly groups.

In 1985 Hawke convinced the high school headmaster (Ross Jones of [Realms of Inquiry](#), a "school for gifted and talented children" in Salt Lake City, Utah) to allow temporarily running a role-playing gaming class for all the students every school day for several weeks, in lieu of the drama classes, while the school looked for a new drama class instructor. More details on that experience here: [Anecdotal Experiences of Social Stigma as a Tabletop Role-playing Gamer](#).

In 1986 at the age of 15 Hawke created and ran a Role-Playing Gaming Association (RPGA) based Advanced Dungeons & Dragons (AD&D) campaign involving 50+ gamers in Salt Lake City, Utah, at the Millcreek Library. He is the founder of the annual Tolkien and role-playing gaming conventions in Spokane, WA, known as [MerpCon and TolkienMoot](#) from 2005 through 2014. He was also the founder of the Tolkien-based role-playing gaming online periodical "Other Minds Magazine" (<http://www.othermindsmagazine.com>), and semi-regular talk show host for Middle-earth Talk Radio (www.middle-earthtalk.com) from 2007 through 2012. Hawke also writes RPG adventures, and has created various system offerings modifying existing systems, and creating new ones from scratch (<http://www.earpg.com>).

1.2 Acknowledgments

1.3 Contributors and Feedback

1.4 Recommended Experience, Skills, & Training

This book is written primarily for professionals in the Therapeutic Recreation / Recreation Therapy field of practice. It should be very accessible to other healthcare professionals in fields such as mental health, social work, psychology, psychiatry, physical therapy, occupational therapy, music therapy, art therapy, drama therapy, etc.

While this book is written with the assumption that the reader comes from the TR profession, it is also assumed the reader has never implemented a role-playing gaming *therapy* previously (to date only a few, such as the author of this document, have performed such implementations whatever the profession), it is assumed the reader has at least *some* understanding of the basics of *at least one form of RPG*.

While every effort is made to define terms, and provide examples for specific program plans, it is recommended that in order for these treatments to be effective, the reader will need to have spent a significant amount of time learning to play and run RPG sessions in non-adaptive situations prior to attempting modified programs for special-needs populations.

The author recommends a minimum of 6 months (assuming weekly sessions of 3 to 6 hours per session) as a player of at least one form of RPG (the more experience with the specific form planning to be utilized, the better), and at least another 6 months experience running a group as a GM/DM. Note this is a bare minimum, for true proficiency, 10+ years experience with RPG is recommended. The author has been involved with RPG since 1979, and TR since 2004.

RPG Therapeutics LLC does offer training programs for healthcare professionals desiring to develop RPG therapy related skills and experience. See the website for contact information and specific training programs available: <http://www.rpgtherapy.com>

1.5 Abbreviations & Definition of Terms

CRPG

Computer-based Role-Playing Game

Includes many types, fline, online, group, and solo, various abbreviations including: CRPG, MMORPG, MUSH, MUD, etc.

....

CYOA (sub-form of SRPG)

Choose Your Own Adventure and interactive variants.

....

D, d, Die / Dice (and related abbreviations)

The type of die/dice indicated will typically be preceded by the letter “d” (usually lower-case), followed by a number indicating the number of faces on the die.

Example for a single six-side die: d6

If multiple dice are reference, a numerical indicator will precede the die type indicator.

Example for three 12-sided dice: 3d12

While dice and randomizers are available in unlimited variants, the most commonly used in TRPG are:

d2 – two side die, typically a coin flip, or d6 divided as 1 to 3 = 1, 4 to 6 = 2.

D3 – typically either a d6 divided as 1 to 2 = 1, 3 to 4 = 2, 5 to 6 =3, or a thirty sided die with the +, -, and no-sign. - PHOTO HERE.

D4 – typically a pyramid shaped die with 4 sides. - PHOTO HERE.

D6 – the typical cube-shaped six-sided die found in most common household board games. - PHOTO HERE.

D8 – eight sided octahedron die. - PHOTO HERE.

D10 – ten-sided die. Often used in pairs to represent percentile dice. - PHOTO HERE.

D12 – twelve-sided die. - PHOTO HERE.

D20 – twenty-sided die. The standard die for Dungeons & Dragons and many other “d20” based games. - PHOTO HERE.

D30 – thirty-sided die. Less common now, was more popular in the 1980s. - PHOTO HERE.

D100 – either a (rather round) large die with one hundred sides, or more commonly two ten-sided dice, with one indicating the “tens” place, and the other the “ones” place. Some of these 2d10 pairs are specially marked with only the tens and ones. - PHOTO HERE.

.....

DM

Dungeon Master.

Typically specific to GM's running Dungeons & Dragons games.

The referee, narrator, storyteller,

.....

GM

Game Master

The referee, narrator, storyteller,

.....

LARP (sub-form of live-action)

Live-Action Role-Playing

....

MMO (sub-form of CRPG)

Massive Multi-player Online

MMORPG (sub-form of CRPG)

Massive Multi-player Online Role-Playing Game

MUD (sub-form of CRPG)

Multi-User Dungeon

MUSH (sub-form of CRPG)

Multi-User Shared Hallucination

NPC

Non-Player Character

....

PC

Player Character

.....

RPG, also TRPG

Role-Playing Game. In this document, unless otherwise indicated, specifically Tabletop Role-Playing Game (TRPG).

....

RPG forms

This indicates what form the RPG manifest through: tabletop, live-action, computer-based, solo.

This can include sub-types, such as solo-computer-based-RPG, or solo-Choose Your Own Adventure, or CRPG-MMORPG (Computer-based Massive Multi-Player Online Role-Playing Game), etc.

SRPG

Solo Role-Playing Game (includes some interactive variants).

....

TRPG, see "RPG"

....

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.....

....

2.0 RTHP Section 1: Introduction

As quoted from the Recreational Therapy Handbook of Practice (RTHP) 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 this Document

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, though in doing so you may learn many new ideas about using RPG for your clientele that you did not previously consider. As the authors of the *RTHP* stated “*This is not a book that will sit on your 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 (RPG-TRHP)*, is focused on the use of role-playing gaming as the chosen intervention modality to achieve educational or therapeutics goals for clients. This includes all forms of role-playing games:

- Tabletop Role-Playing Game (abbreviated herein as RPG or TRPG)
- Live-Action Role-Playing (abbreviated herein as LARP)
- Computer-based (offline, online, group, and solo, various abbreviations including: CRPG, MMORPG, MUSH, MUD, etc.)
- Choose Your Own Adventure and interactive variants (abbreviated herein as CYOA)
- Solo and interactive variants (SRPG)

This document attempts to avoid redundancy of information from the *RTHP*, so you will need the *RTHP* to make full use of this *RPG-TRHP*.

This version of the RPG-TRHP is made available to the public under the [Creative Commons Attribution-ShareAlike 3.0 Unported License](#). This means you are welcome to build upon this work as long you provide full attribution and also share under the same Share-Alike license, requiring others to do the same. This includes making an electronic version of your document easily accessible and freely available to the public. For permission to use this document beyond the scope of this lice, please contact this document's author, W.A. Hawkes-Robinson as indicated in the earlier copyright notice near the beginning of this document.

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 version of the RPG-TRHP is following the 2010 second printing of the *RTHP*. Future versions of the RPG-TRHP may be updated to fit newer version of the *RTHP* when possible.

The focus of this document is 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, necessary adaptations for various client limitations, and any specific recommendations for RPG sessions to work more effectively with the particular needs of the client at the different levels of function.

Unless otherwise specified, the use of RPG alone (rather than with a prefix) generally indicates primarily Tabletop Role-playing gaming using in the traditional cooperative style, using paper, pencil, and dice. However, sometimes it may be equally applicable to other RPG types when indicated appropriately.

The various RPG *forms* (tabletop, live-action, computer-based, solo) 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 RPG, while those with more severe cognitive impairments, but without significant physical impairments, may find the physical activity of LARP much more effective in achieving client goals. This document will attempt to clearly define which RPG forms 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 body or work using role-playing gaming as a therapy is still early in development, so the terms herein “may”, “might”, “should”, “probably”, “possibly”, “hypothetically”, etc. are used frequently. It is hoped over time that professional caretakers and researchers will be able to provide more definitive feedback as experiments implementing these suggested treatments provide documented results, and tjem these terms will 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 Specific RPG Program Plans

In the appendices of this document is a listing of a number of example program plans using role-playing games as the primary modality to achieve educational and/or therapeutic goals for various specific populations.

3.2 RPG as a Verb Instead of a Noun

This document usually focuses on the *activity* of participating in a role-playing game, rather than the specifics of individual role-playing games or game system (with some exceptions). With this approach, the term RPG (Role-Playing Game) is often synonymous with Role-playing Gam-ING (typically abbreviated in the online communities as RPGing) and is used far more frequently than Role-playing Game. If necessary to specify a specific game, then the noun will be used over the verb, the key will usually be context.

3.3 Game Systems

This document will generally not list specific RPG system rules (D&D versus GURPS for example). Though there may be some examples included that mention a specific system, unless there is reason to believe certain systems will significantly change the outcome of the recommended RPG treatment approaches, most

suggestions in this document will be game system agnostic.

This document will focus on the evaluating and recommending between the main RPG forms, sub-forms, genres, sub-genres, and the types of activities and accommodations to be made. The therapist will then need to evaluate from his/her own toolset of RPG systems that he/she is familiar with, which system (and system modifications) would best match the client's recommended treatment requirements and accommodations suggested in this document.

3.4 Community Involvement

This document is being made available to the public to help involve the community in the development of this document. While initially the primary effort of the primary author W.A. Hawkes-Robinson, it is hoped that many others will step up to help with additional information, feedback, experiences, and generally make this a community-involved effort.

This includes professionals of the Therapeutic Recreation / Recreation Therapy industry, as well as other healthcare related professions, and experienced laymen role-playing gamers.

It is hoped this “open source” approach will make this document that much more effective and useful to professionals wishing to use role-playing games as an intervention modality to achieve educational and therapeutics goals for their clients.

4.0 Introduction to the Recreational Therapy Handbook of Practice

TODO. For now reference RTHP Section 1: Introduction.

4.1 Research Methods & Related Information

TODO

5.0 Introduction to the ICF

5.1 Overview of the ICF

TODO. For now reference RTHP Section 1

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

5.2 Clinical Terminology in the ICF

TODO. For now reference RTHP Section 1

5.3 If You Are Not Yet Using ICF...

TODO

5.4 ICF Coding

TODO. For now reference RTHP Section 1

Or read the WHO website:

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

5.4.1 Finding the correct code

5.4.2 When to score the codes

5.4.3 Specific Code Forms

5.4.4 Scoring the Identified Code

TODO. For now reference RTHP Section 1

6.0 RTHP Section 2: Diagnoses & Populations

TODO. For now reference RTHP Section 2

This section is a mixture of the listings from the RTHP, the DSM-IV, and the DSM-V.

This section provides information about each of the listed diagnoses/populations and how RPG may be effective in helping as a treatment modality, approximate adaptation recommendations, RPG form variants, any caveats, etc.

6.1 Amputation & Prosthesis

6.2 Anxiety Disorders (GAD, Phobias, OCD, etc.)

6.2.1 GAD – Generalized Anxiety Disorders

6.2.2 OCD – Obsessive-Compulsive Disorder

6.2.3 Panic Disorder with and without Agoraphobia

6.2.4 PTSD – Posttraumatic Stress Disorder

6.2.4.1 Trauma from Military Service or related

6.2.4.2 Trauma from Abuse / Rape / Sexual Abuse

6.2.5 Social Phobia

6.2.6 Specific Phobia

6.3 Apraxia

6.4 ADD/ADHD - Attention-Deficit Disorder with & without Hyperactivity

6.5 ASD / PDD - Autism Spectrum Disorder / Pervasive Developmental Disorder

Information coming soon, meanwhile see the Appendices of this document for specific program plan examples for this population.

6.6 “At-risk” Youth

Information coming soon, meanwhile see the Appendices of this document for specific program plan examples for this population.

6.7 Back Disorders and Back Pain

6.8 Brain Injury (Cerebrovascular Accident, Stroke, TBI, etc.)

6.8.1 Cerebrovascular Accident

6.8.2 TBI - Traumatic Brain Injury

Information coming soon, meanwhile see the Appendices of this document for specific program plan examples for this population.

6.9 Burns

6.10 Cancer

6.11 Cardiac Conditions

6.12 COPD – Chronic Obstructive Pulmonary Disease

6.13 Cognitive Disorders

Information coming soon, meanwhile see the Appendices of this document for specific program plan examples for this population.

6.13.1 Alzheimer's Disease

6.13.2 Other Dementia

6.14 *Developmental Disorders*

Information coming soon, meanwhile see the Appendices of this document for specific program plan examples for this population.

6.15 *Diabetes Mellitus*

6.16 *Eating Disorders*

6.17 *Fibromyalgia*

6.18 *Guillain-Barré Syndrome*

6.19 *Joint Replacement*

6.20 *Mood Disorders (Bi-polar, Depression (Major Depression, Dysthymic, Reccurent, Suicidal Ideations, etc.))*

Information coming soon, meanwhile see the Appendices of this document for specific program plan examples for this population.

6.21 *Multiple Schlerosis*

6.22 *Obesity*

6.23 *Osteoporosis*

6.24 *Parkinson's Disease*

6.25 *Personality Disorders*

Information coming soon, meanwhile see the Appendices of this document for specific program plan examples for this population.

6.26 *Psychotic Disorders (Schizophrenia and others)*

Information coming soon, meanwhile see the Appendices of this document for specific program plan examples for this population.

6.27 *Rheumatoid Arthritis*

6.28 *Sexual & Gender-Identity Disorders*

6.29 *SCI - Spinal Cord Injury*

Information coming soon, meanwhile see the Appendices of this document for specific program plan examples for this population.

6.30 *Sickle Cell Anemia*

6.31 *Sleep Disorders*

6.32 *Somatoform & Dissociative Disorders*

6.33 *Substance-Related Disorders*

7.0 RTHP Section 3: Treatment and the ICF Model

TODO. For now reference RTHP Section 3

7.1 Body Functions

TODO. For now reference RTHP Section 3: Body Functions

7.1.1 Scoring

See page 149 of TRHP for details on this section, detailing here would be redundant. However the Body Functions Qualifier Table is replicated here for your convenience.

7.1.1.1 General Coding Guidelines

TODO. For now reference RTHP Section 3: Body Functions

7.1.1.2 Body Functions Qualifier

Table 14: Body Functions Qualifier

Scoring for First Qualifier			% impairment
0	NO impairment	(none, absent, negligible...)	0-4%
1	MILD impairment	(slight, low...)	5-24%
2	MODERATE impairment	(medium, fair...)	25-49%
3	SEVERE impairment	(high, extreme...)	50-95%
4	COMPLETE impairment	(total)	96-100%
8	Not specified		
9	Not applicable		

7.2 Evaluating RPG TR Accommodations Ranking

The therapists primary initial function will be to evaluate if the client's functioning is sufficient for participation in useful therapeutic recreational activities, and more specifically for this document, if sufficient client functionality exists for participation in one or more RPG format for therapeutic benefit. A Role-playing Gaming Therapeutic Recreation Accommodations Ranking (AR) should be evaluated to determine the level of modification to the RPG process needed to accommodate the client's needs allowing for maximal therapeutic benefit from participation in the role-playing gaming session(s). A comparison is noted in relationship to the ICF Body Functions Qualifier (See Table #__ for ICF Body Functions Qualifier Scoring).

RPG TR Accommodations Ranking (AR):

1. Client functioning meets requirements for participation in one or more RPG formats, with little or no accommodations necessary for therapeutic benefit from participation in RPG format(s). ICF Body Functions Qualifier range 0, 1, 2, or 3, but impairment does not require accommodations for RPG participation.
2. Client functioning meets minimum requirements for participation in one or more RPG formats, and only some accommodations are necessary for therapeutic benefit from participation in RPG format(s). ICF Body Functions Qualifier range 1 to 3.
3. Client functioning meets the minimum for some participation in at least one RPG format, but significant accommodations will be necessary for therapeutic benefit from participation in RPG format(s). ICF Body Functions Qualifier range 2 to 3.
4. Client functioning is below the threshold for useful therapeutic benefit from participation in any RPG format. Other therapeutic recreational activities should be considered. ICF Body Functions Qualifier range 3 to 4.

7.3 Mental Functions

7.3.1 Global Mental Functions (b110-b139)

7.3.1.1 (b110) Consciousness Functions

(b1100) State of Consciousness

(b1101) Continuity of Consciousness

(b1102) Quality of Consciousness

7.3.1.1.1 Treatment for Consciousness Functions

Example

Therapist performs evaluation of level of impairment, for example one possible measure is the FOX or Activity Therapy Social Skills Baseline (earlier version). Based on the results of the client's functioning, the therapist should determine if the level of impairment is too significant for participation any of the RPG formats (TRPG, CRPG, CYOA, or LARP) by establishing the **Accommodations Rating (AR)** as per section 8.2 of this document, to determine if there is sufficient functioning to participate with modifications, or participation without modifications.

Initially it may seem impossible to apply RPG therapeutic treatment techniques to a level 3 or 4 patient with consciousness function impairment of such severity, but it might be possible with significant accommodation. Clients with severe levels of impairment in this category may not be candidates for application of role-playing gaming therapy, however it may still be possible with significant accommodations.

Hypothetical Scenario #1 (*ICF b11003 or b11004*)

The client is in the 3-4 level of impairment, barely responsive to stimuli. If not able to respond to at least simple yes/no questions with a squeeze, twitch, eye movement or other signal, the client is not candidate for any RPG accommodation. However, if the client can at least respond to simple yes/no questions by some means, or even slight numerical responses (for example 3 blinks for 3, and 1 blink for 1), then a highly accommodated version of RPG might be feasible. The client should already have been known to have an interest in RPG's and/or RPG-like activities prior to impairment. For example, the therapist may interview the client's friends and family and discover that the client previously enjoyed role-playing gaming in one form or another, so it might be a stimulus that the client would very much enjoy and have a positive response to.

In the case of the severely impaired, the therapist might take more of a "choose your own adventure" approach to engaging the client in RPG therapy. The therapist would provide a simple list (or a series of yes/no questions) of character archetypes for the client to choose as his/her Player Character (PC). Then the therapist would provide a narrative of the scenario, and at key points provide the client opportunities to make decisions on what to do next through either yes/no, or numerical selection. These scenarios could initially meet the RTHP suggestions of just small 10-15 minute increments initially, but slowly increase in duration and complexity over time (page 151, referencing the O'Sullivan and Schmitz (1998) list).

This adventure would initially just be a solo, one-on-one, adventure with the therapist as narrator, and the client as the sole player. If the client's functioning improves, then longer sessions of greater complexity may be possible.

Additionally, other participants may later be able to join in the process, friends and family, to help with re-engaging socially and to train those in the client's support structure on the process.

7.3.1.2 (b114) Orientation Functions

7.3.1.2.1 Treatment for Orientation Functions

RPG may be helpful to work with improving General Mental Functions > Orientation.

- Person
- Place (especially use of maps)

- Time

7.3.1.3 (b117) Intellectual Functions

7.3.1.3.1 Treatment for Intellectual Functions

7.3.1.4 (b122) Global Psychosocial Functions

7.3.1.4.1 Treatment for Global Psychosocial Functions

7.3.1.4.2 Treatment for Temperament and Personality Functions

Temperament & Personality functions may be addressable using RPGs.

- Mood disorders
- Personality disorders
- Organic brain disorders
- Childhood disorders
- Learned behaviors

Not sure about the efficacy of using RPGs to help those with substance abuse or child abuse issues.

For the above listed Temperament & Personality functions, improvements could likely be seen from the applicable treatment list when using RPG to address:

- Specially designed experiences
- Journaling (adventure journals)
- Behavior modification
- Group work
- Social skills
- Opportunities for leadership
- Challenges
- Role-playing (of course)

The only item from this category list that RPGs would not have direct influence is the item "medication".

7.3.1.5 (b130) Energy and Drive Functions

7.3.1.5.1 Treatment for Energy and Drive Functions

From the energy and Drive functions list:

- Energy Level
- Motivation
- Impulse control

Could possibly be treated with RPGs, however the Appetite and Craving items might not be effectively addressed using RPGs.

If the client likes RPGing, then motivation levels will likely be higher than more "mundane" activities. Also, tabletop RPGs can be performed even when at a low energy level (as can CRPGs), while LARP would require clients to have higher energy and motivation levels for sustained, regular, participation.

7.3.1.5.1.1 Energy Level

7.3.1.5.1.2 Motivation

7.3.1.5.1.3 Appetite

7.3.1.5.1.4 Craving

7.3.1.5.1.5 Impulse Control

7.3.1.6 (b134) Sleep Functions

7.3.1.6.1 Treatment for Sleep Functions

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

7.3.2 Specific Mental Functions (b140-b189)

7.3.2.1 (b140) Attention Functions

7.3.2.1.1 Treatment for Attention Functions

RPGs, could be useful for improving attention functions including shifting, dividing, sharing, and sustaining attention.

RPG's can meet the following recommendations for treatment from this list:

- Graduated tasks
- Manipulate environment (most with LARP, and lesser degrees computer-based, but also tabletop when using dice, pencils, paper, miniatures, maps, etc.)
- Progress from familiar to novel
- Repetitive to complex
- Treatment sessions appropriate length
- Variety of interventions and medium
- Positive feedback
- Maintain eye contact
- Structure or limit information
- Break task into simple components.

RPGs definitely meet the needs for the above list quite well.

7.3.2.2 (b144) Memory Functions

7.3.2.2.1 Treatment for Memory Functions

RPGs can definitely address most, if not all, memory function treatment requirements:

- Registering, storing, and retrieving information as needed.
- Enhance memory functions through repetition, graduated tasks, and cueing
- External aids (notes on paper, miniatures, dice, maps)
- Training in active listening skills (key part of tabletop RPG)
- “Chunking” or grouping
- Mental retracing
- Visual imagery
- Story method
- Association
- Pegging (ex. APIE)

7.3.2.3 (b147) Psychomotor Functions

7.3.2.3.1 Treatment for Psychomotor Functions

Though likely LARP would be the most significant impact for these functions, both CRPGs and TRPGs could be used for those with

greater impairments. CRPGs generally require use of the keyboard and/or mouse, and/or game controller. TRPGs generally offer opportunities for

use of paper and pencil, tokens, moving miniatures on maps/boards, rolling dice, selecting cards, etc.

The following areas might be addressable through RPG treatment at various levels:

- Psychomotor retardation
- Excitement and agitation
- Posturing (involuntary flexion or extension of the arms and legs)
- Catatonia (Neurogenic motor immobility, and behavioral abnormality manifested by stupor) - Not sure that RPGs could effectively treat.
- Catatonia - Negativism - client understands instructions, then does the opposite.
- Catatonia - Ambitendency - a state of ambivalence with alternation of cooperation and opposition.
- Echopraxia - involuntary imitation of the movements of another person
- Echolalia - automatic repetition of vocalizations made by another person

RPGs would be unlikely to be effective for those with complete, and upper levels of severe impairments in this category, but those with lower levels of severe, and moderate to mild impairment, might be able to benefit from using various RPGs as treatment.

7.3.2.4 (b152) Emotional Functions

7.3.2.4.1 Treatment for Emotional Functions

RPGs, especially TRPG and LARP could help significantly in this area. CRPG would have limited feedback and interaction benefits.

- Appropriateness of emotion
- Regulation of emotion
- Range of emotion
- Drama
- Social skills training
- Direct feedback

7.3.2.5 (b156) Perceptual Functions

7.3.2.5.1 Treatment for Perceptual Functions

Mental functions of recognizing and interpreting sensory stimuli.

Includes:

- Auditory perception
- Visual perception
- Tactile perception
- Visuospatial perception

TRPGs and CRPGs would not normally address the other categories:

- Olfactory perception
- Gustatory perception

However, it is not unusual for LARP settings to potentially address these other functions, and it would not be impossible to integrate to some degree these functions with TRPG.

7.3.2.6 Form Discrimination

7.3.2.6.1 Visuospatial Perception

7.3.2.7 (b160) Thought Functions

7.3.2.7.1 Treatment for Thought Functions

Mental functions related to the ideational component of the mind.

Includes:

- Pace of thought
- Form of thought
- Content of thought
- Control of thought

While not very likely to be addressed with current CRPGs, it may be possible to address these in creative ways with TRPG and maybe someLARPs. Further research will be necessary to better determine the relevant efficacy.

7.3.2.8 (b164) Higher-Level Cognitive Functions

7.3.2.8.1 Treatment for Higher-Level Cognitive Functions

RPGs are ideal for addressing this area of functioning.

- Complex goal directed behaviors
- Decision making
- Abstract thinking
- Planning
- Plan implementation
- Mental flexibility
- Deciding which behaviors are appropriate under which circumstances (executive functions)
- Hypothetical scenarios

All of the RPG media (tabletop, computer, live-action) can help in this area, but TRPG is most likely to have the strongest efficacy as treatment.

7.3.2.8.1.1 Abstraction

7.3.2.8.1.2 Organization and Planning

7.3.2.8.1.3 Time Management

7.3.2.8.1.4 Cognitive Flexibility

7.3.2.8.1.5 Insight

7.3.2.8.1.6 Judgment

7.3.2.8.1.7 Problem Solving

7.3.2.9 (b167) Mental Functions of Language

7.3.2.9.1 Treatment for Mental Functions of Language

7.3.2.9.1.1 Expressive Language Techniques

7.3.2.9.1.2 Receptive Language Techniques

7.3.2.10 (b172) Calculation Functions

7.3.2.10.1 Treatment for Calculation Functions

7.3.2.11 (b176) Mental Functions of Sequencing Complex Movements

7.3.2.11.1 Treatments for Mental Function of Sequencing Complex Movement

7.3.2.11.1.1 Buccofacial Apraxia

7.3.2.11.1.2 Conceptual Apraxia

7.3.2.11.1.3 Constructional Apraxia

7.3.2.11.1.4 Developmental Apraxia of Speech

7.3.2.11.1.5 Ideomotor Apraxia

7.3.2.11.1.6 **Limb-Kinetic Apraxia**

7.3.2.11.1.7 **Oculomotor Apraxia**

7.3.2.11.1.8 **Verbal Apraxia**

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

7.3.2.12.1 **Treatment for Experience of Self and Time Functions**

7.3.2.12.1.1 **Experience of Self**

7.3.2.12.1.2 **Body Image**

7.3.2.12.1.3 **Experience of Time**

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

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

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

7.3.3 References

7.4 Chapter 2 Sensory Functions and Pain

7.4.1 Seeing and Related Functions (b210-b229)

7.4.1.1 (b210) Seeing Functions

If the client has significant visual impairment, the client will need braille versions of the rulebook for the game system, and some means of keeping track of the character's statistical information, and any notes the player/client may want to keep as the adventure progresses (maybe a voice recorder with a headphone so the client/player can play back verbal notes to self as needed, without disturbing the rest of the group to do so).

Use of electronic dice that have an auditory ability to indicate the result of a roll. Alternatively many apps on smart phones and PC's are available that can electronically represent random dice results, then the app just needs to have a text-to-voice component for the visually impaired participant. Failing that, the client is dependent on the other players and/or Game Master to verbally indicate the result from the client rolling the dice on the table.

Since the rest of the game play is primarily auditory, other modifications are not necessary for complete unimpaired performance in the game.

7.4.1.1.1 Treatment for Seeing Functions

7.4.1.1.1.1 Treatment for Visual Acuity Functions

7.4.1.1.1.2 Treatment for Visual Field Functions

7.4.1.1.1.3 Treatment for Quality of Vision

7.4.1.1.1.4 Treatment for Functions of Structures Adjoining the Eye

7.4.1.1.1.5 Treatment for Sensations Associated with the Eye and Adjoining Structures

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

7.4.2 Hearing and Vestibular Functions (b230-b249)

7.4.2.1 (b230) Hearing Functions

7.4.2.1.1 Treatment for Hearing Functions

7.4.2.2 (b235) Vestibular Functions

7.4.2.2.1 Treatment for Vestibular Functions

7.4.2.3 (b240) Sensations Associated with Hearing and Vestibular Functions

7.4.2.3.1 Treatment for Sensations Associated with Hearing and Vestibular Functions

7.4.2.4 (b249)

7.4.2.5 (b250-b279) Additional Sensory Functions

7.4.2.6 (b250) Taste Function

7.4.2.6.1 Treatment for Taste Functions

7.4.2.7 (b255) Smell Function

7.4.2.7.1 Treatment for Smell Function

7.4.2.8 (b260) Proprioceptive Function

7.4.2.8.1 Treatment for Proprioceptive Function

7.4.2.9 (b265) Touch Function

7.4.2.9.1 Treatment for Touch Function

7.4.2.10 (b270) Sensory Functions Related to Temperature and Other Stimuli

7.4.2.10.1 Treatment for Sensory Functions Related to Temperature and Other Stimuli

7.4.2.10.1.1 Temperature

7.4.2.10.1.2 Other Stimuli

7.4.2.11 (b279) Additional Sensory Functions, Other Specified and Unspecified.

7.4.3 (b280-289) Pain

7.4.3.1 (b280) Sensation of Pain

7.4.3.1.1 Treatment

7.4.3.2 (b289) Sensation of Pain, Other Specified or Unspecified

7.4.3.3 (b298)

7.4.3.4 (b299)

7.4.4 References

7.5 Chapter 3 Voice and Speech Functions

7.5.1.1 (b310) Voice Functions

7.5.1.1.1 Treatment

7.5.1.2 (b320) Articulation Functions

7.5.1.2.1 Treatment

7.5.1.3 (b330) Fluency and Rhythm of Speech Functions

7.5.1.3.1 Treatment

7.5.1.4 (b340) Alternative Vocalization Functions

7.5.1.4.1 Treatment

7.5.1.5 (b398)

7.5.1.6 (b399)

7.5.2 Chapter 4 Functions of the Cardiovascular, Hematological, Immunological, and Respiratory Systems.

7.5.2.1 (b410-b429) Functions of the Cardiovascular System

7.5.2.1.1 Treatment

7.5.2.2 (b415) Blood Vessel Functions

7.5.2.2.1 Treatment

7.5.2.3 (b420) Blood Pressure Functions

7.5.2.3.1 Treatment

7.5.3 (b430-b439) Functions of the Hematological and Immunological Systems

7.5.3.1 (b430) Hematological System Functions

7.5.3.1.1 Treatment

7.5.3.2 (b435) Immunological System Functions

7.5.3.2.1 Treatment

7.5.3.3 (b439)

7.5.4 (b440-b449) Functions of the Respiratory System

7.5.4.1 (b440) Respiration Functions

7.5.4.1.1 Treatment

7.5.4.2 (b445) Respiratory Muscle Functions

7.5.4.2.1 Treatment

7.5.4.3 (b449)

7.5.4.4 (b450-b469)

7.5.4.5 (b450)

7.5.4.5.1 Treatment

7.5.4.6 (b455) *Exercise Tolerance Functions*

7.5.4.6.1 Treatment

7.5.4.7 (b460) *Sensations Associated with Cardiovascular and Respiratory Functions*

7.5.4.7.1 Treatment

7.5.4.8 (b469)

7.5.4.8.1 (b498)

7.5.4.9 (b499)

7.6 Chapter 5 – Functions of the Digestive, Metabolic, and Endocrine Systems

This is important to take into consideration during RPG Therapy sessions, since it is common to have drinks and food, and bathroom breaks as part of gaming sessions. The RPG Therapist will need to take these issues into account when planning the treatment sessions, allowing correct break frequency, correct “munchies” in line with the clients needs and restrictions, etc.

7.6.1 (b510-b539) Functions Related to the Digestive System

7.6.1.1 (b510) Ingestion functions

(b5100) Sucking

(b5101) Biting

(b5102) Chewing

(b5103) Manipulation of Food in the Mouth

(b5104) Salivation

(b5105) Swallowing

(b51050) Oral Swallowing

(b51051) Pharyngeal Swallowing

(b51052) Esophageal Swallowing

(b51058) Swallowing, Other Specified

(b51059) Swallowing, Unspecified

(b5106) Regurgitation and Vomiting

(b5108) Ingestion Functions, Other Specified

(b5109) Ingestion Functions, Unspecified

7.6.1.1.1 Treatment for Ingestion Functions

7.6.1.2 (b515) Digestive Functions

7.6.1.2.1 Treatment for Digestive Functions

7.6.1.3 (b520) Assimilation Functions

7.6.1.3.1 Treatment for Assimilation Functions

7.6.1.4 (b525) Defecation Functions

7.6.1.4.1 Treatment for Defecation Functions

7.6.1.5 (b530) Weight Management Functions

BMI

Inclusions:

Exclusions:

7.6.1.5.1 Treatment for Weight Management Functions

7.6.1.6 (b535) Sensations Associated with the Digestive System

(b5350) Sensation of Nausea

(b5351) Feeling Bloating

(b5352) Sensation of Abdominal Cramp

(b5358) Sensations Associated with the Digestive System, Other Specified

(b5359) Sensations Associated with the Digestive System, Unspecified

7.6.1.6.1 Treatment for Sensations Associated with the Digestive System

7.6.1.7 (b539) Functions Related to the Digestive System, Other Specified and Unspecified

7.6.2 (b540-b559) Functions Related to Metabolism and the Endocrine System

7.6.2.1 (b540) General Metabolic Functions

(b5400) Basal Metabolic Rate

(b5401) Carbohydrate Metabolism

(b5402) Protein Metabolism

(b5403) Fat Metabolism

(b5408) General Metabolic Functions, Other Specified

(b5409) General Metabolic Functions, Unspecified

7.6.2.1.1 Treatment for General Metabolic Functions

7.6.2.2 (b545) Water, Mineral, and Electrolyte Balance Functions.

(b5450) Water Balance

(b54500) Water Retention

(b54501) Maintenance of Water Balance

(54508) Water Balance Functions, Other Specified

(54509) Water Balance Functions, Unspecified

(b5451) Mineral Balance

(b5452) Electrolyte Balance

(b5458) Water, Mineral, and Electrolyte Balance Functions, Other Specified

(b5459) Water, Mineral, and Electrolyte Balance Functions, Unspecified

7.6.2.2.1 Treatment for Water, Mineral, and Electrolyte Balance Functions

- Hypercalcemia

- Hypocalcemia

7.6.2.3 (b550) Thermoregulatory Functions

Inclusions:

Exclusions:

(b5500) Body Temperature

(b5501) Maintenance of Body Temperature

(b5508) Thermoregulatory Functions, Other Specified

(b5509) Thermoregulatory Functions, Unspecified

7.6.2.3.1 Treatment

7.6.2.4 (b555) Endocrine Gland Functions

Inclusions:

Exclusions:

7.6.2.4.1 Treatment

- Hyperthyroidism

- Hypothyroidism

7.6.2.5 (b559) Functions Related to Metabolism and the Endocrine Systems, Other Specified and Unspecified

7.6.2.6 (b598) Functions of the Digestive, Metabolic, and Endocrine Systems, Other Specified

7.6.2.7 (b599) Functions of the Digestive, Metabolic, and Endocrine Systems, Unspecified

7.6.3 Chapter 6 – Genitourinary and Reproductive Functions

7.6.3.1 (b610-b639) Urinary Functions

TR is not generally going to have direct involvement, but will be expected to log, and make accommodations for clients with these issues.

Factors can also include UTI altering behavior from normal patterns, TR will need to keep notes on behavioral changes for any caretakers to be informed about.

If client has difficulty communicating the need to urinate, or difficulty getting to facility for urination, TR will need to be aware of these needs.

TR needs to know:

- Specific urinary function impairments
- Frequency of impairment
- Activities affected by impairment
- Adaptations and recommendations from caretakes

- Treatments that have been initiated and the expected outcome of the treatments
- What level of assistance does the client require

Treatments TR should be aware of:

- Medication that client is taking and what side effects to watch for
- Behavior modification – any observation of changes should be noted and communicated to caretakers.
- Any changes in their toileting routine need to be considered.
- Collection devices used
- Devices used to assist with releases

7.6.3.1.1 (b610) Urinary Excretory Functions

Exclusions:

Inclusions:

7.6.3.1.1.1 (b6100) Filtration of Urine

7.6.3.1.1.2 (b6101) Collection of Urine

7.6.3.1.1.3 (b6108) Urinary Excretory Functions, Other Specified

7.6.3.1.1.4 (b6109) Urinary Excretory Functions, Unspecified

7.6.3.1.2 Treatment for Urinary Excretory Functions

7.6.3.2 (b620) *Urination Functions*

7.6.3.2.1 (b6200) Urination

7.6.3.2.2 (b6201) Frequency of Urination

7.6.3.2.3 (b6203) Urinary Continence

7.6.3.2.4 (b6208) Urination Functions, Other Specified

7.6.3.2.5 (b6209) Urination Functions, Unspecified

7.6.3.2.6 Treatment for Urinary Functions

- Neurological damage
- Congenital malformations
- Urinary tract infections
- Bladder cancer.
- Intoxication.
- Seizures.
- Extreme fear or anxiety.
- Medication
- Cognitive impairments:
- Lack of mobility:
- Communication impairments:

7.6.3.2.6.1 Indwelling Catheter

7.6.3.2.6.2 Straight Catheterizing

7.6.3.2.6.3 Texas Catheter

7.6.3.2.6.4 Urinal

7.6.3.2.6.5 Sanitary Pads for Urination

7.6.3.2.6.6 Importance of Urinary Continence

7.6.3.3 (b630) Sensations Associated with Urinary Functions

7.6.3.3.1 Treatment

7.6.3.4 (b639) Urinary Functions, Other Specified and Unspecified

7.6.3.5 (b640-b679) Genital and Reproductive Functions

7.6.3.6 (b640) Sexual Functions

7.6.3.6.1 Treatment for Sexual Functions

TR will may be informed by caretakers that the client may have some issues related to sexual functions, including personal relationships with other clients, and how sensitive the client is discussing these issues. And may need to modify the campaign appropriately for content related to relationships or even sex that might have been part of a plot or story line, may need to be modified for client sensitivity.

For example, youth gamers, sexual discussion or details of Player Character's actions may not be appropriate.

7.6.3.6.1.1 Male Issues

7.6.3.6.1.2 Female Issues

7.6.3.6.1.3 Both Male and Female Issues

7.6.3.7 (b650) Menstruation Functions

7.6.3.7.1 (b6500) Regularity of Menstrual Cycle

7.6.3.7.2 (b6501) Interval between Menstruation

7.6.3.7.3 (b6502) Extent of Menstrual Bleeding

7.6.3.7.4 (b6508) Menstruation Functions, Other Specified

7.6.3.7.5 (b6509) Menstruation Functions, Unspecified

7.6.3.7.6 Treatment of Menstruation Functions

7.6.3.8 (b660) Procreation Functions

7.6.3.8.1 (b6600) Functions Related to Fertility

7.6.3.8.2 (b6601) Functions Related to Pregnancy

7.6.3.8.3 (b6602) Functions Related to Childbirth

7.6.3.8.4 (b6603) Lactation

7.6.3.8.5 (b6608) Procreation Functions, Other Specified

7.6.3.8.6 (b6609) Procreation Functions, Unspecified

7.6.3.8.7 Treatment for Procreation Functions

7.6.3.9 (b670) *Sensations Associated with Genital and Reproduction Functions*

7.6.3.9.1 Treatment of Sensations Associated with Genital and Reproduction Functions

7.6.3.10 (b679)

7.6.3.11 (b698)

7.6.3.12 (b699)

7.6.4 References

7.7 Chapter 7 – Neuromusculoskeletal and Movement-Related Functions

This area will most significantly impact Live-action RPG. Significant impairment will limit capabilities for computer-based and tabletop, but moderate to light impairment should be easy to work with. In cases of significant impairment, some accommodations may be necessary, some example scenarios will be listed.

Assess muscle endurance functions.

7.7.1.1 (b710-b729) Functions of the Joints and Bones

7.7.1.1.1 (b710) Mobility of Joint Functions

7.7.1.1.1.1 (b7100) Mobility of a Single Joint

7.7.1.1.1.2 (b7101) Mobility of Several Joints

7.7.1.1.1.3 (b7102) Mobility of Joints Generalized

7.7.1.1.1.4 (b7108) Mobility of Joint Functions, Other Specified

7.7.1.1.1.5 (b7109) Mobility of Joint Functions, Unspecified

7.7.1.2 Treatment for Mobility of Joint Functions

7.7.1.2.1 (b715) Stability of Joint Functions

7.7.1.2.1.1 (b7150) Stability of s Single Joint

7.7.1.2.1.2 (b7151) Stability of Several Joints

(b7152)

(b7158)

(b7159)

Treatment for Stability of Joint Functions

(b720) Mobility of Bone Functions

(b7200)

(b7201)

(b7202)

(b7208)

(b7209)

Treatment for Mobility of Bone Functions

(b729) Functions of the Joints and Bones, Other Specified and Unspecified

(b730-b749) Muscle Functions

(b730) Muscle Power Functions

(b7300) Power of Isolated Muscles and Muscle Groups

(b7301) Power of Muscles or One Limb

(b7302) Power of Muscles of One Side of the Body

(b7303) Power of Muscles in Lower Half of the Body

(b7304) Power of Muscles of All Limbs

(b7305) Power of Muscles of the Trunk

(b7306) Power of All Muscles of the Body

(b7308) Muscle Power Functions, Other Specified

(b7309) Muscle Power Functions, Unspecified

Treatment for Muscle Power Functions

Table 15: Manual Muscle Evaluations – Strength

100%	5	N	Normal	Complete range of motion against gravity with full resistance
75%	4	G	Good	
50%	3	F	Fair	
25%	2	P	Poor	
10%	1	T	Trace	
0%	0	0	Zero	
S			Spasm	
C			Contracture	

(b735) Muscle Tone Functions

(b7350) Tone of Isolated Muscles and Muscle Groups

(b7351) Tone of Muscles of One Limb-Kinetic

(b7352) Tone of Muscles of One Side of Body

(b7353) Tone of Muscles in Lower Half of Body

(b7354) Tone of Muscles in All Limbs

(b7355) Tone of Muscles of Trunk

(b7356) Tone of All Muscles of the Body

(b7358) Muscle Tone Functions, other Specified

(b7359) Muscle Tone Functions, Unspecified

Treatment for Muscle Tone Functions

- Flaccidity (or hypotonia)
- Rigidity (or hypertonia)

Warm water (or cooler water) can help loosen some.

(b740) Muscle Endurance Functions

(b7400) Endurance of Isolated Muscles

(b7401) Endurance of Muscle Groups

(b7402) Endurance of All Muscles of the Body

(b7408) Muscle Endurance Functions, Other Specified

(b7409) Muscle Endurance Functions, Unspecified

Treatment for Muscle Endurance Functions

(b749) Muscle Functions, Other Specified and Unspecified

(b750-b789) Movement Functions

(b750) Motor Reflex Functions

(b7500) Stretch Motor Reflex

(b7501) Reflexes Generated by Noxious Stimuli

(b7502) Reflexes Generated by Other Exteroceptive Stimuli

(b7508)

(b7509)

Treatment for Motor Reflect Functions

(b755) Involuntary Movement Reaction Functions

Treatment for Involuntary Movement Reaction Functions

Table 16: Rating System for deep Tendon Reflexes

Numeric Rating	Description of Function
4+	Brisk, hyperactive, clonus
3+	Is more than normal, but does not necessarily indicate a pathologic process, gross functional ability not usually impaired.
2+	Normal
1+	Low normal, with slight diminution in response, having minor impact on functional ability
0	No response

(b760) Control of Voluntary Movement Functions

(b7600) Control of Simple Voluntary Movements

(b7601) Control of Complex Voluntary Movements

(b7602) Coordination of Voluntary Movements

(b7603) Supportive Functions of Arm of Leg

(b7608)

(b7609)

Treatment for Control of Voluntary Movement Functions

Control of Simple and Complex Voluntary Movement

Coordination of Voluntary Movements

Asthenia

Ataxia

Dysdiadochokinesia

Dysmetria

Movement decomposition

Nystogmus

Supportive Functions of the Arm or Mleg

(b765) Involuntary Movement Functions

(b7650) involuntary contractions of Muscles

(b7651) Tremor

(b7652) Tics and Mannerisms

(b7653) Stereotypes and Motor Perseveration

(b7658)

(b7659)

Treatment for Involuntary Movement Functions

Atheotosis

Bradykinesia

Chorea

Choreoathetosis

Dystonia

Hemiballismus

Tremors

Action Tremors

Coarse Tremor

Essential Tremor

Fine Tremor

Intension tremor

Intermittent Tremor

Motofacient tremor

Passive Tremor

Persistenttremor

Resting Tremor

Volitional tremor

(b770) Gait Pattern Functions

Treatment for Gait Pattern Functions

(B780) Sensations related to Muscles and Movement Functions

(b7800) sensation of Muscle Stiffness

(b7801) Sensation of Muscle Spasm

(b7808)

(7809)

(b789) Movement Functions, Other Specified and Unspecified

(b789) Neuromusculoskeletal and Movement-related Functions, Other Specified

(b799) Neuromusculoskeletal and Movement-Related Functions, Unspecified

7.8 Chapter 8 – Functions of the Skin and Related Structures

7.8.1 (b810-b849) Functions of the Skin

7.8.1.1 (b810) Protective Functions of the Skin

7.8.1.2 Treatment for Protective Functions of the Skin

7.8.1.2.1 b820 Repair Functions of the Skin

7.8.1.2.2 Treatment for Repair Functions of the Skin

7.8.1.3 (b830) Other Functions of the Skin

7.8.1.3.1 Treatment for Other Functions of the Skin

7.8.1.4 *b840 Sensation Related to the Skin*

7.8.1.4.1 Treatment for Sensations Related to the Skin

7.8.1.5 *b849 Functions of the Skin, other Specified and unspecified*

7.8.2 b850-b869 Functions of the Hair and Nails

7.8.2.1 (b850) Functions of the Hair

7.8.2.1.1 Treatment for Functions of the Hair

7.8.2.2 (b860) Functions of the Nails

7.8.2.2.1 Treatment for Functions of the Nails

7.8.2.3 (b869) Functions of the Hair and Nails, Other Specified and Unspecified

7.8.2.4 (b898) Functions of the Skin and Related Structures, Other Specified

7.8.2.5 (b899) Functions of the Skin and Related Structures, Unspecified

8.0 Activities and Participation

Attendance - physically in the room, present/ not present, but no indicator as to level of participation.

Participation. Yes you were participating in the activity, you picked up the pencil at the right times, put it down at right times. Your eyes are open and looking up, you're not sleeping, But I really don't know if you're actively engaged in an activity.

Engaged - are they performing and actively engaged in the activity, or just going through the motions or the activities. Are they actually absorbing the material. Will they be able to use it when on their own.

Differentiate between the two terms as a field: recreation and leisure.

Recreation: lumped in with more structured activity. More structure and some sort of benefit. Aka Soccer League.

Leisure: state of mind, going to engage in leisure because I have free time, and whatever I dictate as leisure in my state of mind is what I define as leisure.

I can go home and organize and clean if in my mind that is a state of leisure, then that is leisure to me.

Purpose of ICF, recreation and leisure is activity focus. not much room for the gray area that the client may define as leisure. So ICF defines activity are recreation and leisure,

* CTRS must decide if its more appropriate to score an activity done for pleasure as a recreation and leisure code or use a code that more specifically reflects that specific activity.

If after school activity, associated with the school, it might be more appropriate to code as education.

if they are deriving more benefit in some other area of their life may be coded differently.

Relationship between Activities and Participation and Other ICF Sections

Scoring

General Coding Guidelines

Qualifier Scoring Descriptions

First Qualifier (required)

Meaning of the Score

Key Points

Second Qualifier (required)

Meaning of the Score

Key Points

Third Qualifier (optional)

Meaning of the Score

Key Points

Fourth Qualifier (optional but highly recommended by the authors)

Meaning of the Score

Key Points

Fifth Qualifier

Blended scores

Addition of a Participation Score

8.1 Chapter 1 – Learning and Applying Knowledge

8.1.1 (d110-d129) Purposeful Sensory Experiences

8.1.1.1 (d110) Watching

Treatment for Watching

8.1.1.2 (d115) Listening

Treatment for Listening

8.1.1.3 (d120) Other Purposeful Sensing

Treatment for Other Purposeful Sensing

8.1.1.4 (d129) Purposeful Sensory Experiences, Other Specified and Unspecified

8.1.2 (d130-d159) Basic Learning

8.1.2.1 (d130) Copying

Treatment for Copying

8.1.2.2 (d135) Rehearsing

Treatment for Rehearsing

8.1.2.3 (d140) Learning to Read

Treatment for Learning to Read

8.1.2.4 (d145) Learning to Write

Treatment for Learning to Write

8.1.2.5 (d150) Learning to Calculate

Treatment for Learning to Calculate

8.1.2.6 (d155) Acquiring Skills

Acquiring Skills

Developing basic and complex competencies in integrated sets of actions or tasks so as to initiate and follow through with the acquisition of a skill

Therapists should be careful *not* to use the d920 recreation and leisure code set for leisure skill development because the d920 Recreation and Leisure code set reflects *participation* in a specific activity rather than *acquiring* activity skills

8.1.2.7 (d1550) Acquiring Basic Skills

Learning elementary, purposeful actions
such as learning to manipulate eating utensils, a pencil, or simple tool

8.1.2.8 (d1551) Acquiring Complex Skills

Learning integrated sets of actions so as to follow rules, and to sequence and coordinate one's movements
such as learning to play games like football, or use a building tool.

8.1.2.9 (d1558) Acquiring Skills, Other Specified

8.1.2.10 (d1559) Acquiring Skills, Unspecified

Treatment for Acquiring Skills

8.1.2.11 (d159) Basic Learning Skills, Other specified and Unspecified

8.1.3 (d160-d179) Applying Knowledge

8.1.3.1 (d160) Focusing Attention

Treatment for Focusing Attention

8.1.3.2 (d163) Thinking

Treatment for Thinking

8.1.3.3 (d166) Reading

Treatment for Reading

8.1.3.4 (d170) Writing

Treatment for Writing

8.1.3.5 (d172) Calculating

Treatment for Calculating

8.1.3.6 (d175) Solving Problems

8.1.3.7 (d1750) Solving Simple Problems

8.1.3.8 (d1751) Solving Complex Problems

8.1.3.9 (d1758) Solving Problems, Other Specified

8.1.3.10 (d1759) Solving Problems, Unspecified

Treatment for Solving Problems

8.1.3.11 ***(d177) Making Decisions***

Treatment for Making Decisions

8.1.3.12 ***(d179) Applying Knowledge, Other Specified and Unspecified***

8.1.3.13 ***(d198) Learning and Applying Knowledge, Other Specified***

8.1.3.14 ***(d199) Learning and Applying Knowledge, Unspecified***

8.2 Chapter 2 – General Tasks and Demands

Introduction

Therapeutic Interventions Used for Tasks

8.2.1 (d210) Undertaking a Single Task

Those areas that require step by step thinking process

8.2.1.1 (d2100) Undertaking a Simple Task

8.2.1.2 (d2101) Undertaking a Complex Task

8.2.1.3 (d2102) Undertaking a Single Task Independently

8.2.1.4 (d2103) Undertaking a Single Task in a Group

8.2.1.5 (d2108) Undertaking Single Tasks, Other Specified

8.2.1.6 (d2109) Undertaking Single Tasks, Unspecified

Treatment for Undertaking a Single Task

8.2.2 (d220) Undertaking Multiple Tasks

8.2.2.1 (d2200) Carrying Out Multiple Tasks

8.2.2.2 (d2201) Completing Multiple Tasks

8.2.2.3 (d2202) Undertaking Multiple Tasks Independently

8.2.2.4 (d2203) Undertaking Multiple Tasks in a Group

8.2.2.5 (d2208) Undertaking Multiple Tasks, Other Specified

8.2.2.6 (d2209) Undertaking Multiple Tasks, Unspecified

Treatment for Undertaking Multiple Tasks

8.2.3 (d230) Carrying Out Daily Routine

8.2.3.1 (d2301) Managing Daily Routine

8.2.3.2 (d2302) Completing the Daily Routine

8.2.3.3 (d2303) Managing One's Own Activity Level

8.2.3.4 (d2308) Carrying Out Daily Routine, Other Specified

8.2.3.5 (d2309) Carrying Out Daily Routine, Unspecified

Treatment for Carrying Out Daily Routine

8.2.4 (d240) Handling Stress and Other Psychological Demands

8.2.4.1 (d2400) Handling Responsibilities

8.2.4.2 (d2401) Handling Stress

8.2.4.3 (d2402) Handling Crisis

8.2.4.4 (d2408) handling stress and Other Psychological Demands, Other Specified

8.2.4.5 (d2409) Handling Stress and Other Psychological Demands, Unspecified

Treatment for Handling Stress and Other Psychological Demands

Acute Stress

Chronic Stress

Reactions to Stress

Assessments

Areas of Stress

Contributors to Stress

Clinical Treatment of Stress

Program Ideas

8.2.5 (d298) General Tasks and Demands, Other Specified

8.2.6 (d299) General Tasks and Demands, Unspecified

8.3 Chapter 3 – Communication

Note any deficits. If non-verbal, how is their eyesight? means of communication? levels of impairment in communication. where is the deficit coming from? What is contributing to their inability to receive spoken messages. There are a number of different codes that could create a deficit in

8.3.1 (d310-d329) Communicating - Receiving

8.3.1.1 (d310) Communicating with – Receiving – Spoken Messages

Receiving spoken messages - analysis of what is necessary to receive: hearing ability, functional issues? structural? attention span? codes?

Treatment for Communicating with – Receiving – Spoken Messages

8.3.1.2 (d315) Communicating with – Receiving – Nonverbal Messages

8.3.1.2.1 (d3150) Communicating with – Receiving – Body Gestures

8.3.1.2.2 (d3151) Communicating with – Receiving – General Signs and Symbols

8.3.1.2.3 (d3152) Communicating with – Receiving – Drawings and Photographs

8.3.1.2.4 (d3158) Communicating with – Receiving – Nonverbal Messages, Other Specified

8.3.1.2.5 (d3159) Communicating with – Receiving – Nonverbal Messages, Unspecified

Treatment of Communicating with – Receiving – Nonverbal Messages

8.3.1.3 (d320) Communicating with – Receiving – Formal Sign Language Messages

Treatment for Communicating with – Receiving – Formal Sign Language Messages

8.3.1.4 (d325) Communicating with – Receiving – Written Messages

Treatment for Communicating with – Receiving – Written Messages

8.3.1.5 (d329) Communicating – Receiving, Other Specified or Unspecified

8.3.2 (d330-d349) Communicating – Producing

8.3.2.1 (d330) Speaking

Treatment for Speaking

8.3.2.2 (d335) Producing Nonverbal Messages

8.3.2.2.1 (d3350) Producing Body Language

8.3.2.2.2 (d3351) Producing Signs and Symbols

8.3.2.2.3 (d3352) Producing Drawings and Photographs

8.3.2.2.4 (d3358) Producing Nonverbal Messages, Other Specified

8.3.2.2.5 (d3359) Producing Nonverbal Messages, Unspecified

Treatment for Producing Nonverbal Messages

8.3.3 (d340) Producing Messages in Formal Sign Language

Treatment for Producing Messages in Formal Sign Language

8.3.4 (d345) Writing Messages

Treatment for Writing Messages

8.3.5 (d349) Communication – Producing, Other Specified and Unspecified

8.3.6 (d350-d369) Conversation and Use of Communication Devices and Techniques

8.3.6.1 (d350) Conversation

8.3.6.1.1 (d3500) Starting a Conversation

8.3.6.1.2 (d3501) Sustaining a Conversation

8.3.6.1.3 (d3502) Ending a Conversation

8.3.6.1.4 (d3503) Conversing with One Person

8.3.6.1.5 (d3504) Conversing with Many People

8.3.6.1.6 (d3508) Conversation, Other Specified

8.3.6.1.7 (d3509) Conversation, Unspecified

Treatment for Conversation

8.3.6.2 (d355) Discussion

8.3.6.2.1 (d3550) Discussion with One Person

8.3.6.2.2 (d3551) Discussion with Many People

8.3.6.2.3 (d3558) Other Specified

8.3.6.2.4 (d3559) Unspecified

Treatment for Discussion

8.3.6.3 (d360) Using Communication Devices and Techniques

8.3.6.3.1 (d3600) Using Telecommunication Devices

8.3.6.3.2 (d3601) Using Writing Machines

8.3.6.3.3 (d3602) Using Communication Techniques

8.3.6.3.4 (d3608) Using Communication devices and Techniques, Other Specified

8.3.6.3.5 (d3609) Using Communication Devices and Techniques, Unspecified

Treatment for Using Communication Devices and Techniques

8.3.6.4 (d369) Conversation and Use of Communication Devices and Techniques, Other Specified and Unspecified

8.3.7 (d398) Communication, Other Specified

8.3.8 (d399) Communication, Unspecified

8.4 Chapter 4 – Mobility

8.4.1 (d410-d429) Changing and Maintaining Body Position

8.4.1.1 (d410) Changing Basic Body Position

8.4.1.1.1 (d4100) Lying Down

8.4.1.1.2 (d4101) Squatting

8.4.1.1.3 (d4102) Kneeling

8.4.1.1.4 (d4103) Sitting

8.4.1.1.5 (d4104) Standing

8.4.1.1.6 (d4105) Bending

8.4.1.1.7 (d4106) Shifting the Body's Center of Gravity

8.4.1.1.8 (d4108) Changing Basic Body Position, Other Specified

8.4.1.1.9 (d4109) Changing Basic Body Position, Unspecified

Treatment for Changing Basic Body Position

8.4.1.2 (d415) *Maintaining a Body Position*

8.4.1.2.1 (d4150) Maintaining a Lying Position

8.4.1.2.2 (d4151) Maintaining a Squatting Position

8.4.1.2.3 (d4152) Maintaining a Kneeling Position

8.4.1.2.4 (d4153) Maintaining a Sitting Position

8.4.1.2.5 (d4154) Maintaining a Standing Position

8.4.1.2.6 (d4158) Maintaining a Body Position, Other Specified

8.4.1.2.7 (d4159) Maintaining a Body Position, Unspecified

Treatment for Maintaining a Body Position

8.4.1.3 (d420) Transferring Oneself

8.4.1.3.1 (d4200) Transferring Oneself While Sitting

8.4.1.3.2 (d4201) Transferring Oneself While Lying

8.4.1.3.3 (d4208) Transferring Oneself, Other Specified

8.4.1.3.4 (d4209) Transferring Oneself, Unspecified

Treatment for Transferring Oneself

8.4.1.4 (d429) Changing and Maintaining Body Position, Other Specified or Unspecified

8.4.2 (d430-449) Carrying, Moving, and Handling Objects

8.4.2.1 (d430) Lifting and Carrying Objects

8.4.2.1.1 (d4300) Lifting

8.4.2.1.2 (d4301) Carrying in the Hands

8.4.2.1.3 (d4302) Carrying in the Arms

8.4.2.1.4 (d4303) Carrying on Shoulders, Hip, and Back

8.4.2.1.5 (d4304) Carrying on the Head

8.4.2.1.6 (d4305) Putting Down Objects

8.4.2.1.7 (d4308) Lifting and Carrying, Other Specified

8.4.2.1.8 (d4309) Lifting and Carrying, Unspecified

Treatment for Lifting and Carrying Objects

8.4.2.2 (d435) *Moving Objects with Lower Extremities*

8.4.2.2.1 (d4350) Pushing with Lower Extremities

8.4.2.2.2 (d4351) Kicking

8.4.2.2.3 (d4358) Moving Objects with Lower Extremities

8.4.2.2.4 (d4359) Moving Objects with Lower Extremities, Unspecified

Treatment for Moving Objects with Lower Extremities

8.4.2.3 (d440) Fine Hand Use

8.4.2.3.1 (d4400) Picking Up

8.4.2.3.2 (d4401) Grasping

8.4.2.3.3 (d4402) Manipulating

8.4.2.3.4 (d4403) Releasing

8.4.2.3.5 (d4408) Fine Hand Use, Other Specified

8.4.2.3.6 (d4409) Fine Hand Use, Unspecified

Treatment for Fine Hand Use

8.4.3 Chapter 5 – Self-Care

8.4.4 Chapter 6 – Domestic Life

8.4.5 Chapter 7 – Interpersonal Interactions and Relationships

8.4.5.1 (d710-d729) *General Interpersonal Interactions*

8.4.5.1.1 (d710) Basic Interpersonal Interactions

- 8.4.5.1.1.1 (d7100) Respect and Warmth in Relationships**
- 8.4.5.1.1.2 (d7101) Appreciation in Relationships**
- 8.4.5.1.1.3 (d7102) Tolerance in Relationships**
- 8.4.5.1.1.4 (d7103) Criticism in Relationships**
- 8.4.5.1.1.5 (d7104) Social Cues in Relationships**
- 8.4.5.1.1.6 (d7105) Physical Contact in Relationships**
- 8.4.5.1.1.7 (d7108) Basic Interpersonal Interactions, Other Specified**
- 8.4.5.1.1.8 (d7109) Basic Interpersonal Interactions, Unspecified**

Treatment for Basic Interpersonal Interactions

8.4.5.1.2 (d720) Complex Interpersonal Interactions

8.4.5.1.2.1 (d7200) Forming Relationships

Need to find others with the same interests. For example other Role-playing gamers interested in tabletop RPG.

Can be helpful for clients that enjoy role-playing gaming, and client needs to improve some of their social interaction skills. Through the game hoping to develop skills to self-regulate when around others.

The participants also may need to be interested in the same game systems, and often the same game settings, genres like Sci Fi versus Fantasy, Mystery versus Horror, etc. as well as sometimes specific campaign settings, Arthurian versus Star Wars, Mystery! versus Call of Cthulhu or Supernatural.

Though not required to be identical interests, the more similarities, the better chance for a stronger connection with the others, and more likely to be tolerant of the others in the interest of continuing the game sessions. You probably do not want several players that love Sci-fi but hate fantasy, and then a few other players that feel the inverse. In such a case, might want to go with a more neutral setting, lets say they all have some enjoyment of Westerns, so use that as the common ground for the setting instead.

The participants need to overcome the initial awkwardness of properly greeting initially complete strangers, but that fortunately have at least the common interest of the game.

8.4.5.1.2.2 (d7201) Terminating Relationships

Every group has participants come and go over time. Some times there is a pre-planned end determined in advance for everyone, or specific individuals, sometimes other reasons lead to the need for participants to leave. Or if the group is completely voluntary, a participant may decide that this particular activity or group just isn't their "cup of tea". They need to know how to considerately express their desire to leave, or their reasons why they are considering leaving. If they decide to leave, doing so in a congenial fashion, and not in a "flaming out" way by making a scene, or sending mass flame mail, etc.

8.4.5.1.2.3 (d7202) Regulating Behaviors withing Interactions

Over time as they get to know each other at game sessions, even at the beginning, in a group of participants there can be VERY strong personality differences that need to be worked with. Some will have more overbearing or argumentative interests, while others will have more reserved or passive approaches. Each participant will have to work out what is the correct way to approach the other participants in a way that will be conducive to the glow of the activity, rather than interrupt and detract from the flow.

Understanding about the others being in a different place emotionally or otherwise, and being tolerant and patient with the others in waiting for decisions and responses. Or if one is being impulsive at the risk of the imaginary adventuring group, the other group members knowing how to help dissuade that player/character from acting on the impulse, and listening to the others, in a way that doesn't make the player defensive.

8.4.5.1.2.4 (d7203) Interacting According to Social Rules

8.4.5.1.2.5 (d7204) Maintaining Social Space

8.4.5.1.2.6 (d7208) Complex Interpersonal Interactions, Other Specified

8.4.5.1.2.7 (d7209) Complex Interpersonal Interactions, Unspecified

Treatment for Complex Interpersonal Interactions

8.4.5.1.3 (d729) General Interpersonal Interactions, Other Specified and Unspecified

8.4.5.2 (d730-d779) Particular Interpersonal Relationships

8.4.5.2.1 (d730) Relating with Strangers

Treatment for Relating with Strangers

8.4.5.2.2 (d740) Formal Relationships

8.4.5.2.2.1 (d7400) Relating with Persons in Authority

8.4.5.2.2.2 (d7401) Relating to Subordinates

8.4.5.2.2.3 (d7402) Relating to Equals

8.4.5.2.2.4 (d7408) Formal Relationships, Other Specified

8.4.5.2.2.5 (d7409) Formal Relationships, Other Unspecified

Treatment for Formal Relationships

8.4.5.2.3 (d750) Informal Social Relationships

8.4.5.2.3.1 (d7500) Informal Relationships with Friends

8.4.5.2.3.2 (d7501) Informal Relationships with Neighbors

8.4.5.2.3.3 (d7502) Informal Relationships with Acquaintances

8.4.5.2.3.4 (d7503) informal Relationships with Co-inhabitants

8.4.5.2.3.5 (d7504) Informal Relationships with Peers

8.4.5.2.3.6 (d7508) Informal Social Relationships, Other Specified

8.4.5.2.3.7 (d7509) Informal Social Relationships, Unspecified

Treatment for Informal Social Relationships

8.4.5.2.4 (d760) Family Relationships

8.4.5.2.4.1 (d7600) Parent-Child Relationships

8.4.5.2.4.2 (d7601) Child-Parent Relationships

8.4.5.2.4.3 (d7602) Sibling Relationships

8.4.5.2.4.4 (d7603) Extended Family Relationships

8.4.5.2.4.5 (d7608) Family Relationships, Other Specified

8.4.5.2.4.6 (d7609) Family Relationships, Unspecified

Treatment for Family Relationships

8.4.5.2.5 (d770) Intimate Relationships

8.4.5.2.5.1 (d7700) Romantic Relationships

8.4.5.2.5.2 (d7701) Spousal Relationships

8.4.5.2.5.3 (d7702) Sexual Relationships

8.4.5.2.5.4 (d7708) Intimate Relationships, Other Specified

8.4.5.2.5.5 (d7709) Intimate Relationships, Unspecified

Treatment for Intimate Relationships

8.4.5.2.6 (d779) Particular Interpersonal Relationships, Other Specified and Unspecified

8.4.5.2.7 (d798) Interpersonal Interactions and Relationships, Other Specified

8.4.5.2.8 (d799) Interpersonal Interactions and Relationships, Unspecified

8.4.6 Chapter 8 – Major Life Areas

8.4.7 Chapter 9 – Community, Social, and Civic Life

Defining the Term “Engaging”

8.4.7.1 (d910) Community Life

8.4.7.1.1 (d9100) Informal Associations

8.4.7.1.2 (d9101) Formal Associations

8.4.7.1.3 (d9102) Ceremonies

8.4.7.1.4 (d9108) Community Life, Other Specified

8.4.7.1.5 (d9109) Community Life, Unspecified

Treatment for Community Life

8.4.7.2 (d920) Recreation and Leisure

8.4.7.2.1 (d9200) Play

Participation in a tabletop role-playing gaming group as a player for recreation rather than specific therapy: D920 Recreation & Leisure - d9200 Play - "Engaging in games with rules.... such as playing chess or cards..."

While RPG could also be placed under Community Life because there are many formalized RPG clubs, meetings, and conventions, the most common, and more casual form is a group of players that regularly meet, typically once per week for several hours at a participants home for a tabletop role-playing game session. This is structured play.

8.4.7.2.2 (d9201) Sports

8.4.7.2.3 (d9202) Arts and Culture

8.4.7.2.4 (d9203) Crafts

8.4.7.2.5 (d9204) Hobbies

8.4.7.2.6 (d9205) Socializing

8.4.7.2.7 (d9208) Recreation and Leisure, Other Specified

8.4.7.2.8 (d9209) Recreation and Leisure, Unspecified

Treatment for Recreation and Leisure

8.4.7.3 (d930) Religion and Spirituality

8.4.7.3.1 (d9300) Organized Religion

8.4.7.3.2 (d9301) Spirituality

8.4.7.3.3 (d9308) Religion and Spirituality, Other Specified

8.4.7.3.4 (d9309) Religion and Spirituality, Unspecified

Treatment for Religion and Spirituality

Components of Spiritual Growth

Benefits and Interventions

Summary

8.4.7.4 (d940) Human Rights

Treatment for Human Rights

8.4.7.5 (d950) Political Life and Citizenship

Treatment for Political Life and Citizenship

8.4.7.6 (d998) Community, Social, an Civic Life, Other Specified

8.4.7.7 (d999) Community, Social, and Civic Life, Unspecified

9.0 Environmental Factors

9.1 Chapter 1 – Products and Technology

9.1.1.1.1 Chapter 2 – Natural Environmental and Human Made Changes to Environment

9.1.1.1.2 Chapter 3 – Support and Relationships

9.1.1.1.3 Chapter 4 – Attitudes

9.1.1.1.4 Chapter 5 – Services, Systems, and Policies

10.0 Section 4: Recreational Therapy Issues

10.1 *Equipment*

10.1.1 Role-playing Gaming Equipment

10.1.1.1 *CRPG - Computer-based Role-playing Gaming Equipment*

10.1.1.2 *LARP - Live-action Role-Playing Gaming Equipment*

10.1.1.3 *RPG – Tabletop Role-playing Gaming Equipment*

10.2 *Concepts*

10.2.1 Basic Awareness of Self as Part of Socialization

10.2.2 Consequences of Inactivity

10.2.3 Gait

10.2.4 Maslow's Hierarchy of Needs

10.2.5 Metabolic Equivalents

10.2.6 Nervous System

10.2.7 Participation

10.2.8 Precautions

10.2.9 Psychoneuroimmunology

10.2.10 Social Skills Development

10.3 *Techniques*

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10.3.2 Activity and Task Analysis

10.3.3 Activity Pattern Development

10.3.4 Adjustment in Disability

10.3.5 Americans with Disabilities Act Education

10.3.6 Anger Management

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10.3.8 Behavior Manipulation

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10.3.10 Boundaries

10.3.11 Community Accessibility Training

10.3.12 Community Leisure Resource Awareness

10.3.13 Community Problem Solving

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10.3.17 Energy Conservation Training

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10.3.20 Integration

10.3.21 Interpersonal Relationship Activities

10.3.22 Lifestyle Alteration Education

10.3.23 Motor Learning and Training Strategies

10.3.24 Neuroplasticity

10.3.25 Oxygen

10.3.26 Personal Leisure Resource Awareness

10.3.27 Pie of Life

10.3.28 Proverbs

10.3.29 Relaxation and Stress Reduction

10.3.30 Self-Esteem

10.3.31 Sensory Stimulation

10.3.32 Skin Breakdown

10.3.33 Social Skills Training

**10.3.34 Transitioning a Client from Inpatient Rehabilitation to a
 Communal Environment**

10.3.35 Transfers

10.3.36 Vital Signs

10.3.37 Walking Techniques

10.3.38 Wheelchair Mobility

10.4 Assessments

11.0 Appendices

11.1 *Appendix A: The ICF Model*

11.2 *Appendix B: Common Therapy Abbreviations*

11.3 *Appendix C: Anatomical Orientation/Positioning*

11.4 Appendix D: Common Role-playing Gaming Terms, Abbreviations, and Examples

11.5 Appendix E: Example Specific RPG (& other) Program Plans

11.5.1 Population: Autism Spectrum Disorders (ASD/PDD) / Pervasive Developmental Disorders

11.5.1.1 *abletop RPG as a Modality for Therapeutic / Educational Intervention for ASD Youth & Adults to Develop Civic Resources Knowledge & Skills*

<http://rpgr.org/blog/first-prototype-of-tabletop-rpg-for-therapeutic-intervention>

This prototype was reviewed and play-tested by Professor Emily Messina, Director of the Therapeutic Recreation for Eastern Washington University.

A 1940s Gumshoe Detective-style mystery set in urban Chicago.

The ASD guardians would like Hawke Robinson to come to Tacoma to implement this program plan, but due to the logistics (he resides in Spokane Washington on the other side of the state), has not yet been able to implement this program. The PAVE group does not have a formal facility, they utilize churches and other ASD guardians' homes for some activities, but generally arrange to meet at facilities for activities periodically. This is one of the reasons why [The RPG Research Trailer](#) would be very useful in helping to actually implement programs such as this.

11.5.1.2 Using Live-Action Role-Playing Adapted Activities for ASD Toddlers

<http://rpgr.org/blog/creating-larp-program-for-autistic-toddlers>

This program plan was implemented in a single trial with ASD toddlers and their neurologically normal peer group.

Program plan development and implementation previewed, monitored, and reviewed by program members, volunteers, classmates, and Professor Emily Messina, Director of the Therapeutic Recreation Department for Eastern Washington University. The LARP program run simultaneously in parallel to several other activity programs created by other groups, in a large gym/dance-hall. Participants rotated from group-to-group every 15 minutes. While participants lost focus/interest in all the non-LARP activities within an average of 5 minutes (indicated typical by the ASD program's representatives), when the participants engaged in the LARP-adapted activities other results were immediately observed and comment upon by the ASD program representatives.

Immediately observed results during program implementation:

- Noted immediate reduction in presentation of significant stereotypical behaviours (hand-flapping, fixation, distraction, lack of response/interaction to/with others, etc.) during the activities using RPG-based activities compared to those activities without
- Better positive experiences with cooperative engagement using RPG-based activities than those without
- Better success rates at completing all tasks cooperatively with RPG approach compared to non-RPG activities (all but one participant completed all tasks successfully, and all maintained attention and focus for full duration of a 15 minute session rotation, compared to average of only 5 minutes for all the other groups running non-RPG-related activities.
- Noted improvement in interaction and communication with other participants when using the RPG-related adapted activities than those without.
- Better response and success rates in complying with instructions to correctly complete multi-staged activities.

11.5.1.3 *Recreation Therapy-related Program Plan Using Role-playing Gaming to Prepare Autism Spectrum Disorder (ASD) Youth & Adults to Use the Metropolitan Bus*

<http://rpgr.org/blog/using-role-playing-games-for-autism-spectrum-participants>

Program plan utilizes tabletop and live-action role-playing game sessions to help Autism Spectrum Disorder (ASD) participants build up confidence and competence toward improved autonomy through use the public transit system.

This adventure activity begins by using tabletop RPG for phase I, and then Live-action role-playing (LARP) (actually using the buses) for the final phase II.

The original version of this program plan was reviewed by Professor Emily Messina, Director of the Therapeutic Recreation for Eastern Washington University.

It has also been reviewed by the Tacoma PAVE Group for addition to their programming schedule. The ASD guardians would like Hawke Robinson to come to Tacoma to implement the program plan, but due to the logistics (he resides in Spokane Washington on the other side of the state), has not yet been able to implement this program. The PAVE group does not have a formal facility, they utilize churches and other ASD guardians' homes for some activities, but generally arrange to meet at facilities for activities periodically. This is one of the reasons why [The RPG Research Trailer](#) would be very useful in helping to actually implement programs such as this.

If you know of other programs with similar approaches (using RPG for ASD), please let me know, and I will gladly add a link and/or add your information.

11.5.2 Population: Deaf and Hard of Hearing

11.5.2.1 **RPG for the Deaf & Hard of Hearing**

Details pending, online overview here:

<http://rpgr.org/documents/rpg-research-project/rpg-adapted-for-the-deaf-using-asl>

“Hands-On-Adventure” - (ASL signed role playing gaming) - Role-Playing Gaming Adapted for the Deaf Using - American Sign Language - by W.A. Hawkes-Robinson - (c) 2007 - Revised for Creative Commons 2012-10-01

“Hands-On-Adventure”

(ASL signed role playing gaming)

Role-Playing Gaming Adapted for the Deaf Using American Sign Language

by W.A. Hawkes-Robinson

RPG Research Project Document ID: #RPGR-A00007-20111212b-part-1.cc

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Role-Playing Gaming Adapted for the Deaf Using American Sign Language by [W.A. Hawkes-Robinson](#) is licensed under a [Creative Commons Attribution-ShareAlike 4.0 International License](#).

Based on a work at <http://www.rpgrresearch.com/documents/rpg-research-project/rpg-for-deaf-using-asl>. Permissions beyond the scope of this license may be available at <http://www.rpgrresearch.com/disclaimers>.

11.5.2.1.1 **Overview**

Provide a social activity to deaf, hard of hearing, and any signing-capable (hearing) participants through a social recreational event to help reduce isolation and encourage interaction in a cooperative, fun, team/friendship-building series of activities using role-playing gaming with American Sign Language (ASL).

RPGs (Role Playing Games) meet this goal by providing an unprecedented range of benefits for a leisure activity, including: social cooperation with diverse peoples/cultures/backgrounds on common goals, leadership, walking in others' shoes/experiences, religions, histories, languages/linguistics, multicultural mythologies, learning to follow the rules while also "thinking outside of the box", intellectual challenges (math, reasoning, problem solving), technical and creative reading/writing, many types of engineering and sciences, demographics, warfare tactics and strategies, past and present architecture and technologies, creative areas such as theatrics/acting and many other social, creative, and intellectual benefits.

11.5.2.1.2 **Appropriate Setting**

Safe, quiet, comfortable, non-distracting room, or outdoor setting. Seating reasonably close enough and sufficient lighting for everyone to see each others' signing. Seating usually best in the shape of a circle or a square rather than a rectangle so signing can be seen by all fairly equally (compared to long rectangle making it a bit more difficult to see everyone).

11.5.2.1.3 Population

Deaf and hard of hearing, or anyone who can sign in ASL (or any signing language) with sufficient proficiency. Ages can range in groups from 8 to 13, 14 to 21, and 21 on up. Both male and female can equally participate.

11.5.2.1.4 Explanation of activity

- Participants gather around a table for an interactive shared imaginary adventure(s) using just paper, pencil, dice, agreed-upon rules/game-system and their imaginations.
- In this particular variation of the role playing gaming theme, an added difference is that participants will be using sign language to communicate rather than verbal communication.
- Also for maximum therapeutic benefit the adventure setting must be cooperative not competitive, and all participants must play “good” aligned characters rather than “neutral” or “evil” alignment.
- The game referee/narrator, commonly known as the Game Master meets with the players in a comfortable setting around a table, or anywhere they find comfortable, and begins with a description of the imaginary setting.
- An example game start: *"You and your friends have just walked into the courtyard of an ancient building. The courtyard is approximately forty feet square. The walls, built of a tan colored stone material apparently indigenous to the area, are built to the points of the compass. They are about thirty feet high. You entered from an opening in the south wall. You see the north wall has some stairs going up, and the east wall on your right has what appears to be a solid metal door hanging open on rusted hinges. The walls are crumbling in places, and much is overgrown with ivy and weeds. In the center is a large fountain about fifteen feet high in what appears to be the form of a series of three flower-like terraces. Surprisingly, the fountain is currently spouting clear and cool-looking water. Viewing the water, you're more acutely aware of how dry your mouths are after the long day's hike to arrive here, with no water previously in sight. The wind is picking up as a storm from the south, with lightning and dark clouds gathering, quickly approaches. It is getting colder by the minute. What do you do?"*
- At this point, those playing in the game each take turns telling the GM and the other players what actions they take. Some will have mundane results, others could have surprising consequences. Dice are used to simulate the random events that can occur in life. For example, someone may decide to climb the stairs, there are some loose steps, and depending on how agile the player's made-up "character" is, with a roll of the dice, that character may leap to the top unscathed, or may have a bit of a fall to deal with. Of course, there also could be trouble in the form of "ill-intentioned bandits" lurking within the entrance of the door to dispense with...

Activity costs

Entry/participation is free. Food and beverages will be provided by sponsors and/or participants in a “pot luck” style to share with other participants.

11.5.2.1.5 Leadership necessary

One person to play the role of referee/narrator, also known as Game Master or Dungeon Master (GM or DM). Typically a ratio of 1 GM per 1-8 “players”.

11.5.2.1.6 Equipment

Required equipment:

- Table(s)
- Chairs (enough for GM and as many players participating)

- Paper
- Pencils
- Polyhedron dice
- Player and GM rulebooks

Optional additional equipment can include:

- Gridded and/or hexagonal “battle mats”
- Miniature figurines.

11.5.2.1.7 Evaluation procedures

GM and participants fill out evaluation forms provided at the end of each gaming session covering mostly subjective information. Additionally event organizers fill out a form related to statistics and other measurable areas.

The questionnaire would include for example (see attached sample combined evaluation form):

- Rating of fun factor
- Level of interaction with others
- Comfort level
- Number of participants and type
- Level of opportunity for involvement
- Challenge level
- Suggestions for improvements
- Ratios of hearing, deaf, etc.

11.5.2.1.8 Suggested sponsors

EWDHHC (Eastern Washington Deaf and Hard of Hearing Center)

- Could providing gaming facilities
- Could provide ASL translators if non-hearing participants a little weak in ASL

Could generally promote the event(s)

Merlyn's Games & Hobbies

- Provide gaming facilities
- Could provide prizes
- Provide gaming materials

Hobbytown

- Could provide gaming facilities
- Could provide prizes - such as a miniature used to represent their player character
- Could provide gift certificate for discount on role playing gaming purchases.

11.5.2.1.9 CODES:

TODO

11.5.2.2 *Other Activities for Deaf & Hard of Hearing*

TODO

11.5.3 Population: Traumatic Brain Injury

Revision for this document pending, for now online example available:

<http://rpgr.org/documents/rpg-research-project/rpg-for-tbi-using-rt>

11.5.3.1 *RPGR-A00011b Hypothetical Therapeutic Recreation Program Plan for Clients with Traumatic Brain Injury Using Role-Playing Games as Therapy - SHORT-VERSION-20130331m-cc*

“Hypothetical Therapeutic Recreation Program Plan for Clients with Traumatic Brain Injury Using Role-Playing Games as Therapy” Essay (short version) - INTERVENTIONS. March 11th, 2013. The RPG Research Project. <http://www.rpgrresearch.com>. by W.A. Hawkes-Robinson (c) 2013. Revised for Creative Commons License Release: March 31st, 2013.

“Hypothetical Therapeutic Recreation Program Plan for Clients with
Traumatic Brain Injury Using Role-Playing Games as Therapy”

Essay (short version)

INTERVENTIONS

March 11th, 2013

The RPG Research Project

<http://www.rpgresearch.com>

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Hypothetical Therapeutic Recreation Program for Clients with Traumatic Brain Injury Using Role-Playing
Games as Therapy Essay (Short Version)

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<http://www.rpgresearch.com/documents/rpg-research-project/RPG-for-TBI-short-essay.pdf>.

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11.5.3.1.1 Overview

After consultation with the family and care-takers, it is determined that prior to injury, one of the client's favorite activities included various forms of role-playing games (RPGs). The client mostly preferred tabletop, but had dabbled with both computer-based and live-action forms. As the client slowly regains various levels of functioning, modified versions of RPGs can be presented in which the client may participate to stimulate neurological recovery.

While other therapies are assumed to be undertaken in parallel, this document will focus on the use of therapeutic recreational techniques in treating the client, specifically using variants of role-playing games, with various modifications as warranted to fit specific client needs, throughout different stages of impairment and recovery.

One of the major obstacles in writing this section is that role-playing games appear to have not yet been considered by many health professionals as a potential therapeutic intervention, let alone specifically the recreation therapy industry in the USA. I have had multiple dialogues in person and via websites, with various RT professionals, many with decades of experience, and in speaking with them, they never even considered, or ever heard of anyone considering, using any version of role-playing games for therapeutic intervention. The closest I have been able to find included drama therapy, and standard game therapy, but nothing in the full form of “role-playing game therapy”. There are a few possibilities outside of the United States, and there are a number of educational programs using RPG's, so this document is purely hypothetical in the proposed interventions for TBI clients, but is based on closely similar approaches, but using the structure of RPG forms. Hopefully some recreation therapists will attempt these in the future and report on the results and modifications necessary for maximal efficacy.

Not counting purely experimental research projects, after researching and searching worldwide now for several

years, there appears to only be one actual ongoing RPG-related *therapy* program that I have found to date, and this is in Israel through the Romach group (<http://www.lance.co.il/>). (Update: Their program ended in the Spring of 2015, due to the store closing where they provided sessions.) Unfortunately the site is completely in Hebrew, though I have had some dialog with them in English through email.

There are however any number of educational programs using role-playing games for instructional purposes, including the Danish public high school (Østerskov Efterskole - <http://rpgr.org/blog/osterskov-efterskole-danish-public-high-school-teaching-all-subjects-using-larp>) with an entire curriculum taught using live-action role-playing (LARP). Because using RPG as a therapeutic intervention is not (yet) established for TBI, every effort was made in this document to extrapolate likely scenarios matching the use of related activities, expected implementations, and outcomes, using hypothetical suggestions based on the information to be gleaned from the aforementioned areas.

11.5.3.1.2 Applicable Therapeutic Recreation Interventions

When the client is actually in the coma and at the Rancho Los Amigos Cognitive Level I, RT is not able to implement anything in the way of an interactive intervention. However, once the client is out of the coma, even at just Rancho Los Amigos Cognitive Levels II & III, the RT can begin to implement various modifications of role-playing games as a recreation therapy intervention.

Initially the client is too disoriented and has such significant cognitive and memory impairment that using the “Choose Your Own Adventure” CYOA form of RPG is probably contraindicated, but after just a few days, when the functioning is closer to b11428.2, and within a week around b11428.1. At this stage the client *may* be able to engage in “let’s pretend” imaginary scenarios and differentiate from the real and imagined situations. Though the client has memory issues, and may not remember every detail from 30 seconds to a few minutes ago, the exercises could still be useful for stimulating “neuro-plasticity” related recovery. The client may need repetition and occasional reminders, but is now potentially ready to begin the CYOA form of RPG TR treatment.

Though the client had previously enjoyed and participated in RPGs, he/she did not do so constantly, so it is not believed to be an “over-learned leisure skill”(Porter, p 144), so that it may still be a reasonable activity for monitoring and assessment of overall recovery.

11.5.3.1.3 Intervention #1 - Tabletop RPG Modification - Choose Your Own Adventure for Severe TBI-related impairments

Once the client is out of the coma, and rated at just Rancho Los Amigos Cognitive Levels II & III (able to open eyes in response to stimuli such as a spoken request or physical touch) (Burlingame, 2002), the RT can begin to implement various modifications of role-playing games as a recreation therapy intervention. At this stage, the RT could begin to implement the most rudimentary of RPGs, the Choose Your Own Adventure (CYOA) form. As long as the client can make a binary/Boolean responses indicating yes or no, whether verbally, by number of eye blinks, hand squeeze, or other method, the client potentially qualifies for participation in this therapeutic intervention.

11.5.3.1.4 Example CYOA Process

After establishing that the client meets sufficient cognitive functioning, and determining that client has a sufficient means of response and interaction with the recreation therapist, the RT asks the client, “Would you like to play a simple version of a role-playing game?”. “Squeeze/blink once for yes, two for no.” Client indicates yes...

“This adventure is set in Chicago during the 'Roaring '20's'. It is a mystery-style adventure.”

Of course any genre/setting will work.

“You will have three characters you can choose from. I will first list the three options, then I will ask you which one you prefer as I go through the list a second time. You will then indicate 'yes' when I mention the character you want.”

“You may choose to play: 1. A Police Detective, 2. A Private Eye, 3. An Investigative Reporter.”

“Would you like me to repeat that list again?” (yes/no)

“Have you decided which option to pick from those 3 choices?” (yes/no)

When the client indicates “yes” to being ready to choose, the RT states, “I will now repeat those three choices. Squeeze once for yes when you hear the option you want.”

Client squeezed yes for “Private Eye”.

“You selected 'private eye', is that correct?”. (yes/no).

The RT continues, “You have chosen Private Eye, is that correct?” Client confirms with single squeeze/blink.

The RT continues, “The story unfolds as follows. An old man has come to your office. A family heirloom has been stolen from his house. The police have no leads, but he says everyone knows that you, as the ace private detective that you are, can use alternate channels to find things the police can't or won't....”

If the client is continuing to be responsive to this form of modified RPG, and if it is deemed appropriate, as the client's functional level continues to improve, the client's family, friends, and caretakers may be able to engage the client in continuing the “adventure” when the RT is not around.

11.5.3.1.5 Needs addressed by intervention

This intervention addresses a number of the diagnosis A&P codes, some of which include:

- d163 Thinking
- d310 Communication with - receiving – spoken messages.
- d1750 Solving simple problems
- d177 Making decisions
- d9200 Play

11.5.3.1.6 Common Settings

Any environment that is relatively quiet and distraction free, allowing the client to focus on listening to the storyteller's voice.

11.5.3.1.7 Equipment Needed

No special equipment required. TR might need a Choose Your Own Adventure Book, or else a prepared adventure outline or script.

11.5.3.1.8 Program Adaptations

Using hand-squeeze or eye-blink with Boolean-only (yes/no) questions for the client to answer (one squeeze/blink for yes, two squeezes/blinks for no). As client progresses, may be able to use simple multiple choice questions instead of only Boolean choices.

11.5.3.1.9 Examples of intervention

After spending hours searching, I was unable to find any existing programs using this exact form of intervention. This intervention meets the requirements for activities addressing the functional impairments listed, but so far I am unable to find any research information or current programs that have tried this approach.

The closest match I could find was an article about the Lincoln University (Snow, 2009) program requested by the Missouri National Guard using a “choose your own adventure” style interactive computer video (Hemmerly-Brown, 2010) for military personnel suffering from suicide due to complications from PTSD and TBI. I was not able to find a second program that was even remotely relevant.

11.5.3.1.10 Program Name

The Home Front interactive video.

11.5.3.1.11 Location

Online: http://www.army1.army.mil/hr/suicide/videos/HomeFront_New/the-home-front/index.html

11.5.3.1.12 Description of clients served

For at-risk military personnel to attempt to reduce the levels of depression and suicide from personnel recovering from PTSD , TBI, and other causes.

11.5.3.1.13 Qualifications of program facilitator

Basic computer and online skills. Typical therapeutic background.

11.5.3.1.14 How I found this program

Lengthy search for any kind of “choose your own adventure” and “Traumatic brain injury” through many books and online resources.

11.5.3.1.15 Intervention #2 - Computer-based RPG Use and Modifications for Client With TBI

Client is now at Rancho Rating IV+. Though client's cognitive functioning is now higher, the client's ability to communicate is still significantly limited. Based on client's current functioning, it is recommended to have the client try using a mouse (or Wii-mote) to participate in a computer-based RPG that is turn-based rather than real-time. The client is able to move and click both buttons on a mouse, can see the computer screen clearly, and has enough cognitive functioning to interact in the game at a much higher level than before.

As client slowly regains various levels of functioning, modified versions of RPG will be presented in which the client may participate.

Client will initially use a mouse with large buttons to interact with computer. This requires the functioning of at least one arm, hand, and finger, as well as usable visual capacity. The compute-based RPG should initially be turn-based, using the mouse and then using Wii-mote later as grasping improves.

Client with click on various options, direct the digital character to take certain actions, and solve various levels of simple to complex problems.

11.5.3.1.16 Needs addressed by intervention

In addition to addressing some of the previous codes in intervention #1, this also addresses:

- d1751 Solving moderately complex problems
- d440 general fine hand use
- d4401 grasping development.

11.5.3.1.17 Example CRPG Process

Client's functional arm (and hand/finger(s)) are placed upon the mouse (or later Wii-mote as grasping capacity develops). The client navigates on screen prompts to develop character, and then guides the character through the many challenging scenarios in the game.

11.5.3.1.18 Common Settings

In this scenario, ICU or long-term care facility, but potentially usable anywhere that has a computer.

11.5.3.1.19 Equipment Needed

A computer with screen, mouse, and installed software. Optional Internet connection.

11.5.3.1.20 Program Adaptations

Different means of interaction with the computer through different interfaces.

11.5.3.1.21 Examples of intervention

There are a number of programs using computer games as interventions for many needs, including TBI recovery, though I was not able to find specific mentioning of computer-based RPGs specifically, it is not a difficult stretch to extrapolate the benefits. The closest I found was an online game created by Jane McGonigal (2010) that experienced post-TBI depression and created the game to help herself recover. I had heard some of the NPR interview about this, and was able to track that down (Flato, 2011).

11.5.3.1.22 Program Name

Jane the Concussion Slayer by Jane McGonigal & Co.

11.5.3.1.23 Location

Online: <https://www.superbetter.com/about>

11.5.3.1.24 Description of clients served

Clients that enjoy computer games that will benefit from stimulus to help recovery from illness or injury, including traumatic brain injury. The program was created when the creator experienced a TBI, and was struggling to recover, creating games she found helped her, and other's, recovery process.

11.5.3.1.25 Qualifications of program facilitator

Some computer skills, recreation or other similar therapy background.

11.5.3.1.26 How I found this program

Web searches for any computer-based games aiding recovery of TBI patients.

11.5.3.1.27 References

Burlingame, J. & Blaschko, T.M. (2002). *Assessment tools for recreational therapy and related fields* (3rd edition). Ravensdale, WA: Idyll Arbor.

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11.5.3.2 Other Brain Injury RPG Therapy Program Examples

Contributions from others are welcomed!

11.5.4 Population: At-Risk Youth

11.5.4.1 *Activity Program for At-Risk Youth, Includes LARP-related Activities - “Extreme Medieval Sports”*

Details Pending. Online overview available here: <http://rpgr.org/documents/rpg-research-project/extreme->

[medieval-sport](#)

11.6 *Relevant Essays on Role-Playing Games, RPG for Education,
RPG for Therapy*

11.6.1 **RPGR-A00004 Role-playing Games Used as Educational and
Therapeutic Tools for Youth and Adults**

<http://rpgr.org/documents/rpg-research-project/role-playing-games-used-as-educational-and-therapeutic-tools-for-youth-and-adults>

11.7 ***Glossary***

11.8 ***Bibliography***

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