

# Larp in Cognitive Behavioral Psychotherapy: Presentation of a Standardized Training Program and its Current Evaluation

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## Abstract

Role play is a foundational component of established forms of psychotherapy such as psychodrama (Kipper 1992). Recent literature has indicated the similarities between *live action role playing (larp)* and psychotherapy (Diakolambrianou 2021, Burns 2014, Fatland 2016, Linnamäki 2019, Mendoza 2020). In *cognitive-behavioral therapy (CBT)*, which is one of the most widespread therapeutic approaches, role play is an important tool for developing desired target behavior (Fliegel 2020). This also applies to so-called skills groups in CBT. One form of these skills groups is the group training of social skills (*Gruppentraining sozialer Kompetenzen: GSK*) (Hinsch and Pflingsten 2015). Some literature has highlighted the similarities between role-playing methods used in CBT-oriented skills groups and larp (Aschenbrenner 2013, Balzer 2008). A standardized form of CBT-oriented larp in the sense of a clinical manual does not yet exist. This poster presents the developmental process and potential contents of a CBT-oriented larp training and a possible evaluation method, with a sample of young adults suffering from a mental disorder.

## Background

- Interpersonal problems occur in companion of most mental disorders (Segrin 2001) like
  - depression (Huprich et al. 2016)
  - social anxiety (Tonge et al. 2020)
- Social skills training as a tool for solving interpersonal problems is therefore indicated as part of therapy for many different mental disorders (Hollin and Trower 2013).
- Role-playing is most often a component of these skills trainings, such as in GSK where clients practice the skills learned in therapy in certain types of role-playing situations.
- Social skills trainings in the sense of CBT should always have a multimodal effect, on the following levels (Bauer and Pflingsten 2015):
  - behavioral
  - physical
  - cognitive
  - emotional
- Then the learning effect is probably maximum.
- The parallels between CBT role-playing games and larp can also be found here: these levels are also all activated at the same time in a larp (Cierjacks 2002).
- Some authors combine larp and psychotherapy with other therapeutic approaches than CBT (Diakolambrianou 2021).
- There is promising empirical evidence for the feasibility of larp as social skills training (Jensen 2022).

### Research Interest:

- There is no standardized CBT-style larp so far.
- There is also no scientific evaluation of this.
- We have developed such a program and implemented it with patients and we are currently evaluating it.
- The research question is: **Can a cbt-style larp improve social skills and thereby mitigate symptoms of mental disorders?**

## The Therapeutic Training

The CBT larp is designed to be performed as a therapy intervention with the following properties:

- it should be only adjuvant in an ongoing therapy
- ambulant or during treatment in a healthcare facility.
- group therapy with 5 to 9 participants
- participants don't need any experience with role-playing
- at least one therapist (and future game master): must have a qualification as a behavioral therapist
- takes place in a highly structured way, with the help of worksheets that were developed for the CBT larp (**figure 1**)
- The whole process is shown in **chart 1**. For a more detailed presentation of the program see Bartenstein (2022a and 2022b).

- **3 preparatory sessions** (each 90 min.):
- the goal for the game is mainly for each player: *Try out 1 to a maximum of 3 new behaviors in-role.*
- **Session 4:** the actual larp training
  - in a suitable place (classic fantasy setting in the forest)
  - duration: about 5 hours
  - the plot contains situations that challenge individual aspects of social skills, e.g. enforcing one's rights
  - NPCs are all also trained professionals from the field of education or therapy: all are principally available for supportive talk during the game, one therapist is main contact person
  - end of the training session: plenary session with all patients, the therapist and the NPCs for feedback to each individual
- the program then includes **two follow-up sessions:** the focus is on the transfer into everyday life

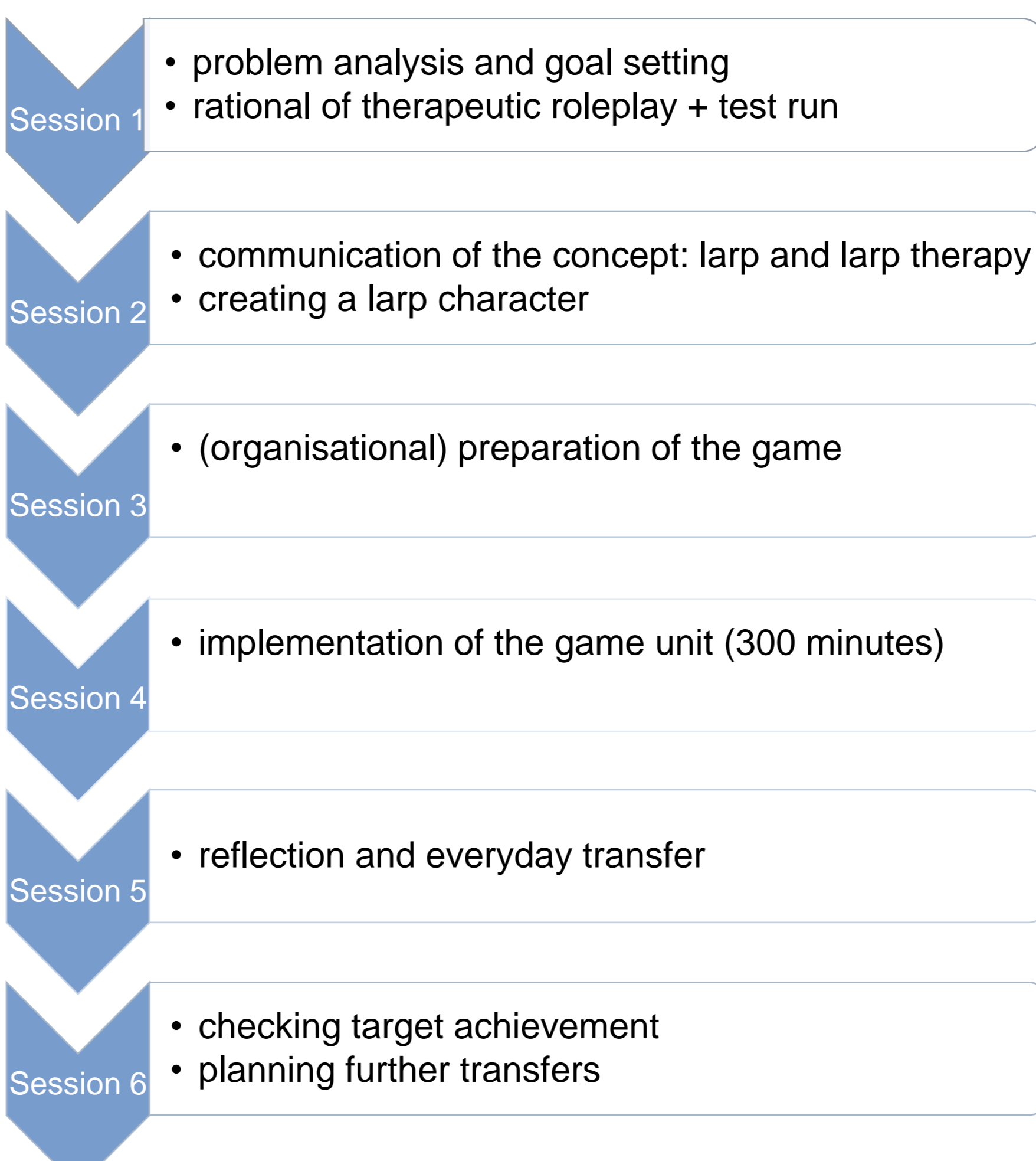


Chart 1. Training procedure in 6 sessions.

## The Research Project

The presented therapeutic larp training is currently being scientifically evaluated. In the first of several planned studies, a study with the following properties is currently being conducted:

- case study
- *pre-post-follow-up* design

### Sample:

- sample:  $N=6$
- young adults, max. 30 years (to have a homogeneous sample)
- all participants have an *ICD-10* psychiatric diagnosis
- some contraindications: acute psychosis, acute intoxication, severe depression or dementia,
- required: intelligence in normal IQ range + mobility

### Methods:

- participants should fill out the following clinical-psychological self-assessment tests (German versions):
  1. *Fragebogen zu sozialer Angst und sozialen Kompetenzdefiziten (SASKO)* (Kolbeck and Maß 2009) (for social anxiety and deficits in social competence)
  2. *Beck Depression Inventory II (BDI-II)* (Hautzinger et al. 2007)
  3. *Brief Symptom Inventory (BSI)* (Franke 2002)
  4. *Persönlichkeitsstörungs-Screening Kurzform (PSS-K)* (Schöttke et al. 2011) (screening for personality disorders)
  5. *Skala zum Online-Suchtverhalten bei Erwachsenen (OSVe-S)* (Wölfling et al. 2010) (for addictive behavior).
- participants fill out these questionnaires at three different times:
  1. before session 4 (=larp intervention) ( $t_0$ )
  2. two weeks after session 4 ( $t_1$ )
  3. three months after session 4 ( $t_2$ ).

**Hypothesis:** if clinically relevant symptoms were present on a questionnaire, the sum value  $x$  (of the respective scale) should be lower after the larp intervention than before, i.e.:

- $x(t_0) > x(t_1)$ .
- this should be stable, i.e.:  $x(t_0) > x(t_2)$ .
- current study: explorative pilot study, a quantitative-statistical evaluation should follow in later studies (and also a mixed-age sample)

Figure 1. Worksheet for the participants in the preparatory sessions.

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