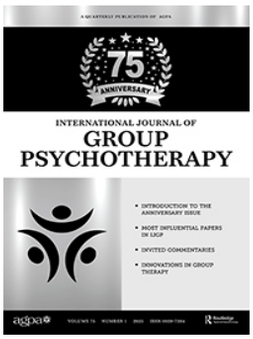

International Journal of Group Psychotherapy

ISSN: (Print) (Online) Journal homepage: www.tandfonline.com/journals/ujgp20

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To cite this article: Allison R. Battles, Robert A. Curland & Patrick J. Cruitt (28 Mar 2025): A Pilot Evaluation of a Therapeutically Applied Tabletop Role Playing Game Group Therapy Among Veterans, International Journal of Group Psychotherapy, DOI: 10.1080/00207284.2025.2454666

To link to this article: https://doi.org/10.1080/00207284.2025.2454666

International Journal of Group Psychotherapy, 00: 1–24, 2025

ISSN: 0020-7284 print/1943-2836 online
DOI: https://doi.org/10.1080/00207284.2025.2454666

A Pilot Evaluation of a Therapeutically Applied Tabletop Role Playing Game Group Therapy Among Veterans

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ABSTRACT

Social connectedness is a fundamental human need that is thwarted by chronic loneliness. The therapeutic application of role-playing games (TA-RPG) has the potential to promote social connection and flourishing by providing opportunities to work on mental health through immersive, collaborative storytelling. The purpose of this discussion is to describe the pilot implementation and evaluation of a TA-RPG group at VA medical center. Four group cycles were conducted over 18 months. Sixty-five percent of those who initiated the group completed treatment, attending an average of 11 out of 12 sessions. Qualitative analyses identified themes of perceived benefit and impactful group processes. Participants reported a high degree of satisfaction. These preliminary findings suggest that TA-RPGs may be a viable and engaging group therapy approach for fostering connection.

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Chronic loneliness can diminish social and communicative capacities, reinforcing unhelpful life patterns. Individuals with mental health struggles are particularly at risk for reduced positive social connections due to avoidance and withdrawal (Chou et al., 2011; Orsmond et al., 2013). Loneliness increases the risk for poor health and well-being resulting in depression, low self-esteem, and impaired daily functioning (Lee, 2014; Ong & Allaire, 2005). Recognizing these negative impacts has led to viewing social disconnection as a public health issue and emphasizing interventions that increase social connection (Office of the Surgeon General [OSG], 2023). Group psychotherapy is well-suited for combating interpersonal disconnection and has been shown to improve well-being, notably among those experiencing depression and anxiety (Barkowski et al., 2020; Burlingame et al., 2003).

Due to its social nature, group therapy offers unique opportunities for learning and change through feedback, observation, imitation, and practice of new adaptive behaviors (Fuhriman & Burlingame, 1994; Piper, 2008; Yalom & Leszcz, 2020). However, people often gravitate toward individual therapy and are reluctant to engage in group settings (Piper, 2008; Sharp et al., 2004; Shechtman & Kiezel, 2016). One contributing factor may be the way that the therapeutic interventions is delivered. Experiential interventions tend to be more effective than social skills training delivered in clinical settings (Mikami et al., 2017). Programs targeting social skills are often deficit-based and focus on increasing participants' ability to display neurotypical social behaviors, which can discount peoples' lived experiences and prioritize cultural majority norms (Bottema-Beutel et al., 2018; Milton, 2012). Interactive forms of group therapy stimulate greater engagement, improving overall outcomes (Yalom & Leszcz, 2020).

A new interactive form of group therapy uses role-playing games, like *Dungeons & Dragons* (D&D), therapeutically. This discussion details the pilot development and evaluation of a therapeutically applied role-playing game (TA-RPG) group therapy implemented at a large Midwest Veterans Affairs (VA) medical center.

Therapeutically-Applied Role-Playing Games

While the therapeutic potential of play is not new, there is a resurgence of interest in using tabletop role-playing games (TTRPGs), like D&D, in therapy (Abbott et al., 2022; Blackmon, 1994; Connell, 2023; Gutierrez, 2017; E. D. Kilmer et al., 2023; Rosselet & Stauffer, 2013; Zayas & Lewis, 1986). TA-RPGs are a transtheoretical approach that layers a gaming system onto established psychotherapy interventions, making the role-playing game the mechanism for delivering evidence-based therapies (Boccamazzo & Connell, 2020; Connell, 2023; E. D. Kilmer et al., 2023). They are founded on intentional interactions between clinician and clients, creating a collaborative and engaging role-playing narrative where participants maintain a therapeutically beneficial relationship with the game elements (E. D. Kilmer et al., 2023).

Tabletop role-playing games are creative, interactive storytelling experiences where participants role-play fictional characters and work together to overcome narrative obstacles. TA-RPGs use the game environment and play-based narrative transference (the projection of thoughts and feelings onto game elements) to provide an imaginative experiential learning approach for participants to practice intrapersonal and interpersonal skills, including mentalization, which can increase psychological flexibility and empathy (Bowman, 2010; Daniau, 2016; Henrich & Worthington, 2021; J. N. Kilmer, 2018; Rivers et al., 2016). Through role-playing, participants collaborate to create a compelling story, overcome challenges, and form meaningful connections in character and as a group (E. D. Kilmer et al., 2023). TA-RPG groups integrate in-game therapeutic play with therapeutic discussion and instruction. Emphasizing a social flourishing model that focuses on cultivating meaningful relationships, setting appropriate boundaries, building confidence in social interactions, and enhancing self-efficacy (Fredrickson & Losada, 2005; E. D. Kilmer et al., 2023; Seligman, 2011), TA-RPGs work to support individuals' authentic personhood and encourage values-consistent engagement (Davis et al., 2020). The game serves as a mechanism for implementing evidenced-based therapies, allowing groups to be tailored to an array of goals and informed by a variety of theoretical orientations, such as Acceptance and Commitment Therapy and Narrative Therapy (Connell, 2023; E. D. Kilmer et al., 2023). By first

grounding into evidence-based practices, TA-RPGs can then overlay the gameplay onto the therapeutic goals and interventions; for example, if a group member wants to improve initiating conversations, the facilitator might create an in-game scenario where the member's character must approach and engage another character, providing a safe, structured environment for practice that can then be reinforced through discussion or direct skill instruction after gameplay.

Facilitators weave theoretical conceptualizations and techniques into gameplay and group processing to provide therapeutic opportunities (Connell, 2023). The role-playing environment is low risk compared to reality, allowing players to experiment with new solutions and ways of being without fear of real-world consequences. TA-RPGs are theorized to reduce depression and anxiety by increasing participation in intrinsically rewarding behaviors through a shared and valued activity (E. D. Kilmer et al., 2023). Participants engage in increased interactions, providing opportunities to observe others in a controlled setting. Through the experiential, social learning nature of TA-RPG, group participation can enhance social flourishing and connectedness.

We examined TA-RPG's feasibility and acceptability by developing and evaluating a pilot telehealth-based TA-RPG group at a large Midwest VA medical center. This discussion presents the resulting program evaluation findings from four cohorts. The group used the *Dungeons & Dragons* 5th Edition system (D&D 5e; Crawford et al., 2014) and was theoretically grounded in an integrative approach that combined Yalom's therapeutic factors (Yalom & Leszcz, 2020), Tuckman and Jensen's (1977) stages of group development, and the social flourishing model (Seligman, 2011) with Acceptance and Commitment Therapy (Hayes et al., 2011) and Narrative Therapy (Combs & Freedman, 1996; Erbes et al., 2014; White, 2007).

METHODS

Procedures

Roll for Recovery, a therapeutically applied role-playing game (TA-RPG) group, was piloted during the first author's predoctoral internship and postdoctoral residency at a large Midwest VA

Medical Center. A program evaluation was conducted between February 2020 and July 2021 to examine feasibility and acceptability. Two doctoral-level licensed clinical psychologists supervised the group's development and implementation. The group was facilitated by the psychology intern/postdoctoral resident and a licensed clinical psychologist, while the other psychologist supervised the program development and evaluation methodology.

The evaluation employed four Plan-Do-Study-Act (PDSA; Taylor et al., 2013) cycles, an evidence-based quality improvement method involving small tests of change and subsequent examination of group modifications. Each PDSA cycle included planning, implementing, studying results, and making modifications (Agency for Healthcare Research and Quality, 2020). Approval was obtained from administrative, executive, and research bodies, and all participants provided informed consent per the Minneapolis VA's Institutional Review Board guidelines.

The group's approach was informed by a literature review on the therapeutic application of role-playing games, group psychotherapy, drama therapy/psychodrama, and social flourishing models of care. Due to sparse peer-reviewed literature on TA-RPGs and the lack of published protocols or training methods at the time, facilitators consulted with relevant subject-matter experts. A transtheoretical approach was developed (see below), and the group adopted a 12-session, closed-cohort format. Recruitment occurred from January 2020 to March 2021 via emailed flyers and presentations to mental health providers during interprofessional team meetings. Over the 16-month period, 48 individuals were referred; 23 were enrolled across four development cycles, with each group consisting of six participants. The group sessions were conducted virtually using HIPAA-compliant telehealth software and a virtual tabletop gaming platform to enhance engagement in the imagined story.

Group Objectives & Theoretical Orientation. The Roll for Recovery group aimed to enhance participants' social flourishing and connectedness (Seligman, 2011). A transtheoretical approach was utilized, incorporating Yalom's therapeutic factors (Yalom & Leszcz, 2020), Tuckman and Jensen's stages of group development (Tuckman & Jensen, 1977), and the social flourishing model (Fredrickson &

Losada, 2005; Seligman, 2011) to inform group development and progression. This theoretical framework was woven into the gameplay narrative through in-game encounters (interactions between players, non-player characters (NPCs; characters played by facilitators), and the narrative world) and group processing

Facilitators incorporated participation structures throughout the group to encourage engagement, reflection, and insight (E. D. Kilmer et al., 2023). For example, in the therapeutic narrative, characters are often cast as heroes who rescue NPCs and uplift communities; providing natural opportunities for altruistic acts, such as standing up for an NPC who is being bullied, supporting fellow characters during combat encounters, and offering emotional support in the group setting. The gameplay integrates group objectives with individual and character goals to support participants' self-efficacy and self-esteem.

Clinical Process and Approach. Initial clinical chart reviews and phone screenings were conducted and participants were informed that the group uses D&D to improve social skills and connectedness. Exclusion criteria included unstable psychiatric medication, active psychosis, mania, or substance use, poor reality testing, history of inappropriate group interactions, and high risk of suicide or violence. Referred participants were placed on a first-come, first-served basis. Those who screened positive met with facilitators for a 90-minute pre-group evaluation to assess clinical needs, therapeutic goals, and readiness for group. Once fit was confirmed, participants were instructed on therapeutic character creation—an important tool in TA-RPGs that integrates group members' goals into their character's personality and growth arc. Additional individual sessions were provided for those needing more assistance.

Participants engaged in 12 weekly, two-hour group sessions with 90 minutes dedicated to in-game therapeutic play using D&D 5e followed by 30 minutes of processing the game experience and its real-life parallels through interpersonal discussions. During therapeutic gameplay, one facilitator served as the "Game Master" (GM), orchestrating the narrative, portraying NPCs, guiding encounters, and integrating therapeutic elements into the storyline. Group member engaged by role-playing their characters, collaboratively responding to the unfolding story, overcoming obstacles, and

forming bonds as a team (E. D. Kilmer et al., 2023). The first group session, coined "session zero," gathered consent, set expectations, established safety procedures, and introduced characters and the narrative world. Consent included restrictions on harmful or discriminatory language and procedures for addressing such incidents.

The group used both the game space and group processing for therapy. Participants pursued therapeutic goals by portraying characters, collaborating on storytelling, and interacting with fellow group members. Facilitators design intentional therapeutic encounters to help players address specific goals, such as developing assertive communication, identifying unhelpful social patterns, and enhancing problem-solving. A post-game transition technique involved identifying a "player-of-the-game," recognized for making a meaningful or memorable contribution. Post-process discussions explored interrelationships among group members, facilitators, and their characters, as well as parallels to personal lives. Principles and techniques from Acceptance and Commitment Therapy (ACT; Hayes et al., 2011) and Narrative Therapy (Combs & Freedman, 1996; Erbes et al., 2014; White, 2007) were integrated to inform gameplay and process interventions. Facilitators used ACT to help players achieve therapeutic goals by fostering growth in the hexaflex areas and employed Narrative Therapy to assist participants in separating from problem-saturated self-stories and connecting with preferred self-narratives.

Facilitators. The group was facilitated by two clinicians: a psychology intern/postdoctoral resident (Facilitator 1) with five years of training in group therapies, and a licensed clinical psychologist (Facilitator 2) specializing in serious mental illness with eight years of group therapy experience. Neither had implemented a TA-RPG before but were familiar with TTRPGs through personal experience. They conducted literature reviews and consulted subject-matter experts throughout the evaluation. Facilitator 1 also completed a three-part training program on TA-RPG methods with a nonprofit organization. Each facilitator had distinct roles in supporting the group's therapeutic process. Facilitator 1 served as the therapeutic GM, focusing on narrating the story, integrating therapeutic themes, and co-facilitating post-game discussions. Facilitator 2 acted as the co-

therapeutic GM, assisting with gameplay mechanics, addressing character questions, supporting therapeutic discussions, and leading post-game processing.

Measures

This pilot examined the feasibility and acceptability of a TA-RPG group at a VA medical center. Participants' expectations and experiences were assessed using semi-structured clinical interviews conducted 2–3 weeks before and 1–2 weeks after group participation. Standardized sentence completion questions assessed participants' goals and expectations before group and their experiences afterward, including helpful and unhelpful elements and suggestions for improvement. In cycles two through four, a modified 8-item Client Satisfaction Questionnaire (CSQ; Larsen et al., 1979) with good internal consistency ($\alpha = .94$) was administered post-group. The CSQ was sent the day the group concluded and was completed anonymously via Qualtrics.

Participants

A total of 23 individuals participated in four cycles over a 16-month recruitment period. Initially, 48 individuals were referred: 30 by staff psychologists, 9 by social workers, 5 by psychiatrists, 3 by psychology trainees, and 1 by a nurse. Of these, 9 declined due to lack of interest, 7 did not meet inclusion criteria, 3 joined later cohorts, 7 were interested but unable to participate, and 4 did not respond. The enrolled participants consisted of 19 male-identifying, 3 female-identifying, and 1 nonbinary individual. Racially, 1 identified as African American, 2 as Latinx, 2 as Native American, 1 as Asian American, 2 as Multiracial, and 14 as European American. Ages ranged from 23 to 57 years ($M = 38.17$, $SD = 9.68$). Participants were not required to have a specific diagnosis; diagnoses included posttraumatic stress disorder, major depressive disorder, generalized anxiety disorder, bipolar disorder, and schizophrenia spectrum disorders. Of the 23 enrolled, 65% ($n = 15$) completed the group, attending an average of 11 out of 12 sessions. Reasons for discontinuation are

detailed below. Among completers, 13 participated in the post-group questionnaires and interviews.

Cycles of Group Development

Cycle One. Originally designed as an in-person group with seven members, Cycle One shifted online after two sessions due to COVID-19. Five participants elected to continue via telehealth. The 12-session schedule proceeded smoothly despite occasional audio issues. This cycle introduced selecting a weekly "player-of-the-game" to foster bonding and encourage sharing. Challenges arose when one member's impulsive in-game actions led to conflict with others. Conflict management strategies informed by Yalom and Leszcz (2020) were employed, focusing on identifying and reflecting on the affective experience in the present moment and encouraging perspective-taking, feedback, and alignment with therapeutic goals. Despite processing the conflict, the member discontinued, stating they had gained the desired benefits and awareness of their impact on others. Remaining members discussed impact on group dynamics. In response to members' clinical needs, group was extended to 14 sessions, limited by the first author's schedule. Four members completed the group, and their feedback informed future developments.

Cycle Two. Cycle Two began in September 2020 during the first author's post-doctoral year, replicating Cycle One with enhancements for engagement. The group size was reduced to six to accommodate telehealth and improve communication. Pre-group procedures were updated so that pre-group interview and character creation occurred in two separate sessions, allowing for more hands-on assistance and better integration of therapy goals into character design. In-game storytelling was adjusted based on feedback from Cycle One and the new group's preferences. Facilitators continued using post-game player nominations to foster group cohesiveness and instill hope. Unlike the extended 14-session Cycle One, Cycle Two returned to 12 sessions based on consultations with TA-RPG experts and time constraints in the training year.

Three participants discontinued prematurely. Two had an undisclosed romantic relationship, and outside relational issues resulted in one leaving after session two and the other after session four; one transferred to the next cycle, and the other felt the group did not fit their therapy goals. A therapeutic rupture occurred with another member during session nine. Although conflict management strategies were employed, the member ultimately chose to discontinue. The remaining participants discussed the impact of these departures on group cohesion. Post-group interviews and a newly added modified Client Satisfaction Questionnaire (CSQ) indicated that these challenges did influence the overall experience and group dynamics.

Cycle Three. Cycle Three began in December 2020 with a 12-session telehealth format. In November 2020, a nonprofit organization developed a TA-RPG training method and the first author started the three-part training series. Content from the training, including improv-based narrative construction and collaborative worldbuilding techniques, was integrated. Participation criteria was updated to exclude those with documented antisocial tendencies, and guidelines explicitly discourage external relationships among group members during the active group. Two members discontinued after session three: one required a higher level of care, and the other faced technology issues that hindered engagement. Feedback was gathered using same methods.

Cycle Four. Cycle Four began in March 2021 with a 12-session telehealth format. The first author continued participating in the TA-RPG training series and group consultations. This cycle introduced opening transition questions to deepen character development. For example, members were asked, "*You find a satchel of 1000 gold on the ground. What do you do with it and why*?" Two members discontinued early: one left after session four due to a perceived lack of fit, and another left after session eight following in-group conflict involving their use of harmful, derogatory language and refusal to acknowledge its impact. Despite efforts to address issue via conflict management strategies, the member chose to leave but provided feedback. Cycle Four concluded with four members, and feedback was gathered using the same procedures.

Data Analyses

Rates of referrals and mean scores on the adapted CSQ were used to assess the group's feasibility within a VA setting. Treatment completion rate served as a marker for acceptability; participants were considered "successful completers" if they attended at least 75% of sessions and "discontinued prematurely" if they left before completion or missed more than 25% of sessions. Participants' subjective expectations and experiences were examined through semi-structured interviews conducted before and after the group.

Qualitative responses from post-group interviews were analyzed using bottom-up thematic analysis following Braun and Clarke (2006). Two raters independently reviewed responses to standardized sentence completion items: "I believe this group helps with:" and "The most helpful part of this group is:." Responses were broken down into utterances to identify recurring themes. Raters developed a list of themes, cross-examined utterances, and created a coding manual. They then independently coded the responses; as individual responses could contain multiple themes, they were coded accordingly. Themes related to perceived benefits (Table 1) and helpful

Table 1. Description of Themes on Perceived Benefits of the Roll for Recovery Group

Theme	Definition	Representative Quote	*N*	%	Kappa
Insight	The individual gained insight into themselves, their behavior, and social patterns, and engaged in meaningful self-reflection.	"Self-reflection and it helped me think about how my patterns and ways of reacting impact other people. It helped me become more active and hands-on."	8	57	1.00
Socialization	Opportunities to form social connections, feel a sense of belonging to a community, or share with others.	"Meeting people and forming new relationships"	14	100	0.92
Skill Development	Gaining various skills in the areas of coping strategies and social skills.	"Communication skills, conflict management skills"	10	71	0.83

Table 2. Description of Themes on Helpful Components of the Roll for Recovery Group

Theme	Definition	Representative Quote	N	%	Kappa
Peer Interactions	Group members found the interactions with their peers to be therapeutic and instrumental in their growth. This could be through in-game interaction that promoted reflection or hearing the responses of other group members.	"Self-reflection and it helped me think about how my patterns and ways of reacting impact other people. It helped me become more active and hands-on."	8	57	1.00
Facilitator Interactions	Group members found interactions with facilitators or other facilitators actions to be helpful.	"The group facilitators were fantastic"	5	36	0.87
Group-Specific Components	Group members perceived benefit from Roll for Recovery-specific components, such as the post-game process, transition questions, etc.	"The post-group discussion helped solidify learning."	10	71	0.94
In-Game Mechanics/ Roleplaying	Group members found engagement with game mechanics and gameplay to be helpful. Group members may have also found roleplaying or other character-based play helpful.	"It felt relaxed during gameplay and took me out of my daily grind/routine."	6	43	0.82

group mechanisms (Table 2). Interrater reliability ranged from 0.82 to 1.00, and any disagreements were resolved through discussion with reference to the coding manual.

RESULTS

The Roll for Recovery group achieved a 65% completion rate, with completers attending an average of 11 out of 12 sessions. This rate was comparable to other groups at the site; for example, a 10-session ACT group had a 68% completion rate with an average attendance of 7.6 out of 10 sessions, and an 8-session Anger Management group had a 60% completion rate with 6.4 out of 8 sessions attended. Reasons for premature discontinuation in current group included lack of perceived fit or interest ($n = 4$), need for more intensive services ($n = 2$), and group rupture ($n = 2$). Those who discontinued were three female-identifying and five male-identifying individuals, ages 23–55 ($M = 39.75$, SD = 10.11), identifying as European American ($n = 4$), multiracial ($n = 1$), African American ($n = 1$), and Latinx ($n = 1$).

Of those who completed, 13 participated in post-group interviews. In cycles two through four, 91% ($n = 10$) responded to the post-group satisfaction questionnaire, reporting an average score of 57.1 out of 63, with all respondents rating themselves as mostly satisfied or better. Group satisfaction increased over time, rising from cycle two to cycle three and remained steady in cycle four ($M = 31$). Participants identified the post-game processing and a sense of connection with other group members (both $n = 7$; 77.8%) as the most helpful aspects. They reported the group helped most with social skills ($n = 7$; 77.8%), personal awareness ($n = 7$; 77.8%), and trust ($n = 6$; 66.7%).

Thematic analysis of 14 responses regarding perceived benefits revealed themes of socialization (forming relationships; $n = 14$; 100%), skill development (coping strategies; $n = 10$; 71%), and insight (understanding one's behavior; $n = 8$; 57%). No differences between cycles were observed. Participants reported that the post-game processing ($n = 10$; 71%), in-game mechanics/roleplaying elements ($n = 6$; 43%), and peer interactions ($n = 8$; 57%) were the most helpful part of group. The sample size was too small to determine if demographic or other variables influenced responses.

DISCUSSION

TA-RPGs offer a novel avenue for psychotherapy to stimulate social flourishing and connection. This discussion described the development, procedures, and evaluation of a pilot TA-RPG group implemented in a VA setting. Veterans were interested and excited about the group and reported the experience as satisfying and helpful. The completion rate was 65%, comparable to other groups at the site (60% and 68%). Completers attended an average of 11 out of 12 sessions (92%), indicating higher commitment to this group than that seen in the ACT group (average 7.6 out of 10 sessions) and Anger Management group (average 6.4 out of 8 sessions). Participants noted growth in social skills, personal awareness, and trust. These findings suggest that TA-RPGs are a promising and engaging approach to delivering evidence-based group therapy.

Feasibility and Acceptability

Veterans showed strong interest and willingness to engage in the Roll for Recovery group, with 48 referrals during the recruitment year—exceeding the group's capacity and averaging 3.2 referrals per month, even without active recruitment. This suggests notable provider and patient interest, possibly due to the group's novelty and patients' existing interest in gaming. The high referral rate surpassed program expectations, particularly since group therapy interest in this setting has historically been low (Mott et al., 2014; Seal et al., 2012).

The use of games in therapy builds on the longstanding presence of games in the U.S. Armed Forces. Games can serve as a tool to teach skills, foster camaraderie, and enhance teamwork and decision-making (Samčović, 2018; Smith, 2010). Leveraging this interest, the TA-RPG group bridged gaming with evidence-based therapy. Among participants, 83% had previous D&D experience, which likely increased their willingness to participate. The remaining 17% had no prior gaming experience but were interested in fantasy or science fiction, suggesting that such interests may enhance participation and benefits in a TA-RPG group.

The Roll for Recovery group had a 65% completion rate, comparable to other groups at the site and other VAs (Erbes et al., 2009;

Strom et al., 2013). Completion rates improved over time, likely due to refinements in the group process. After the second cycle, the team clarified objectives, expectations, and exclusion criteria to address previous conflicts. The first author also completed a formal TA-RPG training program, integrating methods like narrative improv, collaborative worldbuilding, and opening transition questions into cycles three and four. While satisfaction appeared to increase after these changes, further exploration is needed to understand their impact fully.

Group engagement was high, with members attending an average of 11 out of 12 sessions—higher than other groups at the site. Participants often expressed looking forward to sessions and wanting to support fellow members. TA-RPGs foster a unique dynamic through dual engagement in therapy and gameplay. Participants influence collaborative narrative outcomes and have agency over their in-game actions, fostering commitment and connection as they rely on one another more than in traditional group therapies. This experiential process fosters the practice of intrapersonal and interpersonal skills, including perspective-taking, and enhances psychological flexibility and empathy (Bowman, 2010; Daniau, 2016; J. N. Kilmer, 2018; E. Kilmer et al., 2024; Rivers et al., 2016). While the group may not suit everyone, those who resonate with it may experience greater immersion.

Participant characteristics are important when evaluating the group experience. The most common diagnoses were depressive disorders, with high comorbidity—15 of 23 participants had multiple active mental health concerns. Thirteen had service-connected mental health disabilities, and six had service-connected physical health concerns. Differences emerged between completers and those who discontinued: 71% of those who left had a history of psychiatric hospitalization compared to 54% of completers, and all who discontinued had a mental health-related service-connected disability. This is consistent with prior research that demographic factors, like race/ethnicity, gender, and disability status, may influence noncompletion (Garcia et al., 2011; Gros et al., 2011; Mott et al., 2014; Rizvi et al., 2009). Willingness to engage in collaborative storytelling and role-playing may also impact the group experience, though data on this is lacking. Future evaluations should

explore individual and group factors influencing engagement, cohesion, and completion.

Satisfaction

Participants reported enjoying their experience in the Roll for Recovery group, with all rating themselves as mostly satisfied. The group's development followed a PDSA process, enhancing each cycle based on feedback, literature, and additional training to improve member experience. Modifications included improved orientation through better descriptions of the group process, enhanced group and game safety procedures, and more opportunities for collaborative worldbuilding to stimulate cohesion. Although small group sizes prevented statistical comparisons, later cycles appeared to show greater satisfaction and higher completion rates.

Members noted that specific components—particularly post-game processing and opportunities to connect with peers—contributed to their satisfaction. Post-game processing is important in TA-RPGs, allowing members to unpack gameplay experiences and recognize parallels between their characters and themselves. During this time, they explored thoughts and feelings about in-game actions, reflecting on both personal and character reactions and patterns. Conversations employed an Interpersonal Process style, informed by Narrative Therapy and ACT principles, encouraging reflection, deconstructing assumptions, and exploring preferred self-narratives. For instance, one member's in-game frustration with a riddle led to insights about real-life frustration tolerance during post-processing, with supportive feedback from peers. This emphasis on examining parallels between game and real life enhanced the transferability of experiences, suggesting benefits beyond those of a non-therapeutic gaming group.

Connection with peers was also identified as a helpful component. The gameplay required members, as their characters, to face challenges collaboratively, fostering teamwork and cooperation. Their characters, which were intentionally created with therapeutic goals in mind to stimulate experiential learning, had unique backstories and traits that influenced interactions. Members worked together as a team, contributing their characters' unique skills to overcome

obstacles. This encouraged accountability and active therapeutic engagement. These interactions fostered a unique group relationship different from traditional therapy groups, enhancing the therapy experience and increasing members' sense of connection and satisfaction.

These perceived benefits align with the group's intentions and existing research. Studies in other VA settings have found TA-RPG groups associated with greater investment in and adherence to treatment, along with improvements in frustration tolerance, self-esteem, confidence, connections with others, and empathy (J. N. Kilmer, 2018; E. D. Kilmer & Kilmer, 2019; Roy, 2019). Non-VA evaluations report similar positive outcomes; Abbott et al. (2022) found increased social confidence and transfer of skills to personal lives. In the Roll for Recovery group, two cohorts chose to continue playing together after therapy, indicating enduring relationships and the impact of TA-RPGs on social connection both in therapy and beyond.

Clinical Implications and Future Research

This evaluation presents promising but preliminary findings on the utility of TA-RPGs. With loneliness recognized as a pressing global health threat (WHO, 2023) and its mortality effects comparable to smoking 15 cigarettes a day (OSG, 2023), TA-RPGs offer a novel way to integrate the connective benefits of games with psychotherapy. As a transtheoretical approach (E. D. Kilmer et al., 2023), TA-RPGs allow providers to overlay gaming mechanisms onto their clinical competencies, enabling providers from diverse backgrounds to implement them within their scope of practice. Training on TA-RPGs is expanding, offering more opportunities for providers to learn, use, and evaluate this treatment strategy.

Future research should investigate specific mechanisms of change in the TA-RPG process. Given their adaptability with various therapy approaches, TA-RPGs can target different treatment outcomes. Research should aim to better understand these outcomes and how different aspects of the treatment impact group cohesion and effectiveness. Using interpersonally focused measures, such as the Inventory of Interpersonal Problems (Horowitz et al., 2000), and

group therapy measures, like the Group Climate Questionnaire (MacKenzie, 1983), is recommended. Evaluating the impact of implementation strategies (e.g., virtual vs. in-person) is also valuable. Inspecting provider and client factors will help identify who may benefit most, highlight possible challenges, and enhance the group by considering the intersection of various identities. Exploring the role of culture is critical to ensure TA-RPGs are provided with cultural humility and to prevent replicating oppressive narratives within the group space. Since participants differed in prior TTRPG experience, which likely affected engagement, future research should examine the impact of both the chosen gaming system and participants' prior exposure to that style of play, and how this may influence outcomes.

Limitations

Several factors limit the generalizability and strength of the current findings. Since the group was implemented with veterans within the VA healthcare system, results may not generalize to other populations or settings. The sample size was small due to group capacity and evaluation timeline constraints; future research would benefit from larger samples, possibly by running multiple cohorts simultaneously, to increase statistical power. Another limitation is the lack of measures assessing interpersonal functioning, group cohesion, or engagement. Additionally, the intervention was continually adapted using PDSA cycles, raising questions about the comparability of different cohorts. Future studies would benefit from greater standardization to assess meaningful differences between groups. Safety procedures could also be improved using established guidelines (Connell, 2023; E. D. Kilmer et al., 2023).

CONCLUSIONS

Therapeutically applied role-playing games (TA-RPGs) represent a novel area of clinical development. This evaluation examined the implementation and experience of a pilot TA-RPG group in a VA setting. Findings highlight the feasibility and acceptability of such a group, along with strong participant satisfaction. Future research is needed to understand TA-RPG group outcomes, mechanisms

contributing to clinical effectiveness, and factors influencing individual engagement and satisfaction. These early findings support the viability of this treatment method in enhancing social connection and empowered recovery.

ACKNOWLEDGMENTS

This material is the result of work supported with resources and the use of facilities at the Minneapolis VA Health Care System, Minneapolis, MN. We would like to acknowledge the unique contributions of Drs. Thomas Quinlan and Christopher Erbes. The content of this article is solely the responsibility of the authors and does not necessarily represent the official views of the Department of Veterans Affairs. We also acknowledge the use of OpenAI's ChatGPT (GPT-4) for assistance with editing. ChatGPT was utilized solely to reduce wordiness, improve clarity, and correct grammar. All content and ideas within the manuscript remain the original creation of the listed authors.

DISCLOSURE STATEMENT

No potential conflict of interest was reported by the author(s).

FUNDING

All authors' contribution to this manuscript is the result of work supported with resources and the use of facilities at the Minneapolis VA Health Care System, Minneapolis, MN. RAC's contribution was additionally supported with resources at the Edward Hines Jr. VA Hospital, Chicago, IL. The views, opinions, and/or findings contained in this article are those of the authors and should not be construed as an official US Department of Veterans Affairs or any other federal agency position, policy, or decision unless so designated by other official documentation.

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