

BRIEF ACTION THERAPEUTIC SYSTEMS PROJECT: ARCHETYPICAL

by

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Abstract

During my practicum at Foundry Prince George (September 2024–April 2025), I pursued three interconnected goals: enhancing leadership skills, co-facilitating dialectical behavioral therapy (DBT) groups, and developing a brief action therapeutic system (BATS) called Archetypical. Leadership growth occurred through project development, team support, and facilitation, using relational and trauma-informed approaches. DBT group facilitation deepened my understanding of collaborative program delivery and group dynamics. Archetypical—a BATS combining elements of CBT, DBT, narrative therapy, and tabletop role-playing—showed potential in fostering emotional insight, agency, and connection, especially among neurodivergent youth and those with trauma histories. Participant feedback highlighted its accessibility and impact, though challenges in engagement, perception, and facilitation logistics emerged. Overall, this practicum strengthened my capacity for creative, collaborative, and responsive social work practice.

Keywords: Brief Action Therapeutic System, BATS, Archetypical, Cognitive Behavioral Therapy, CBT, Dialectical Behavioral Therapy, DBT, Narrative Therapy, Tabletop Role-Playing Games, TTRPGs, Leadership, Group Facilitation

“It’s dangerous to go alone! Take this.”¹

-Old Man, The Legend of Zelda (Nintendo, 1986)

Chapter 1: Introduction

Outlined in this practicum report are the major components of my academic learning that I implemented during my practicum. I have provided my learning goals, literature review, discussion of my practicum project, as well as my social positioning, and practicum project design. Ethical considerations, limitations, and benefits are also included in this document.

Topic Area

A significant amount of research over the past forty years has been dedicated to various modalities—such as, cognitive behavioral therapy (CBT), dialectical behavioral therapy (DBT), and narrative models—to treat trauma and other mental health issues (Burns, 1981; Linehan, 2014; White & Epston, 2024). Additionally, over the last twenty years, there has been an increased academic interest in gaming in various fields of study (Baker et. al., 2022; Ben-Ezra et al., 2018; Sung, 2021). While the intersection of these two realms may seem worlds apart, they both align to form a unique and novel brief action therapeutic system (BATS) model approach to delivering therapy, which includes a two-eyed seeing approach (Ray, 2021). In the context of my practicum setting, I was able to have the opportunity to execute the marriage of these two approaches.

Current research is exploring how tabletop roleplaying games (TTRPGs) can have a net benefit on mental health (Baker et al., 2022; de Shazer et al., 1986). Tabletop roleplay games encompass various styles of games that involve the creation, representation, and development of characters interacting within a fictional world governed by structured rules (Arenas et al., 2022).

¹ Nintendo. (1986). The Legend of Zelda (US). [video game].

Frequently, the research notes a therapeutic model that utilizes the structures of TTRPGs would be a concept that academics in the helping field would like to see, but to date, such a system has not been codified (Baker et al., 2022; Sung, 2021). This practicum report highlights the importance of adding such a model into the suite of therapeutic modalities that are currently used for addressing mental health issues. For this reason, I seek to create a brief action therapeutic system (BATS) that integrates aspects of cognitive behavioral therapy, dialectical behavior therapy, and narrative therapy, alongside the structures found in tabletop role-playing games.

Purpose of Pilot Project

The purpose of creating and executing this modality in my practicum was to tie the concepts of cognitive behavioral therapy (CBT), dialectical behavior therapy (DBT), and narrative therapy, and the structures found in tabletop role-playing games together to introduce a codified therapeutic modality that may promote trauma recovery. A brief action therapeutic system (BATS) could provide another alternative for people who are younger, neurodivergent, and/or identify as a gamer. The BATS provided a set of options that allowed a person more autonomy to explore therapeutic options that work for their specific situation. This type of modality was delivered as an alternative that provided an enriching experience, which was different to the traditional talk therapy and/or a clinical group setting offered during my practicum. As such, my goal was to implement and facilitate a pilot brief action therapeutic system at Foundry in Prince George with youth who are accessing services.

A foundational cornerstone of the BATS is flexibility, much like acceptance and commitment therapy (ACT), developed by Steven Hayes—defined further in my literature review (Hayes et al., 2016). However, flexibility in a BATS includes aspects of delivery in both cultural and structural ways. While there are comparable resources that currently exist, such as

goal-setting apps and limited YouTube videos that are geared toward the gamification of life, they are not deliverable in a codified manner and often rely on individuals to understand how these processes work. In this regard, through the design of a BATS, I have bridged the knowledge gap of: What a therapeutic modality would look like if framed as a TTRPG for a wider audience, provide an alternative for people who seek more control in their therapeutic journeys, and provide various opportunities for future researchers to examine and explore the implementation and outcomes of my BATS, or one that is created in the future.

Key Concepts

Brief Action Therapeutic System. A flexible therapeutic modality that integrates elements of cognitive behavioral therapy (CBT), dialectical behavior therapy (DBT) and narrative therapy with structures present in tabletop roleplaying games (TTRPGs).

Communal Action. Communal action is the action of multiple parties coming together to address or navigate a shared problem (van der Kolk, 2015). This can be observed on both the macro and micro levels of society.

Experience (within a gaming context). A concrete representation of practice through awarded points to participant character at the end of sessions (Gygax & Arneson, 1991).

Game Theory. A mathematical model in which an optimal solution can be mapped out through a game in a situation between two or more people (The Game Theorists, 2024).

Motivation. “[The] energizing of behavior in pursuit of a goal, is a fundamental property of all deliberative behaviors” (Simpson & Balsam, 2016, p. 2).

Non-Participant Character (NPC). A character created and used by the session guide that may or may not be specific to the scenario (Gygax & Arneson, 1991; Stolze & Tynes, 2016).

Participant. An individual participating in a scenario (Gygax & Arneson, 1991; Stolze & Tynes, 2016).

Participant Character (PC). A character created and used to participate in a scenario, like a player character (Gygax & Arneson, 1991; Stolze & Tynes, 2016).

Scenario. A collection of connected situations that PCs navigate and usually feature one or more issues. Like an adventure or campaign in other TTRPGs (Gygax & Arneson, 1991; Stolze & Tynes, 2016).

Session. Gathering of participants and SG to collaborate in a scenario (Gygax & Arneson, 1991; Stolze & Tynes, 2016).

Session Guide (SG). An individual who runs an Archetypical session through presenting scenario sections and runs issues, as well as NPCs. Comparable to a *Game Master* or *Referee* (Gygax & Arneson, 1991; Stolze & Tynes, 2016).

Table. A group of participants, including the SG, in a session (Gygax & Arneson, 1991; Stolze & Tynes, 2016).

Tabletop Roleplaying Game(s) (TTRPG/TTRPGs). “One player provides the narrative and some of the dialogue, but the other players, instead of just sitting and envisioning what's going on, actually participate” (Gygax & Arneson, 1991, p. 5).

Trauma. “[Trauma] is not the story of what happened long ago; the long-term trauma is that you are robbed of feeling fully alive and in charge of yourself” (Bullard, 2014). To clarify, “[trauma] is a term used to describe the challenging emotional consequences that living through a distressing event can have for an individual” (Center for Addictions and Mental Health, 2025, para. 1).

Social Position

My connections to tabletop roleplaying games (TTRPGs) can be traced back to my adolescent years. My home life for most of my adolescent years was chaotic. My father and his local siblings struggled with alcohol use disorder (AUD), while my mother did not struggle with such demons. I can recall many mornings being woken up by my parents yelling at each other, punctuated by smashing dishes. Naturally, these frequent incidents, along with my attention deficit hyperactivity disorder (ADHD), led to difficulties for me at school.

Throughout my elementary school years, I recall being at the principal's office for behavioral issues more times than I was in the classroom with my peers. On one occasion I recall the vice principal handing me a copy of the *Dungeons & Dragons Rules Cyclopedia* to look through for the afternoon, which I found humorous, as the vice principal shared that the book was confiscated from an older student. During the early 1990s, Dungeons and Dragons' novels were quite popular—the Dragonlance series and Forgotten Realms books about Drizzt Do'Urden come to mind—especially with my classmates. Yet, none of my classmates, played Dungeons and Dragons, or any other tabletop roleplaying games. It was the sharing of these books that I learned about campaigns which led to players writing down their adventures. As I had an active imagination, the idea of going on adventures and fighting monsters was appealing to me, as it would provide an escape from my chaotic home life.

As a male of Norwegian/Sami descent, coupled with an Indigenous blended family, my aunties often shared aspects of Indigenous culture with me. Unconsciously this cultural sharing acted as a protective factor, as ways to process big childhood emotions that we experienced as our fathers struggled with AUD. My strong interest with co-creating story telling is largely due to my exposure to Indigenous culture. Arguably, this experience had a cultural impact in shaping

my worldview. I believe inadvertently when I was a young boy that the Indigenous story telling and my exposure to Dungeon and Dragons created a safe space for me to manage large childhood emotions. Subsequently, as an adult this aided in my ability to disrupt the generational cycle of addictions in my family. The cultural and familial link was incredibly appealing to me which blends nicely with the components of co-creating story telling and the traits of two-eyed seeing (Ray, 2021; Wright et al., 2019).

Chapter 2: Literature Review

Clinical Frameworks

Clinical frameworks are used as a tool to create therapeutic alliance and to structure sessions that best support client goals and progression (Harms & Pierce, 2020). Identifying the use of the most effective clinical framework is crucial for a mental health clinician as it helps guide the assessment, diagnosis, and targeted intervention of the client's current situation. The most common and applicable clinical frameworks used in practice include Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy, (DBT) and Narrative Therapy (Harms & Pierce, 2020). These clinical models will be explored below in further detail.

One of the pioneers that strengthened Cognitive Behavioral Therapy (CBT) was David Burns (1981) where he used the therapeutic model to address mood disorders (Harms & Pierce, 2020). The early CBT model focused on creating change in one of the three domains—thoughts, emotions, or behaviours (Burns, 1981; Kaur & Whalley, 2020). Recently, the CBT model has introduced the additional domain of physical sensations as a self-monitoring tool, while simultaneously providing an opportunity to change the affected domain (Burns, 1981; Kaur & Whalley, 2020; Schuman-Olivier et al. 2020). Like the self-regulation model in mindfulness, TTRPGs has its own model of three domains to provide a strong basis for an engine of

engagement for participants within this practicum project, which will be further elaborated below (Baker et al., 2022; Gygax & Arneson, 1991; Kaur & Whalley, 2020; Schuman-Olivier et al., 2020).

Dialectical Behavior Therapy (DBT) was developed by Marsha Linehan (2014) in the late 1970s to incorporate mindfulness into psychotherapy. Dialectical Behavior Therapy focuses on an individual's ability to build mindfulness, emotional regulation, interpersonal effectiveness and distress tolerance through a variety of exercises that creates ongoing dialogue between participant and clinician (Harms & Pierce, 2020; Linehan, 2014). Typically, ongoing dialectics are supplemented with exercises intended to build an individual's distress tolerance and interpersonal effectiveness within communication (Harms & Pierce, 2020, p. 32; Linehan, 2014; Tanner et al., 2022). During my practicum, I had the opportunity to cofacilitate a DBT group alongside my BATS group.

Indigenous traditional knowledge aligns well with DBT, as the focus of DBT can be observed within Indigenous academic articles that highlight the importance of creating and maintaining a dialectic relationship with participants (Begay et al., 2007; Saulis, 2003; Tanner et al., 2022; Wesley-Esquimaux & Calliou, 2010). By incorporating DBT as a model of engagement, participants will be able to provide valuable feedback to be examined for emergent patterns present within their experiences (Creswell & Poth, 2018; Harms & Pierce, 2020; Linehan, 2014; Tanner et al., 2022; Wesley-Esquimaux & Calliou, 2010; Wright et al., 2019).

Narrative therapy was developed by Michael White and David Epston (2024; Parry & Doan, 1994). White and Epston's embracement of post-modernism—specifically post-structuralism—led to the concepts of many selves and therapeutic letter writing being put into practice (Parry & Doan, 1994). White and Epston's (2024) synthesis of both concepts formalized

narrative therapy to provide insight into the client's unique worldview. In practice, it is through the dominant narratives of the client, the service provider parses out large themes to externalize. A collaborative revision—much like writing—is made to change the story the client exists within to provide an alternative and empowering narrative (Combs & Freedman, 2012; Parry & Doan, 1994; Harms & Pierce, 2020).

Acceptance and Commitment Therapy (ACT) was developed by Steven C. Hayes (Hayes et al., 2016). Acceptance and Commitment Therapy is a therapeutic modality that supports individuals to accept lived experiences the way they occurred (Hayes et al., 2016). Unlike narrative therapy, the goal is not for an individual to examine a given experience from differing perspectives, but rather, to accept the experience without change (Hayes et al., 2016). Harris (2007) breaks down the six core principles that guide ACT: Acceptance, cognitive defusion, being present, self as context, values, and committed action. Acceptance and Commitment Therapy, in practice, is often delivered in an eight-week program that allows for flexible delivery, as the focus and the goal is for individuals to become more present and mindful (Harris, 2007; Hayes et al., 2016).

Strengths-Based, Solution-Focused and Task-Centred Therapies are often considered cornerstones of various therapeutic modalities mentioned in my literature review. Strengths-Based Therapy has been used in various situations to empower individuals to enhance protective factors. For example, Clifton (2010) noted that “individuals can achieve far more when efforts are spent on reinforcing their greatest strengths, rather than on highlighting their weaknesses” (Buckingham & Clifton, 2001; Yuen et al., 2020). Solution-focused therapy is a modality that was a collaborative development by Steve de Shazer (1986), Kim Berg (1986) along with their colleagues at the *Milwaukee Brief Family Therapy Centre* (de Shazer et al., 1986). Solution-

focused therapy is a brief action therapy that focuses on goal-oriented outcomes, rather than presenting problems (de Shazer et al., 1986). Task-centred therapy was concretized by Anne Fortune (2011) and William James Reid (2011) in 1974. Task-centred therapy, much like solution-focused therapy, is goal-oriented, however, in the task-centred modality, goals are task-based rather than outcome-based (Fortune & Reid, 2011).

Clinical Applications of Tabletop Roleplaying Games

Prior to the Covid-19 pandemic, employed, licensed social workers who were also Master of Social Work (MSW) students were studied regarding their knowledge and perspectives on tabletop roleplaying games (TTRPGs) (Ben-Ezra et al., 2018). Ben-Ezra et al (2018) found that social workers often have less exposure to science fiction, or fantasy, and typically have limited, to no knowledge, of TTRPGs. Yet, Ben-Ezra et al (2018) also report that social workers who “associate playing [TT]RPGs with psychopathology are more likely to think it is important to learn about RPGs” (p.5). Ben-Ezra et al (2018) indicates that further research is required to challenge harmful stereotypes and see an improvement of mental health; specifically, in the areas of depression, anxiety, social anxiety and ADHD.

Interest in the mental health benefits of TTRPGs from the general public appears to have grown over recent years, as the Covid-19 pandemic has largely been credited for a sharp boost of interest in TTRPGs (Allison, 2021; Walker, 2021). Primarily, what made TTRPGs enticing was the social engagement aspect, which Allison asserts, “form of collaborative storytelling, whose roots extend far deeper than the creation of Dungeons & Dragons” (2021, para.1). Additionally, the internet has helped foster social engagement between people with a shared interest in TTRPGs, yet, did not reside with people who shared their interest, or lived alone (Walker, 2021).

Baker et al. (2022) provided a comprehensive review of research conducted in the intersection of using RPGs in clinical settings, as well as, exploring impacts of using RPGs therapeutically to measure impacts on mental health. Baker et al. (2022) found that further data is required to fully understand the impacts of RPGs on mental health, similar to that of the 2018 study performed by Ben-Ezra et al. (pp. 3-4). Furthermore, the use of TTRPGs in a clinical setting demonstrates that “[drama] therapy has more of an emphasis on spontaneity and creativity and employs playful approaches,” while outside a clinical setting, real world needs were met through in-game interactions (pp. 4-5; Bormann, 1972) (Bormann, 1972, pp. 4-5). Finally, Baker et al. (2022) provide suggestions for further studies, specifically: 1. Experiential learning and interaction through the structured medium of TTRPGs; 2. Exploration of identity expression using archetypes; 3. TTRPGs used as an intervention-based approach to improving mental health (p. 6).

Mental Health Crisis

Significant mental health impacts have gradually gained attention on a global scale for the past twenty years. Despite low-cost solutions being available to support individuals living with mental health issues, the mental health crisis continues to be neglected (World Health Organization, 2022). The detriments of mental health are viewed through the “complex interplay” of an individual’s “spheres of influence,” specifically, through the intersection of individual levels of stressors and levels of vulnerability (World Health Organization, 2022, pp. 19-20). While the field of mental health is vast and features a variety of conditions, I will be focusing on trauma due to the numerous presenting symptoms that may surface in many domains of an individual’s life.

Trauma: Rise and Impact

Trauma, occurring as a single or multiple exposure(s) to overwhelming conditions or events that trigger neurophysiological stress responses, has increased globally over the past twenty years (Oakley et al., 2021). The Center for Addictions and Mental Health (2025) defines trauma as “challenging emotional consequences” an individual experiences through living through “distressing situations” (2025, para. 1). As such, many professionals in the human and service sector have been providing an array of services to address the multitude of issues related to trauma experiences. In fact, Singer et al. (2020) provide a compelling illustration of how social workers, specifically in child welfare practice, are often first to respond to potentially unsafe or threatening situations pertaining to abuse and/or neglect. Additionally, social workers are frequently immersed in their clients’ retelling of their harrowing experiences, often in detail (p. 623). Singer et al. (2020) continues to express the burden that unresolved trauma places on the healthcare system both directly (medical expenses, therapeutic interventions) and indirectly (increase of sick days, low productivity at employment) (McGowan, 2019; Oakley et al., 2021).

While the evidence that instances of trauma are increasing, some research queries why trauma is increasing. Mills et al. (2011) explore whether the increase of trauma has occurred due to how the different editions of the DSM Diagnostic and Statistical Manual-5-TR (DSM-5-TR) have conceptualized what a potentially traumatic event (PTE) is and how a PTE has been operationalized over time (pp. 407-8). Mills et al. combed through National Survey of Mental Health and Wellbeing (NSMHWB) for the years 1997 and 2007 and found that the prevalence of trauma was higher, specifically among women (pp. 410-11). Furthermore, the possibility of “conceptual bracket creep” is currently contentious, but in the realm of possibility (p. 412).

Another branch of research implicitly queries whether self-proclaimed practitioners of trauma informed care (TIC) cause more trauma, rather than genuinely implementing TIC (Isobel, 2021). Isobel (2021) observes that despite growing awareness, training opportunities, and organizational commitments to integrating TIC policies and practices, there is little consideration to the concept of “trauma” itself, or the implications stemming from this lack of clarity (p. 604). Like Mills et al. (2011), considerations are focused on how conceptualizations and interpretations of trauma may lead to unfavorable and, ultimately, unhelpful client outcomes; specifically, through generalizing events, reinforcing experienced harms, or the client being pathologized (Isobel, 2021, p. 604). A significant point of contention stems from the lack of professional reflection throughout the process of diagnosis to treatment of trauma, which frequently ignores discussing experiences, reduces agency of the client, and relies significantly on professional decision-making throughout the course of treatment (pp. 605-6).

From this brief literature review, it is uncertain—and contentious—as to why trauma has had an increase in prevalence over the last twenty years, but there certainly is a prevalence in trauma related incidences (McGowan, 2019; Oakley et al., 2021). While exploring why trauma experiences have spiked would be helpful in developing a meaningful solution, mental health professionals are stuck with the unenviable task of navigating trauma prevalence with criteria that may or may not be appropriate and cause more harm than good.

Observations of Physiological Trauma Responses

To expand on my conceptualization of trauma, the event or events that lead to an individual becoming completely overwhelmed are subjective, and behavioral patterns associated with the term overwhelmed may or may not be observed. For instance, PTSD, in a western context, is primarily viewed through the biomedical model, specifically, and relates to physiological

responses to acute and/or chronic traumas that cascade throughout the central nervous system, autonomic, neuroendocrine, immune, and cardiovascular systems, even without a triggering stimulus (Braganza et. al., 2018; Krantz1 et. al., 2022). According to recent research, the more specific symptoms of PTSD—sympathetic activation, inflammation, sleep disorders and hypertension—are less reported than negative impacts on mood and cognition, such as, depression, anger and hostility (Krantz1 et al., 2022, Kildahl et al., 2020). While PTSD in the west typically follows the medical model of addressing physiological symptoms, addressing underlying mental health causes as treatment are now widely accepted within clinical settings. For instance, the onset of significant and prolonged mental health issues associated with extreme emotional and distress responses (PTSD) can “initiate physiological, behavioural, and emotional” disturbances that are linked to symptoms of cardiovascular disease (Krantz1 et. al., 2022). In essence, the body keeps the score (van der Kolk, 2015).

Treatment of Trauma

Another observable impact of trauma is how well an individual can cope with daily life. Jenson (2023) describes the impact of trauma as “an aching irony of trauma that the body's very attempt to cope can become more problematic than the traumatic event itself” (p. 6). Jenson (2023) asserts that because the body keeps the score of trauma, the body requires a metaphorical resurrection (van der Kolk, 2014). According to Jenson (2023), the impacts of trauma on an individual's sense of self and an individual's experience of time limit the body's ability to undergo this metaphorical resurrection in an individual's healing journey. Using the story of Jesus Christ's resurrection, Jenson (2023) explores how trauma impacts a sense of self and experience of time through Thomas Aquinas' (2006) reflections on the use of metaphor within holy scriptures (*ST 1.1.9 Abbreviation*). Jenson (2023) concludes that the exploration of

metaphorical resurrection begins in the questioning of the individual's final state and their telos (purpose). In other words, the successful treatment of trauma begins with both a desired outcome and a sense of meaning from within an individual. Margolin and Sen (2022) assert that the "processes of narrative reconstruction" is a wholistic self-assessment routed in spirituality to support both the abilities to survive and thrive throughout "the recovery process" (p. 154).

Several additional aspects of successful therapeutic treatments for trauma rely on a practitioner's willingness and flexibility to find and implement a modality that works for the person accessing services (van der Kolk, 2015). Van der Kolk (2015) observes further that overcoming trauma typically involves:

- (1) finding a way to become calm and focused, (2) learning to maintain that calm in response to images, thoughts, sounds, or physical sensations that remind you of the past,
- (3) finding a way to be fully alive in the present and engage with the people around you,
- (4) not having to keep secrets from yourself, including secrets about the ways that you have managed to survive. (p. 228)

From the turn of the 19th century to the current day, traditional talk therapy—as defined within the realm of psychoanalysis, popularized by Sigmund Freud—was considered to be the gold standard of therapeutic intervention (Parry & Doan, 1994). Through incremental developments of Nathan Ackerman, Murray Bowen and Virginia Satir, atheroetical approaches emerged (Parry & Doan, 1994). Atheroetical approaches were supplanted through George Bateson's cybernetic retooling of understanding schizophrenia that focused on family communications (Parry & Doan, 1994). Bateson's retooling was then systematized by the Palo Alto group during the late 1960s (Parry & Doan, 1994). Through the 1970s, the theoretical

background of the Palo Alto group's systemization then underwent a modernist retooling (Parry & Doan, 1994).

The Milan group's modernist interpretation of *practice through objectivity* faced epistemological challenges present in modernist literature; it "assumed an attitude of suspensive irony, in which judgement is withheld" (Parry & Doan, 1994). Suspensive irony within practice, during this timeframe, maintained that a service provider held a metaposition to a family in therapy sessions; thus, the service provider, forming no opinion about a family, can hold *the* truth (Parry & Doan, 1994). During the 1980s, Humberto "Maturana's concepts of "structural coupling" and "structural determinism" led to the conclusion that no living system can take a metaposition to another" (Parry & Doan, 1994).

Currently, the first allopathic line of treatment of post-traumatic stress disorder (PTSD) is pharmacotherapy; specifically, "[antipsychotics], anticonvulsants, and tranquilizers have been widely used to improve the QoL of PTSD patients over the past few decades" (Ho, Chan, Luk & Tang, 2021). However, van der Kolk, van der Hart and Burbridge (2014) contest that:

Since the core problem in PTSD consists of a failure to integrate an upsetting experience into autobiographical memory, the goal of treatment is [to] find a way in which people can acknowledge the reality of what has happened without having to re-experience the trauma all over again. (p. 24)

This is demonstrated through alternative forms of therapy, typically referred to as general integrative practice, which have been adapted to specifically treat trauma by combining cognitive behavioral therapy with mindfulness (Schuman-Olivier et al. 2020). Two general integrative practices that have specific relevance to my practicum project include mindfulness and theatre.

Mindfulness

Schuman-Olivier et al. (2020) observe that mindfulness is typically defined as being non-judgemental and present in each moment. Furthermore, Schuman-Olivier et al. (2020) claim the terms mindfulness and meditation as being one and the same, as meditation is a practice of self-regulation to become mindful. However, meditation and mindfulness are not interchangeable terms, as the purpose of mindfulness is to become wholistically mindful of thoughts, actions, sensations, and emotions (Margolin, Madanayake & Jones, 2025; I. Margolin, personal communication, January 15, 2025). Margolin, Madanayake and Jones (2025) observe that mindfulness is “part of many meditation practices,” such as mindfulness being the “second step in the four steps of Mahavkyam Meditation” (p. 9; I. Margolin, personal communication, January 15, 2025). Despite this, Schuman-Olivier et al. (2020) assert that mindfulness is obtained through self-regulating practices (such as dance, meditation or theatre) that are intended to support a participant’s behavioral change.

Margolin (2014) observes the practice of becoming wholistically mindful as the framework of open-monitoring. This framework serves the purpose of assisting a practitioner with detachment and widening of perspectives (Margolin, 2014). Margolin (2014) further reports that mindfulness meditation, has been linked to reductions of anxiety and depression symptoms, and other researched benefits on mental health. However, mindfulness does have the potential to “exacerbate trauma symptoms,” rather than relieve the trauma symptoms and suffering the intervention is meant to alleviate because a diffused open attention to accept whatever thoughts arise can invite trauma memories to surface to conscious awareness. It is extremely difficult for survivors to detach and remain nonjudgemental because a major effect of trauma is the loss of ability to concentrate. Thus, in these instances, rumination on the negative affect and,

retraumatization occurs. This is why a meditation that offers sound, word, and/or image can greatly assist trauma survivors to create and dwell in an expansive idea of self or tranquil vibration and feeling, and simultaneously allows the mind to surrender and consciousness to do the work of integrating the unresolved trauma memories in the background (I. Margolin, personal communication, January 15, 2025). The mechanisms of self-regulation include “emotion regulation,” “self-related processes,” “attentional/cognitive control,” as well as “motivation and learning” (Schuman-Olivier et al. 2020, pp. 372-3). From this perspective, the mechanisms of self-regulation present as the basis for cognitive behavioral therapy (CBT).

These mechanisms are observed through research in the field of general integrative practices. One clear example of the mechanisms of self-regulation in practice can be seen in Margolin’s (2014) research article linking dance and spirituality to mindfulness. Margolin (2014) asserts that the body and self are inextricably linked, setting the stage for the mechanisms of self-regulation as a wholistic process. Emotion regulation in Margolin (2014) is observed through the combination of authentic movement and creative movement. This “dyad” is bringing self-related processes together with attentional/cognitive control (Margolin, 2014, p. 147; Schuman-Olivier et al. 2020). This is further observed by Margolin (2014) later in the article through the following passage:

Over time, my dance mentor’s accepting presence provided openness for me to drop into my body self. This was a potent elixir to shed concern about how I am perceived in my moving body. Simultaneously, I was leading/watching girls in creative movement for my research. I felt deeply intertwined in the transformative process, both by seeing others and by being seen. Authentic Movement, as a framework, along with other dance writers, authenticates the events that transpired for me and in my research. (p. 150)

Margolin (2014) explores the mechanism of self-related processes when discussing authentic movement. The basis of authentic movement is based on the concepts of “self” and “Self,” as well as “active imagination” (Margolin, 2014, pp. 145-6). These concepts can be considered self-related processes, as they occur internally. As Margolin (2014) observes, Jung (1959) defined ‘self’ as ego, while ‘Self’ resides “within and between the personal and collective unconscious” (p. 145; Schuman-Olivier et al. 2020). Margolin (2014) expands on this observation, “Active imagination involves two processes: (1) encouraging the unconscious to express itself while the conscious ego observes and cooperates through creative means; and (2) the conscious ego makes meaning of the experience” (Chodorow 1991; Whitehouse 1999 as cited in Margolin, 2014) (p. 146).

With the mechanism of attentional/cognitive control, Margolin (2014) observes that creative movement is intentional, yet free flowing (Schuman-Olivier et al. 2020). This link is demonstrated through the passage, “At the heart of this dance philosophy—Creative Movement—is caring for the body and trusting the self as an authority to guide movement” (Margolin, 2014, p. 145). Intention, by its very nature, requires attention and cognitive control as intention is linked to goal setting and using behaviors to achieve a goal (Schuman-Olivier et al., 2020).

Motivation and learning are mechanisms for self-regulation as demonstrated in Margolin (2014) through participant passages. The motivation for the participants came from learning how to dance which created the space for, “immediacy and ease with which the body and soul can align when open-hearted consciousness toward somatic presence is practiced,” (Margolin, 2014, p. 157).

Theatre

van der Kolk (2015), much like Margolin (2014) and Schuman-Olivier et al. (2020), outlines much of the same mechanisms of self-regulation using various techniques. While van der Kolk (2015) does not go into detail regarding mechanisms of self-regulation, he does explore theatre as a form of addressing stored trauma. van der Kolk (2015) observes, “Despite their differences, all of these programs share a common foundation: confrontation of the painful realities of life and symbolic transformation through communal action” (p. 253). The obvious implication of this observation is that there is strength in numbers when navigating the healing process of trauma (Baker et al., 2022; Ray, 2021; Sung, 2021).

van der Kolk (2015) shares that while working at a trauma centre in 2005, common trauma themes began to emerge among the children and youth that the team worked closely with. This led to the development of an “intensive program that focused on team building and emotion-regulation exercises, using youth’s own scripts that dealt directly with the kinds of violence these kids experienced” (van der Kolk, 2015, p. 256). In 2010, the program was then reworked to be more theatrical in nature and was targeted at foster youth to address/navigate challenging feelings of abandonment and engaging in healthy relationship building (van der Kolk, 2015).

The reworked program added the elements of narrative therapy—externalizing problems to examine from different perspectives—and introduced dialectical components typical in dialect behavioral therapy (DBT) exercises (Linehan, 2014; White & Epston, 2024; van der Kolk, 2015). van der Kolk (2015) illustrates, “Youth were asked, “If you could write a musical or play, what would you put in it? Punishment? Revenge? Betrayal? Loss? This is your show to write” (van der Kolk, 2015, p. 258). All the youth’s statements were documented—some youth even chose to write their own thoughts down—and scripts of relatable experiences emerged (van der Kolk,

2015). Although not explicitly stated, the description of the process demonstrates three requirements of youth to address/navigate the impacts of trauma: 1) Communal action. 2) Mechanisms of self-regulation. 3) Motivation.

Motivation Through Conflict and Communal Action on the Macro Level

Karl Marx and Friedrich Engels (1998) popularized conflict theory in the Communist Manifesto. In this manifesto, Marx and Engels (1998) correctly identify that social conflict leads to social change. However, Marx and Engels (1998) are incorrect in their assessment that all social conflicts arise from competition for resources that lead to revolution. As Niccolo Machiavelli (2005) observed in the 1500s,

[the] problem is that people willingly change their ruler, believing that it will be for the better; and they take up arms against him. But they are mistaken, and they soon find out in practice that they have only made things worse [...] you cannot satisfy their aspirations as they thought you would. (p. 483)

The juxtaposition of these two works demonstrates that social conflict is not solely caused by one factor, but rather several factors. However, both Marx and Engels (1998), as well as Machiavelli (2005) illustrate that social conflict leads to social change, which inevitably drives motivation via communal action.

Many historical examples of social conflict on the macro level, which have ignited social change, spring to mind, yet I shall narrow it down to three; 9/11, the Arab Spring, and the Covid-19 pandemic. Each conflict listed has its own unique set of circumstances, however, all have led to significant changes in history. These three conflicts provide an opportunity to explore how conflict acts as a driving force toward motivating change. To demonstrate the role conflict and

communal action play in motivating change, I will provide a brief overview of communal action in several world events from the past twenty-two years.

9/11

The terrorist attacks of September 11, 2001 left 79.5 million viewers of broadcast and cable media stations to review the recorded footage, and process the day's events (Althaus 2002; Bucy, 2003). The events of a Boeing 747 slamming into the side of World Trade Centre 2 (WTC 2), and the subsequent collapse of WTC 1 and WTC 2 were harrowing; punctuated by the initial silence from President George W. Bush (2003). While it would be easy enough to state the obvious conflict that directly resulted (the war on terror) the more subtle—and arguably more fascinating—conflict occurred through President Bush's display of silence. Rather than conveying the shock and awe President Bush most likely was experiencing, the silence sent a message of uncertainty among many Americans (Bucy, 2000; 2003).

The Arab Spring.

In December of 2010, Arab citizens transmitted their political grievances via the use of social media platforms (Wolfsfeld, Segev, and Sheaffer, 2013, p. 117). Wolsfeld, Segev, and Sheaffer observe that one reason political grievances occur is due to autocracies not being able to adjust Governmental policies quick enough to match demands by the people (2013; Gates et al. 2006; Hegre et al. 2001; Huntington 1968; Jagers and Gurr 1995; King and Zeng 2001). While there initially appears to be significant support of this emergent pattern, the authors also offer a secondary approach that highlights the cultural incongruence hypothesis. In this hypothesis, instability is measured through observing how large the gap between citizens' desired levels of democratic values and the country's accurate level of democracy (Almond et al. 2000; Inglehart and Welzel 2005).

The Covid-19 Pandemic.

The Covid-19 pandemic, and the subsequent mandate and passport responses created both intrapersonal and interpersonal division among people. The division experienced was driven on the macro, mezzo, and micro levels. On the macro level, politicians using divisive language and implementation of vaccination enforcement created division in parliament. On the mezzo level, supply chain disruptions that have led to massive supply shortages created further economic division. On the micro level, people's fear prevented many from being able to have meaningful values, views, and conversations for the last half of 2021.

Motivation Through Conflict and Communal Action on the Micro Level

Often, the most observable mechanisms of change include some element of trauma (Streeck-Fischer & van der Kolk, 2000). As Streeck-Fisher and van der Kolk observe:

Children who have experienced violence have problems managing in social settings. They tend to be withdrawn, or to bully other children. Unable to regulate their affects, they tend to scare other children away and lack reliable playmates. (pp. 905-6)

The motivation to create change typically occurs through an individual's conflicting perspectives on a given situation that leads to communal action. Communal action is the act of carrying out some form of change as a group (van der Kolk, 2015). For instance, becoming so mentally overwhelmed with a messy room that cleaning begins without dwelling on thinking about changing the situation. In my illustration, the engine of motivation is driven by a change in one or more realms of emotions, sensations, thoughts, and/or actions; in simpler terms, motivation is acted upon once a mechanism of change can be observed by the individual. When motivation ignites, an individual experiences empowerment to enact their agency, moving from a passive

metaposition to an active metaposition. Often, mechanisms of change begin occurring during moments of conflict or competition.

Game Theory

John von Neumann (1928) produced an economic theorem titled game theory. In this theory, Neumann observed that in zero-sum games, such as chess or capitalism, a player's success is dependent on another player's strategy (Axelrod, 1984; The Game Theorists, 2024; von Neumann, 1928; von Neumann & Morgenstern, 2004). In the 1970s, Axelrod (1984) ran five hundred trials via computer simulation to determine the most optimal strategy for success using strategic choice (The Game Theorists, 2024). Axelrod (1984) found four components that comprise the most optimal strategy for success are "Lead with trust, do not be a push over, be forgiving, be honest" (Axelrod, 1984; The Game Theorists, 2024).

Within an economic context, game theory mathematically demonstrates that the optimal strategy for success is to cooperate and warns about treating the market as if it is a zero-sum game (Axelrod, 1984; The Game Theorists, 2024; von Neumann & Morgenstern, 2004).

Currently, corporations, such as Wizards of the Coast and Disney, treat consumers as if they are competing for market shares in entertainment, rather than understanding consumers are part of the markets' ecosystem. Unsurprisingly, the corporate attitude of engaging the consumer in competition has spurred on the very conflict that these corporations attempted to crush. The rise of independent creators becoming successful through cooperation with the consumer. As John F. Kennedy (1963) said in Heber Springs, Arkansas, "A rising tide raises all ships."

Action Research

While I did not conduct formal research, I used the framework of action research as a in my practicum pilot project (Creswell & Poth, 2018). The purpose of including a methodology

into my practicum was to have a structure to scaffold off of for program development, implementation, and evaluation. Action research is the “systematic collection and analysis of data for the purpose of taking action and making change,” that focuses on producing applied knowledge (Gillis & Jackson, 2002, p.264). Through Gillis and Jackson’s (2002) statement, the skeletal form of action research can be observed as four phases: Planning, action, analysis and conclusion. While I have not conducted research, I did follow these steps of action research in the development and evaluation of the brief action therapeutic system program that I focused on throughout my practicum.

The planning phase of my practicum project involved developing a brief action therapeutic system for use at my practicum site, developing the structure and delivery schedule for each session, developing considerations of risk and participant safety, and careful consideration of what internal/external motivating factors (such as gift cards) would be used (Kelly, 2005; MacDonald, 2012). The action phase of AR—like all action phases in AR—was the most unpredictable, as I focused on observations, examinations, and documentation (Levin & Martin, 2007; McNiff & Whitehead, 2006). I performed ongoing analysis by utilizing the integrated theory and practice (ITP) loop to integrate theory and practice in order to be interpret characteristics, patterns, attributes, and meanings in field learning to inform best practice throughout my practicum (Drolet, Clark & Allen, 2012; McNiff & Whitehead, 2006). The conclusion I have generated in this report demonstrates both my commitment to academic rigor, as well as my demonstration of knowledge I have gain throughout my practicum, which illustrates my understanding of internal/external influences, practice improvements and impacts (MacDonald, 2012; McNiff & Whitehead, 2006).

Transtheoretical Model

The transtheoretical model (TTM) is a framework to quantify stages of change in human behavior (Prochaska & Velicer, 1997). Prochaska and Velicer (1997) observe that, “Processes of change provide important guides for intervention programs, since the processes are like the independent variables that people need to apply to move from stage to stage” (p. 39). There are seven stages outlined in the change model: Pre-contemplative, contemplative, preparation, action, maintenance, termination and relapse (Prochaska & Velicer, 1997). TTM is utilized to benefit individuals in “*Consciousness Raising*” of consequence to action, “*Self-reevaluation*” of environmental and self-image factors and “*Social Liberation*” to provide opportunities to collectively examine stages of change (Prochaska & Velicer, 1997, pp. 39-40; van der Kolk, 2000). Collectively, the steps in TTM provide markers that can be scaffolded for evaluation of individual progress within my practicum pilot project.

The rationale for selecting this specific combination of methodology and theoretical framework in my practicum pilot project is that they align with the fundamental principles present within TTRPGs (Creswell & Poth, 2018; Gygax & Arneson, 1991; McNiff & Whitehead, 2006; Prochaska & Velicer, 1997; Stolze & Tynes, 2016). The use of AR steps and TTM evaluation markers in my practicum project allows for the most participant autonomy in reporting during experiences, rather than attempting to control and predict a given outcome (Streubert & Carpenter, 1995). Furthermore, through the tools AR and TTM provide, a robust and immersive understanding about the factors leading to motivational change, while simultaneously providing a holistic and quantifiable measurement of change (Lincoln, 1992; Prochaska & Velicer, 1997). By pursuing my practicum project that scaffolds the steps of AR and evaluation markers of TTM, I will be embodying Wuest’s (1995) assertion that “there are no

single, objective reality, there are multiple realities based on subjective experience and circumstance” (p.30; Creswell & Poth, 2018).

Chapter 3: Practicum Pilot Project Design

Tabletop roleplaying games (TTRPGs), as with all games, require rules that engage players to maintain investment. While most TTRPGs have significantly different rule sets, typically, the types of rules and structures present within rule sets are relatively consistent. For instance, TTRPGs often require players to utilize character sheets to track key information—such as, abilities, progression and traits—to provide players with an internal consistency of the character they have created (Consorte, 2009; Crawford et al., 2014; Gygas & Arneson, 1991; Stolze & Tynes, 2016; Wyatt et al., 2014). Despite the similarity of structures, there are significant structural differences. A character sheet for one TTRPG cannot simply be used within the rule set of another TTRPG. The importance placed on what is tracked on a character sheet depends on the focus of the TTRPG. Dungeons & Dragons focus on characters becoming more powerful, while Unknown Armies focus on working toward completing a shared objective (Gygax & Arneson, 1991; Stolze & Tynes, 2016). For this reason, Dungeons & Dragons tracks abilities, stats, equipment and wealth, while Unknown Armies tracks trauma sustained by characters (Gygax & Arneson, 1991, pp. 2-8; Stolze & Tynes, 2016, pp. 25-29; Wyatt et al., 2014, pp. 143-179).

The most important structure present within TTRPGs is the engagement engine consisting of three aspects: Exploration, problem-solving, and combat (Crawford et al., 2014; Gygas & Arneson, 1991; Stolze & Tynes, 2016). All three aspects are intended to work in tandem to engage players and provide all players an opportunity to stand out during a session, thus, building table rapport, investment in the game and engagement of the imagination—also known

as, the theatre of the mind (Baker et al., 2022; Gyga & Arneson, 1991; Sargent, 2014; Stolze & Tynes, 2016). From the game master's (GM) perspective, the engagement engine provides a structure to meet players at their comfort and enjoyment level to provide and maintain session engagement (Gyga & Arneson, 1991). The relationship between players and the GM is intended to be symbiotic (Baker et al., 2022; Crawford et al., 2014; Gyga & Arneson, 1991; Stolze & Tynes, 2016). The GM's role is to provide scenarios that players interact with and make rulings regarding outcomes of interactions; like a mental health clinician or counselor guiding a clinical session. The role of the players is to interact with scenarios and co-operatively work together to navigate scenarios (Baker et al., 2022; Sung, 2021; Harms & Pierce, 2020).

Brief Action Therapeutic System

How I personally conceptualize utilizing a brief action therapeutic system (BATS) model is through aspects of western therapeutic models couched within a tabletop roleplaying game (TTRPG) framework. However, while the models are western in conceptualization, much of the holistic and practical application of the BATS model sits within the work of Indigenous academics. For instance, the four unique motivational quadrants of the BATS model—organization, exemption, connection, and actualization—which could be viewed as an expansion of a familiar touchstone among some communities who use the medicine wheel as a holistic wellness model (Abosolon, 2010; Tanner et al., 2022). Additionally, the familiar elements of oral traditions can be found in tabletop role-playing games, such as *Coyote & Crow*, *Dungeons & Dragons* and *Unknown Armies*.

Archetypical

Archetypical is a concrete example of a brief action therapeutic system (BATS). Archetypical—as per the criteria of a BATS—blends elements of cognitive behavioral therapy

(CBT), dialectical behavioral therapy (DBT), and narrative therapy modalities with the structures and concepts present within tabletop roleplaying games (TTRPGs). The main hope of applying a therapeutic model such as Archetypical is to have participants be able to engage in a low-cost therapeutic model; where the construction of meaning is used to parse out emergent patterns that focus on “co-learning, knowledge scrutinization, knowledge validation, and knowledge gardening” present in the TTRPG framework (Baker et al., 2022; Shazer et al., 1986; Ray, 2021).

In order to gain a richer understanding of Archetypical, I must first discuss the structures present in TTRPGs, the bridge between traditional roles and concepts present in counselling and TTRPGs, as well as the environments necessary to facilitate therapeutic intervention and gaming. The underpinnings of what draws individuals to TTRPGs is well laid out on the YouTube channel Better Than Yesterday (2020). In the video, I increased my productivity 10x - by turning my life into a game, the creator breaks down RPGs as “a dopamine trail” that continuously leads players from smaller to larger goals (2020). The creator asserts that the “dopamine trail” consists of five key factors: 1. A clear objective that creates meaning; 2. Goal progression must be visible; 3. Rewards that encourage further goal progression; 4. Variety and novelty in routine; 5. Challenges must match current skill level (Better Than Yesterday, 2020). Now that I have outlined the motivational underpinnings that attract people to TTRPGs, I will now move on to the parallels in roles between counselling and TTRPGs.

TTRPGs have one player who referees the game—known as the game master (GM)—for the remaining players that create their own characters—known as player characters (PCs). Yet, PCs are not playing against the GM; rather, the GM guides PCs to situations and referees the outcomes of the PCs choices (Gygax & Arneson, 1991; Stolze & Tynes, 2016). In other words,

all players around the table are working together to overcome obstacles within the game environment, rather than engaging in an adversarial competition of PCs versus the GM.

Through understanding the various roles of TTRPGs, emergent roles of traditional group therapy can be seen. The practitioner fills the GM's role, while participants fill the roles of the players. The practitioner and the participants then engage in a therapeutic alliance of collaboration of education and practice. As Gygax and Arneson (1991) assert, "Role-playing games are [. . .] interactive. One player provides the narrative [. . .] [e]ach player controls the actions of a character in the story" (p. 1). However, this collaboration can only take place if the physical and social environment is welcoming and comfortable for all parties.

The physical and social environments required for both a game or therapeutic session also appear to parallel each other. I find that the physical environment is intended to be safe and comfortable for both participants and practitioners. I often have easily identifiable pop culture knick-knacks in my office to humanize the space, start a conversation with, or even to use as an intervention for particularly intense sessions. Frequently, I am told by clients that they feel my office is comforting and welcoming, while still being a clinical setting that they can get work done in.

The social environment also requires consideration for the safety of all parties (Stolze & Tynes, 2016,). Table safety has become prevalent in the TTRPG community and most TTRPGs have sections dedicated within rules books that outline the dos and do nots to create a safe and engaging space (Stolze & Tynes, 2016, pp. 10-11). Likewise, I find that a therapeutic session's environment is set by the practitioner and is intended to be safe for a client to share, vent, and process difficult situations and/or emotions that a client might be experiencing.

One of the more unique tabletop roleplaying games that Archetypical is structured after in terms of content is Unknown Armies. In Unknown Armies, characters often deal with trauma and find empowerment in the connection with other characters in their cabal (Stolze & Tynes, 2016). Players may encounter or may have to stop an archetype while dealing with an addiction or grief and loss (Stolze & Tynes, 2016). However, structurally, Archetypical sessions follow the Dungeons & Dragons structure of social encounters, conflict encounters, and problem-solving encounters (Gygax & Arneson, 1991).

While understanding the underpinnings, roles, and environments are important, an equal understanding must also be given to interaction and delivery. The interactivity and delivery come in the structure of merging a TTRPG and group session together. Specifically, the creation of a check in character sheet that participants use to address various problems that require a solutions-focused, task-centered, or strengths-based approach as the archetype they most identify with (Harms & Pierce, 2020; Gygax & Arneson, 1991; Stolze & Tynes, 2016). By modelling this therapeutic system in the structure of tabletop roleplaying games, participants will be able to examine scenarios through the space provided by an archetype, rather than confronting an overwhelming scenario within a traditional talk therapy. All the while, participants gain experience to level up their coping skills. By utilizing these structures in this practicum project, I had hoped to empower participants by motivating beneficial pro-social behaviors that allow them to overcome experienced trauma (Aguiar & Halseth, 2015; Baker et al., 2022; Carter, 2007; Wright, 2019).

Clinical Modalities and Underpinnings

Elements of clinical cognitive behavioral therapy (CBT), dialectic behavioral therapy (DBT) and narrative therapy modalities can be identified in a brief action therapeutic system

(BATS) by a versed mental health clinician, while familiar touchstones can be cultural identified by Elders and community members. It is important to note that the familiar touchstones, while culturally recognizable, were not taken from any community or cultural knowledge. This point is significant as these touchstones were incorporated from the structures of tabletop roleplaying games (TTRPGs).

The guiding principle underpinning engagement with participants throughout implementing my practicum project was to create and maintain a dialectic relationship with participants (Begay et al., 2007; Lineman, 2014; Saulis, 2003; Wesley-Esquimaux & Calliou, 2010). By using a dialectic model of engagement, participants were able to create a sense of shared storytelling to better inform and promote self-empowerment when facing comparable situations in daily life (Artist, personal communication, October 19, 2025; Saulis, 2003; Wesley-Esquimaux & Calliou, 2010). Furthermore, the utilization of dialectic engagement also parallels a TTRPG's group exploration of character identities and interactions within a therapeutic setting by mirroring the complex elements of narrative structures created by playing a TTRPG (Clements, 2019; Consorte, 2009; Sargent, 2014).

From a clinical modality perspective, the goal of CBT is behavioral modification within the BATS to explore self-reflection and decision making about chosen behaviors (Burns, 1981). By developing self-awareness around behavioral impacts on self and those around them, participants are again provided the opportunity to safely explore behaviors that could be more beneficial, rather than detrimental (Baker et al., 2022; Ben-Ezra et al., 2018; Sung, 2021). The incorporation of elements of CBT also provides a way for participants to examine their emotions, thoughts and physical sensations to support a beneficial self-inventory to determine their level of arousal (Burns, 1981; Kaur & Whalley, 2020). Additionally, the CBT model provides a bio-

psycho-social sensory feedback loop that informs motivation in any given moment (Burns, 1981; Drolet et. al., 2012; Kaur & Whalley, 2020).

The inclusion of narrative therapy elements is intended to provide participants with two strategies—externalization and reauthoring—to navigate potentially difficult topics that may come up during a session (White & Epston, 2024; Parry & Doan, 1994). Externalization allows participants to externalize a presenting issue and examine the issue from multiple perspectives (Harms & Pierce, 2020; White & Epston, 2024; Parry & Doan, 1994). Reauthoring allows participants the safety of exploring a presenting issue from a distance, especially if a participant has encountered a similar issue in real life, and reauthor the presenting issue into a narrative that empowers the participant to make changes in life (Harms & Pierce, 2020; White & Epston, 2024; Parry & Doan, 1994).

Chapter 4: Practicum Agency and Learning Outcomes

Practicum Placement Agency

I created a practicum pilot modality—referred to as a brief action therapeutic system (BATS)—where I secured a community resource to host and provide a trial opportunity for my project that may benefit participants in creating meaning and structure in their lives. As such, I made connections with community partners regarding the idea of completing a Master of Social Work practicum that would support the space to present my modality in a group setting. On February 14, 2024, I had a conversation with Carmen De Menech, the manager of Foundry in Prince George, BC. The meeting focused on the possibility of implementing a Brief Action Therapeutic System—Archetypal—to engage youth who access Foundry’s mental health services.

Foundry was “co-created by a diverse group of youth, families, caregivers, staff and service providers across the province” of British Columbia (Foundry, 2024). Primarily, Foundry was created to fill the gaps and serve the needs of children and youth between the ages of 12 and 24 who require “integrated youth services” (Foundry, 2024). The Foundry centres across British Columbia provides services to children and youth related to primary care, mental health, substance use support, and social services in their respective communities (Foundry, 2024). Additionally, each Foundry Centre is overseen by an existing community resource such as the health authority, or the YMCA, as is the case for the Foundry Centre in Prince George.

Learning Outcomes

One of my major learning objectives was to implement and facilitate my pilot brief action therapeutic system—Archetypical at Foundry in Prince George. This objective included the introduction and facilitation of the therapeutic system on an ongoing basis. My intent was to gather feedback that may have potential for future research. Throughout my practicum, I was able to deliver and facilitate the pilot project, and seek feedback and input from group members (parent/guardian, participants, and professionals) that informed an ongoing evaluation regarding the service delivery of the Archetypical. All revisions suggested to Archetypical were made in collaboration with the group members who have had the ability to assess what aspects are effective, what can be refined and what materials needed to be added or removed. Through this process, I have gained a stronger understanding of the development and implementation of this modality as a potential future therapeutic approach. I have record experiences by keeping a limited journal of session notes and collected feedback throughout the process that has been included in my final report.

I have developed a stronger understanding of all the stages required to implement a brief action therapeutic program, as well as facilitated three trials during of my practicum. The implementation, program delivery, and evaluation were key phases involved to making meaningful adjustments to program materials and delivery. Having experienced the process of developing and delivering a program first hand, I have a better understanding of the process that has provided me with the foundational and secondary skills necessary to design future programs that are built efficiently and effectively. Furthermore, I have gained additional practical group facilitation skills in co-facilitating Foundry's Dialectical Behavioral Therapy (DBT) group, that strengthened my ability to facilitate my brief action therapeutic group within the clinical setting of Foundry. I also had the opportunity to discuss clinical planning, engagement, and continuing support with Foundry's Concurrent Disorders Clinician.

I have also expanded my skillset in the program development process by learning valuable leadership skills. Throughout my learning in this process, I have been able to hone various essential skills, including enhanced facilitation, improved verbal and non-verbal communication in group settings, developed advanced creative problem solving-techniques to address complex interpersonal issues, and taking on greater responsibility and accountability for the brief action program that I developed and implemented. Additionally, I have deepened my understanding of the importance of program evaluation. Together, these skills will equip me for an advanced level professional position, ultimately enabling me to contribute to meaningful large-scale system changes that positively impact community members.

I have also gained valuable insight into Foundry's policies and procedures that have provided a structured framework for my practicum. While I have clinical experience from my role as a social worker at the Blue Pine Clinic, I often do not serve clients in the age range that

Foundry serves. Having learned more about the context of which the policies and procedures support clients between the ages of 12 to 24, I have gained a robust understanding of the interplay between community agencies that provide comparable levels of primary care to different populations.

Chapter 5: Practicum Overview

Practicum began on Tuesday, September 3, 2024. The first few days focused on the standard orientation to the agency's policies and procedures, as well as meeting team members. This provided me an opportunity to assess how best to integrate into the culture and structure of Foundry. As Drolet et al. (2012) observe, professional conduct in the workplace comprises of "values and purpose" unique to employees, students, and employers (p. 60-1). During the beginning of practicum, I integrated with the team at Foundry through our shared values and purpose of providing client centred service that led to evidence-based outcomes (Mental health huddle, personal communication, September 12, 2024).

Program evaluation

My experience entering Foundry felt unique, as I had a strong understanding of interprofessional team work in a clinical setting due to my role as a registered social worker (RSW) at the Blue Pine Clinic. Yet, I still experienced culture shock due to the differences in workload, as well as the services and programs offered to accessing children and youth. Most notable, I recognized the stark differences in how information is collected through frontloaded surveys rather than documentation of encounters.

Foundry collects participant feedback in both direct and indirect ways, specifically for the purpose of program evaluation. Specifically, through "a tablet-based set of surveys and clinical tools used by young people as well as care providers" (Foundry, 2024). While clinical encounter

documentation does occur for the purpose of supplementing collateral during program evaluation, the primary method used in program evaluation comes from participant feedback reviewed by professionals to support ongoing care planning of client care.

In my previous experiences running groups in Northern Health programs, such as the Adult Addictions Day Treatment Program (AADTP), documentation of participant feedback was the primary way information was collected for the purpose of program evaluation. Through professionals' documentation of intakes and encounters with clients, programs can be evaluated through searching key terms that are linked to effective/ineffective outcomes. As the Northern Health Information Privacy Office (n.d.) reports, "Each time you receive care from one of our healthcare team members, information from that contact with you is recorded in your health record" (p. 3).

The purpose for Foundry to collect data in a broader, yet streamlined way to support youth in finding "youth-friendly, welcoming and appropriate services" (Foundry, 2024). This also provides a more subtle approach to assessing and prioritizing services, service delivery and programs relevant to youth demographics in each town or city that has a Foundry Centre. This ensures that Foundry "truly [meets] the needs of young people coming into Foundry Centres" (Foundry, 2024).

McNiff and Whitehead (2006) observe that when developing an action research plan, there are drawbacks that can be avoided when engaging in "feasibility planning" (p. 79). During my practicum, I have learned that data collection was essential, as my focus was on program development and implementation of Archetypical. Understanding how and why data is collected provided me a foundational knowledge base to structure assessment of participant engagement

with Archetypical, as well as collect data for future researchers to analyze and critique the effectiveness of the program (McNiff & Whitehead, 2006).

There are limitations to the data that has been collected for future research. Specifically, I have focused data collection on elements of Archetypical engagement and feedback of experiences. An important note is that I was unable to gain the amount of participant feedback I wanted due to participants either requesting not to engage further or contact information needed to be updated. However, the participant feedback I have been able to gain a better understanding of has been noted as such.

Leadership competencies

At the core of my practicum objectives, I wanted to develop and strengthen my leadership skillsets. During my practicum, I had many opportunities to engage with, reflect on, and implement leadership skills to learn and reinforce the skills I have developed through my learning feedback loop (Drolet et al., 2012). The specific opportunities were in the development and implementation of my Archetypical pilot project, co-facilitation of the ongoing Dialectic Behavioral Therapy (DBT) group, providing social work support for youth and families, and running the mental health huddles on an ongoing basis. The skills that I have been able to develop and enhance included collaboration on projects, interpersonal communications, managing timelines and people, mentoring, planning, and providing direction within a “Daring Leadership” framework (Brown, 2018).

In *Dare to Lead*, Brené Brown (2018) describes two types of leadership, “armored leadership” and “daring leadership” (pp. 78-113). Brown (2018) breaks down armored leadership into 16 examples of leadership that operate from a power over structure that which is often delivered from avoidance of discomfort, control, insecurity and self-protection. Meanwhile,

daring leadership focuses on accepting and embracing discomfort, cultivating creativity, decentralizing power, and team-based support (Brown, 2018). Throughout my work experience, I often encountered the exact examples of armored leadership Brown (2018) describes and very rarely encountered daring leadership.

As I go into the details of Archetypical and DBT group, I use this section to discuss my experiences with social work-based needs and the mental health huddles. The social work-based needs of Foundry are different than what I typically encounter at my place of employment at the Blue Pine Clinic, due to the age demographics being much younger. However, there are similarities around the type of requests asked by children and youth accessing services through Foundry, which often required a gentler handling of uncomfortable conversations (Brown, 2018). One such uncomfortable conversation occurred late into my practicum and perfectly summarizes my learning leadership in a social work-based context.

As practicum continued, I found that politically, some of my values did not align with a lot of team members (Mental health huddle, personal communication, February 7, 2025). Specifically, many of the teams' strong liberal-based political values alignment. This was a huge learning opportunity, as I do believe that people can fundamentally get along regardless of political alignment. I frequently question authority, appreciate when politicians represent the will of the people, and do not hold any specific political party values. I examine political platforms as to whether they align with my values that political parties are intended to represent the values of the people to build a strong sense of cohesive purpose; regardless of moral justifications (Mental health huddle, personal communication, February 28, 2025). I used these moments of values incompatibility as opportunities to learn how to mitigate potential conflicts through using the ITP

loop to reflect on theory integration of Brené Brown's (2018) book *Dare to Lead* into my practice (Drolet et al., 2012).

For context, Foundry Prince George does not have a social worker on staff, so a lot of knowledge that a social worker brings is not typically available. A youth had been attending Foundry's primary care to receive support to complete a person with disability (PWD) application, as they were denied by the Ministry for Social Development and Poverty Reduction (MSDPR) (personal communication, March 17, 2025). The youth had proposed to discuss the appeal process of MSDPR's decision. Lauren, then registered nurse at Foundry, had asked me for support regarding how best to navigate the conversation. Initially, I provided Lauren with the information to provide the youth, however, it dawned on me that this would be an opportunity to lead the conversation to role model the steps to take in assessing what can be done, the information to be provided, and possible solutions that could be provided (Brown, 2018). Lauren was agreeable to have me lead and we attended the appointment together (personal communication, March 17, 2025). Lauren introduced me and guided the youth's attention toward me (personal communication, March 17, 2025).

I read the youth's denial letter and MSDPR made the denial very clear that the youth can function in completing all activities of daily living (personal communication, March 17, 2025). However, the youth did present with barriers and would meet criteria for MSDPR's person with persistent and multiple barriers program (Government of British Columbia, 2025; personal communication, March 17, 2025). Gently, I laid out the pieces for the youth that the youth did not qualify for PWD, with Lauren's support of providing messaging that the youth understood (Brown, 2018; personal communication, March 17, 2025). I then offered applying for persons

with persistent and multiple barriers (PPMB) as an alternative option that would meet the youth's need better (personal communication, March 17, 2025).

This led to Carmen and I discussing why this encounter was impactful (personal communication, March 20, 2025). Carmen shared that often providers and clinicians are unaware that they can say no to certain asks due to not knowing about alternative options that can be offered. This resulted in Carmen and I having a discussion to implement a service flowchart, as well as a social work binder to support providers and clinicians when unsure of a direction to take (personal communication, March 20, 2025). What I learned from this experience is that opportunities to lead will always present themselves, even when I know what and why actions need to be taken (Brown, 2018).

Leading the mental health huddles presented many opportunities to acknowledge concerns and uncertainty, cultivate team-based belonging and commitment, and express gratitude (Brown, 2018). Foundry's mental health huddles set the tone of the meeting, as well as the tone for the remainder of the day and week, as they are equally about checking in with team members, as well as planning how best to clinically support the children and youth who access services. A great example of team-based support was a presentation provided by one of the clinician's, Jane, about different zones that a team can be in—enmeshed, zone of fabulousness, and distanced (personal communication, March 20, 2025; Reynolds, 2019).

Jane explained that a team strives to be in the zone of fabulousness, the zone in which team members feel supported and safe (personal communication, March 20, 2025; Reynolds, 2019). However, members can drift into the zones of enmeshment and distant. In the zone of enmeshment, team members take on too much and burn out, while in the zone of distant, the team member isolates and connects very little with the team (personal communication, March

20, 2025; Reynolds, 2019). This is reminiscent of when der Kolk (2015) discusses childhood attachment. van der Kolk (2015) observes that children who lack “physical attunement are vulnerable to shutting down direct feedback from their bodies” (p.116). Brown (2018) observes similar impacts on teams who embrace armored leadership styles, which often leads to absenteeism, lower productivity and burnout.

One of the broader contexts rarely discussed are system barriers that limit client care. Through ongoing discussions with Sandy Galletti, Concurrent Disorders Clinician, during my practicum, I was able to gain insight into system barriers that often limit clients from accessing care (S. Galletti, personal communication, February 2, 2025). Often, our discussions occurred after facilitating the DBT group. Several system barriers that stood out to me included the use of corporate language to obscure public understanding of presenting system limitations (for instance, limited beds to indicate staff shortages), service mismanagement due to reallocation of funds (often done to cover funding deficits), and significantly narrow program criteria that excludes a large majority of people who require specific services the most (primarily found in specialized programs, such as the Community Acute Stabilization Team (CAST) and Community Outreach and Assertive Services Team (COAST)) (S. Galletti, personal communication, November 10, 2024; S. Galletti, personal communication, January 20, 2024; S. Galletti, personal communication, February 9, 2024). While these system barriers are intended to increase public trust of the medical system, ensure community programs are still able to run, and provide frameworks that target specific demographics, these system barriers often work against both the medical system and people attempting to access care.

While some of these concepts I was aware of due to team building activities we engage in at Blue Pine, I have been able to reframe the concept of connection and collaboration from a

broader perspective. Specifically, when checking in with the Foundry team. As this is an election year, many people present at the mental health huddle presented with concerns and uncertainty about funding and stability (Brown, 2018). I was able to approach acknowledging these concerns and the uncertainty by acknowledging the fear and concerns that people have, approach discussions from a place of curiosity, present clear information regarding opposing political platforms that align with the team's values, and use humor to break tension (Block, 2009; Brown, 2018). I was also able to cultivate team-based belonging and commitment, as well as express gratitude during check ins through the support of team members. Specifically, if there was an activity I presented to the team and someone offered an alternative to do in lieu of my activity, or suggested a different activity for next huddle, I would choose the alternative and support the suggestion (Brown, 2018). By taking this action, team members feel valued while simultaneously telegraphing to the rest of the team that their input matters, which further builds team cohesion and a sense of belonging (Block, 2009; Brown, 2018).

DBT group facilitation

Throughout my practicum, I was able to run one and a half cycles of the Dialectic Behavioral Therapy (DBT) group for Foundry youths. The DBT group ran for 12 sessions on Monday evenings (Foundry, 2024). Each session lasted for 1.5 hours and followed well outlined weekly session goals and psychoeducation (Foundry, 2024).

As I have prior experience with group facilitation, I approached my role with co-facilitation from the perspective of leadership. Specifically, I looked for ways to scaffold development and implementation of Archetypical, as well as seek to understand how to present information that will stick with participants (Block, 2009; Brown, 2018). During my time at the Adult Addictions Day Treatment Program (AADTP), I learned how to facilitate groups and

present information. However, due to team dynamics—specifically, a power over dynamic, I was never able to learn the nuts and bolts of implementing meaningful changes and program evaluation (Brown, 2018). Thankfully, when I started my practicum, the DBT program was being evaluated and changed. The key takeaway for me from viewing the evaluation and change implantation process is that successful programs change with every facilitator (Brown, 2018; Moria Trahan, personal communication, February 17, 2025). Implementing program change accomplishes two things simultaneously: 1) The change keeps material fresh for repeat users. 2) The change allows for the facilitators to make meaningful contributions to the program that support a facilitator’s confidence in presenting the material and create an avenue for meaningful exploration for both participants and facilitators (Brown, 2018).

Co-facilitating DBT group was always engaging. Typically, each session had three to four participants in attendance. I found that the DBT group functioned at its best with two or three facilitators, along with three to five participants (Brown, 2018). This mix of facilitators and participants created a relaxed, but engaged group dynamic that was cohesive and shared a common purpose (Block, 2009; Brown, 2018). Primarily, this came from the facilitators working together to use a “power with” approach that invited participants to be curious and be aware of their actions, emotions, thoughts, and sensations (Brown, 2018; Linehan, 2014; Margolin, 2014).

In addition to gaining a deeper understanding of the nuts and bolts of program evaluation and change implementation, as well as developing secondary skills to group facilitation, I also learned about the value of structure (Block, 2009; Brown, 2018). During my time at AADTP, I became bored quickly with presenting the same material the same way for the same set amount of time and never really understood the importance of facilitator guides. Both Block (2009) and Brown (2018) address my previous mindset when discussing the power of structure in both

community building and in organizational counselling. Block (2009) asserts that, “Transformation occurs when leaders focus on the structure of how we gather and the context in which the gathering takes place” (p. 179). Brown (2018) appears to observe the same phenomenon when leadership shifts from a “Power over” to a “Power with,” “Power to,” and “Power within” approach, leadership then transforms to a more collaborative approach that acknowledges the context in which productivity can take place (pp. 96-7). These points were reinforced in a conversation with Moria Trahan, another grad student in practicum at Foundry (personal communication, February 17, 2025). Moria shared that facilitator guides are like lesson plans, and while they will change based on who is facilitating, they provide a road map of where a facilitator can take a session (personal communication, February 17, 2025).

Archetypical discussions and development

I have chosen to provide the specific details of the development of a BATS—that I have titled Archetypical—and provide analysis of the key sections of the BATS within the development process. The purpose of providing professional key informant identifying information is critical in demonstrating oversight and supervision of colleagues and peers. Most of whom have played a role shaping how this BATS has been researched and created via academic, evidence-based and peer review (Creswell & Poth, 2018). This process of knowledge sharing of my idea and feedback of pointing me in the correct direction of relevant academic inquiry has been invaluable (Chang, 2009; Creswell & Poth, 2018; von Neumann & Morgenstern, 2004). Additionally, it has provided a unique opportunity to connect with colleagues and peers that I may not have otherwise had. Additionally, through providing this identifying information, it demonstrates game theory’s optimal strategy for success by crediting

the contributions made by key informants (Chang, 2009; Creswell & Poth, 2018; von Neumann & Morgenstern, 2004).

In 2017, I was working with youth in care at Eagle Nest Community and Aboriginal Services (ENCAAS). During my time working at this organization, I had multiple conversations with other staff members who shared my interest in tabletop roleplaying games (TTRPGs). Often, these conversations shifted to brainstorming what a therapeutic intervention set up like a roleplaying game would look like, however, no concrete ideas were ever formed. One staff member, Co-Worker² (2017), even stated that creating a therapeutic system like this would be a waste of time prior to securing funding. I fundamentally disagreed with Brown's statement then, and I still disagree with it now. Additionally, at this time, I was completing the pre-requisites to get into the University of Northern British Columbia's (UNBC) bachelor of Social Work program.

In May 2020, approximately two months into the Covid-19 pandemic, I graduated with my Bachelor of Social Work from UNBC, and by June 22, 2020, I had started my career with the Northern Health Authority (NHA). My first line was a seven-month relief line working with youth in a locked unit³. In this line, I revisited the idea of a therapeutic intervention that was set up like a TTRPG. What I had observed is that the youth that I had been facilitating groups for presented as more open to reflecting and implementing information regarding structure and transferrable skills when they were set up in a way that provided choices and a mechanism of motivation. While groups often occurred after breakfast and before lunch, often the youth reported motivation being linked to snacks and meals (Youths, personal communication, October 6, 2020). When the youth would report this, I often felt that the groups I was facilitating were

² First/last name and credentials redacted upon request of key informant.

³ unit name redacted to reduce identifiable information regarding Team Lead, at Team Lead's request.

eliciting external motivation which is often an indication that motivation is not invested in personal growth, but rather on receiving a reward (Turning Points, n.d.).

In a similar vein, Morschheuser & Hamari (2018) explore gamification within the context of work and crowdsourcing. Crowdsourcing—in the context work—is defined as the application of using ‘the crowd’ (an array of diverse internet users) to outsource workloads to solve complex problems, rather than using employees or suppliers (Morschheuser & Hamari, 2018).

Morschheuser & Hamari (2018) observe that:

crowdsourcing systems are one of the largest domains employing gamification (Koivisto & Hamari, 2017; Morschheuser, Hamari, Koivisto, & Maedche, 2017), that is, organizations seek to make the crowdsourced work activity more like playing a game (Vesa, Hamari, Harviainen, & Warmelink, 2017) to provide other motives for working than just monetary compensation (Colbert, Yee, & George, 2016). (p. 145)

I brought up my concern regarding youth expressing externally motivated by meals with the locked unit’s Team Lead⁴, who inquired what I would propose to do to address my concern (Team Lead, personal communication, October 8, 2020). I initially presented the Team Lead with research regarding TTRPGs as a therapeutic intervention, and suggested running a TTRPG for the youth on the locked unit to better engage youth and facilitate group discussions regarding choice and consequence. Additionally, I could also indirectly teach the routine and structure required to maintain consistency on the locked unit. The Team Lead (personal communication, November 9, 2020) disagreed and dismissed the idea as being “far too radical” for NHA. To clarify, Team Lead did not reject my idea/solution based on any bias against me; rather, this rejection came from a large organizational system’s perspective of risk management.

⁴ First/last name and credentials redacted at request of key informant.

I then shared my idea of creating a therapeutic intervention in the style of a TTRPG that would be flexible enough for youth of various levels of cognitive understanding to engage with, but would also be demystified and lack any references to imaginary creatures, magic or the occult. Team Lead (personal communication, December 22, 2020) was agreeable to review what I came up with. Within a month, I created a rudimentary character sheet for check in and a list of existing therapeutic interventions that youth on the locked unit could refer to and level up in the safety of the locked unit. Team Lead (personal communication, January 19, 2021) did not approve the use of my purposed intervention—that would eventually become the BATS presented in the appendices of this practicum report. Soon after this review and denial, my relief line soon ended with the return of the incumbent who owned the line. I then obtained a two-month relief line with the social work team at the University Hospital of Northern British Columbia (UHNBC), followed by a one-month term at the Acquired Brain Injury Program (ABIP). During this three-month period, no meaningful progress was made on the BATS.

In April 2021, I began working with the Adult Addictions Day Treatment Program (AADTP) in Prince George. During my time in this program, I was able to learn about program development in addition to networking with team members in the Community Acute Stabilization Team (CAST). This phase of my early career was probably the most valuable in terms of learning about program development and evaluation, as well as the research and development of a BATS prototype. Primarily, through the facilitation of AADTP materials and daily check ins via scaling questions to evaluate the educational value of AADTP materials, as well as conversations with CAST team members who understand the structural concepts of both therapeutic programs and TTRPGs.

During a lunch hour, while playing a board game with two CAST Clinicians, Darryl Anderson, M.Ed., B.Sc., R.C.C. and Marina Ursa, M.Ed., B.Sc., R.C.C., I shared my idea for a BATS and inquired about their input from a counseling perspective. Anderson and Ursa (personal communication, June 11, 2021) both expressed excitement about the idea I pitched. Anderson and Ursa (personal communication, June 11, 2021) further share that a modality that ties multiple therapeutic interventions with the inherent structures present in roleplaying games could possibly benefit neurodivergent, youth and gamer demographics. Our conversation then shifted to specific interventions that could be explored in my proposed modality. Specifically, the concept of ‘Second Self’ as a way for a potential client to build resilience and confidence during the early stages of clinical intervention to promote self-transformation (Academy of Ideas, 2020; D. Anderson & M. Ursa, personal communication, June 11, 2021). The second intervention was visualization, specifically, through the question, “If you were going on a trip, what would you take?” (D. Anderson & M. Ursa, personal communication, June 11, 2021; Schroeder, 2021).

After this discussion, I began to examine journal articles about archetypes, logotherapy, narrative therapy and studies about roleplaying games being used as a therapeutic alliance. YouTube videos about game theory, applications of awarding experience when accomplishing a goal and game design. I also read the founding books of CBT, DBT and narrative therapy, as well as the rules sets of Dungeons & Dragons (2014), Dungeons & Dragons Rules Cyclopedia (1991), Unknown Armies (2017). In short, my hyperfocus was engaged! Once I had filled my mind with knowledge, it was time to digest and allow my creative problem-solving organize this information into a structured TTRPG-esque therapeutic intervention tool kit.

I met with Damen DeLeenheer, RN (personal communication, March 9, 2022), RN for supervision. At the time, DeLeenheer was working as a Clinical Nurse Educator and has since begun a new position as Manager of Flow and Capacity. Near the end of this supervision meeting, I brought up integrating therapeutic interventions with structures present in TTRPGs. DeLeenheer (personal communication, March 9, 2022) expressed belief that a modality, such as the one that I proposed, that this would present neurodivergent and gamer demographics with a therapeutic modality that they could engage with. DeLeenheer (personal communication, March 9, 2022) then encouraged me to book a follow up meeting once I have a concrete version of this abstract modality.

For the next few weeks, my hyperfocus kicked in and I created a barebones version of Archetypical. This version presented the twelve archetypes, four motivational themes and twelve specific motivations, anxiety/depression issues, a random coping table and a character check in sheet. All of which are still present in the final versions of Archetypical. While working on this version, I had the goals of making this tool kit flexible for participants, adaptable to different cultures and be able to be ran/used by anyone to build their own useful structures.

I decided to incorporate archetypes into the prototype as a way for participants to quickly identify with recognizable themes occurring in their lives. Utilizing archetypes also provides participants space to either depersonalize an issue enough to be able to talk about the impacts the issue has in life and/or view an issue from different points of life that a participant may recognize. While externalization and depersonalization are common practices in narrative therapy, therapeutic focus often relies on client introspection (Combs & Freedman, 2012; Harms & Pierce, 2020; White & Epston, 2024). Furthermore, archetypes are transient and can be culturally adapted to be applicable to any given region (Jung, 2009).

I believe that conflict and kinetic action are practically applied by participants in a therapeutic context through the exploration of personal mythology. In short, personal mythology is the complete narrative that we assign to our lives. While narratives is a more generally accepted term, I personally prefer the term mythology, as people often use language akin to mythological language when sharing details about their lives. Julie Beck (2015) describes personal mythology as, “the way a person integrates those facts and events [that occur over a life time] internally.” For Beck (2015), how facts and events are organized within our lives determines how we respond to the perceived narrative conflict within the progression of a given ‘arc’ that occurs in one’s life story.

In my experience, individuals living with challenges such as addiction or trauma often lack a coherent narrative about their life. Their personal mythologies are frequently fragmented—sometimes progressing in a non-linear fashion, and other times halting abruptly without resolution. This disconnection often reminds me of Jung’s (1971) concept of archetypes arriving and departing. Specifically, as Raya Jones (2003) observes, Jung’s (1971) concept of collective:

[T]wo different meanings of ‘collective’ are applicable to his thesis: (a) something that is created collectively, like a language; or (b) something that normally everyone has, like the capacity for language. Whereas meaning (a) invites descriptions of how societies intersubjectively construct symbolic representations of typical situations, meaning (b) prompts the assumption of brain structures that mediate those productions. (p. 654)

On Earth Day, I met with DeLeenheer (personal communication, April 22, 2022) again for a follow up meeting. This time, I presented what I had developed so far. DeLeenheer was impressed with this initial version. The BATS prototype demonstrated—at least at an introductory level—all the modalities previously discussed, and added the dimension of

‘gamification’ to the mix. DeLeenheer was able to accurately parse out the pieces of CBT, DBT and narrative therapy while discussing the elements of brief action planning and motivational interviewing that also weaved their way into this therapeutic tool kit. Then, DeLeenheer hit me with a question that caught me off guard. “Have you applied for your master’s yet?” At this point, I had not considered applying at this point in my career, which I shared as my answer. “Well, you should think about it. You have a strong idea here.” DeLeenheer (personal communication, April 22, 2022) checked his watch and ended the meeting.

I reflected on DeLeenheer’s question in addition to bouncing the idea of returning to school to complete a master’s degree with colleagues and peers who have also returned to school. Mulling this over for a couple of months. Then, I took the plunge and applied. Initially, I was waitlisted. However, by July, I was in. Set to return to UNBC in the coming September. Then, in late July, I landed my current position as social worker with the Blue Pine Primary Health Care Clinic. This presented another opportunity to connect with another two professional community contacts, Laurie Zoppi, MSW, RSW (Executive Director for the Division of Family Practice) and Andrea Allen, RN (Clinical Programs Lead for the Division of Family Practice).

Between September 2022 to October 2023, my focus had primarily been on completing course work. Throughout this period, I made incremental progress on the BATS. Most notably, during the 2023 intersession semester, I revamped the prototype into a quick start version and began expanding the BATS concept into two booklets—the participants’ manual and the session guide’s handbook—reflecting the basic rules set of Dungeons & Dragons (Gygax & Arneson, 1991). I also began talking more with my professional key informants to expand on my initial concept and soundboard ideas that I had or how some ideas could be implemented into a therapeutic setting. The two most frequently talked to professional key informants were Darryl

Anderson, M.Ed., B.Sc., R.C.C. and Tim Lentz, M.Ed., B.Sc. (hons.), A.A., R.C.C.—a Mental Health Clinician for Interprofessional Team (IPT) 4.

In addition to being a practicing, registered counsellor, Anderson (personal communication, October 14, 2022) has a strong understanding of TTRPGs, their mechanics and how these games function. Like me, Anderson became interested in the TRPG hobby at a formative age. Unlike me, Anderson has had many opportunities to play TTRPGs with many diverse groups of people. Anderson and I discussed effective layouts of TRPG rules and what core concepts are typically front-loaded for players in TRPG rule books. Anderson (personal communication, October 14, 2022) observes that players are typically informed about the premise of the TRPG, table expectations, dice and mechanics present in the TRPG, before wading into character creation, skills and powers and equipment.

Later in the day (October 14, 2022), I flipped through the Player's Handbook (Wyatt et al., 2014), Book One: Play (Stolze & Tynes, 2016) and the Rules Cyclopedia (Gygax & Arneson, 1991) and found that this was indeed the case. While there were one or two minor differences in the ordering of some items, for the most part, this formatting structure appears to have been fairly standard in TTRPGs since at least 1991. I would go back look at physical copies of older editions, however, now, the market for some of the older editions of Dungeons & Dragons are going for thousands of dollars and I have not been able to locate older editions of Unknown Armies. If you are curious as to why I would want to examine physical copies of these titles, rather than digital copies, it is because digital copies typically have some alterations, whether to wording, layout or general tone that older physical copies would not have.

For the next few weeks afterwards, I reflected on my conversation with Anderson (personal communication, October 14, 2022). During this time, the idea to divide the

Archetypical skills section into grounding, coping and problem-solving came to me at this time. While having a dedicated section of therapeutic interventions was always going to be included in Archetypical, grouping existing therapeutic interventions into gradually more complicated skills was not a thought that occurred to me. By organizing the skills in this way, it provides a stepping stone structure for individuals to build upon. Primarily, through self-evaluation of what dimensions of wellness is being influenced by using a particular skill, and what are the energy, compassion and resilience costs to using a particular skill (Stoewen, 2017).

Between August 2023 and September 2023, I worked on writing the brief descriptions of the different skills and structuring the skills section of the Participant's Manual. I structured this section to incorporate elements of cost/benefit analysis, scaling questions and body scanning (Harms & Peirce, 2020; Scott, E., 2024; SMART Recovery, 2021). Once I had completed writing the descriptions and formatting the skills, I began grouping the therapeutic interventions into the levels of grounding (simple), coping (medium complexity) and problem-solving (difficult). After I completed grouping the skills into these categories, I reviewed each therapeutic intervention to vet for whether the skill was either a, or a combination of, solutions-focused, strengths-based and/or task-centered (Erford, 2015; Harms & Peirce, 2020). While all the skills did meet one or more of the previously mentioned criteria set by me, I had a total of seventy-five skills between all three categories—thirty-seven in grounding skills, twenty in coping skills and eighteen in problem-solving skills. While more skills would typically be preferable, limiting the number of options often inspires more creative approaches by individuals (Kalaf, 2023; Harms & Pierce, 2020; Plato, 2013).

By utilizing this knowledge, I was able to reflect on the question, could this grounding skill be able to be implemented and completed by an average person who is experiencing an issue—

such as anxiety—that temporarily limits decision-making capability? By reflecting on this question, in addition to my criteria of organizing skills as building blocks, I was able to remove seventeen grounding skills, six coping skills and four from problem-solving skills (Chang, 2009). I removed these items as they would not hold the attention of a participant, as they were too complex or did not contain enough foundational skills that could lead to other complex skills (Erford, 2015; Harms & Pierce, 2020). Once the elimination process was completed, I was able to include twenty grounding skills, fourteen coping skills and ten problem-solving skills in this BATS. Currently, all the skills included in Archetypical incorporate skill sets that build upon each other.

I met with Darryl Anderson, M.Ed., B.Sc., R.C.C. (personal communication, October 24, 2023) once more, this time to discuss mechanics combinations. Specifically, dice mechanics and what dice would be most effective to use. Anderson reported that it depends on the intended outcomes, such as an emotions table would be best suited as a d20 or d100. Approximately a month later, Tim Lentz, M.Ed., B.Sc. (hons.), A.A., R.C.C. (personal communication, November 22, 2023) emailed me a newly published article titled Gamification: How game design and narrative therapy can work together, by Luke Kalaf. These interactions combined inspired me to work toward completing the first drafts of Archetypical.

I completed the first drafts of the BATS on December 5, 2023. As I am a practicing Social Worker with Interprofessional Team 7, a position that is embedded at the Blue Pine Primary Health Care Clinic, I presented my drafts to Laurie Zoppi and Andera Allen. Both have noted that the novel premise of creating such a therapeutic tool kit may appeal to neurodivergent, youth and potentially gamer demographics (Zoppi & Allen, personal communication, December 8, 2023). Allen (personal communication, December 13, 2023) had also inquired whether she could

send a copy of the draft to a contact close of Allen to provide feedback. I agreed, as receiving feedback would allow me to make quality improvements to the drafts of the brief action therapeutic system. Allen provided me with the following feedback from her contact, “It was a lot of information, at first, but once I began looking through the manual, I started to see how this [BATS] could be helpful for those who know tabletop gaming” (A. Allen, personal communication, December 13, 2023).

I connected with Carmen De Menech (personal communication, February 14, 2024)—Centre Manager of Foundry Prince George—regarding the possibility of Foundry using Archetypical to engage with youth accessing Foundry’s mental health services. This led to discussion and planning for my practicum placement. Throughout several months, duration and organizational details of my practicum placement were arranged (C. De Menech, personal communication, February 14, 2024).

Archetypical presentations

In planning the implementation of Archetypical, I designed a presentation to introduce the concept of a brief action therapeutic system to peers, professionals and participants (Appendix B). The feedback provided during the three presentations I gave was used to frontload the action phase of developing a delivery format of a psychodrama gaming group and a more traditional psychoeducational group (Kelly, 2005; MacDonald, 2012). The intended purpose of these action oriented designed groups was ultimately to be able to better navigate unforeseen circumstances that could occur in practice (Kelly, 2005; MacDonald, 2012).

September 6, 2024

I attend Foundry after work to present the concept of Archetypical to peers and professionals (Appendix B). Although, I felt nervous, my previous experience facilitating group

sessions in the Adult Addictions Day Treatment Program (AADTP) helped conceal my anxiety. As I presented Archetypical to peers and professionals (two M. Ed. Practicum students and three regular employees), I began the two-hour session with an overview of what Archetypical is and how it can be used. I included the key elements that make up the core process of my brief action therapeutic system, as well as the three core clinical modalities that function within Archetypical (Appendix B).

The feedback I received regarding my presentation was that a more concise presentation outlining the therapeutic benefits to participants would provide opportunities to weave in psychoeducational learning with Archetypical (Archetypical presentation group, personal communication, September 6, 2024). A lot of optimistic focus was given to using a brief action therapeutic system as a process to promote decision-making; even if the decision would be to discontinue participation. Further feedback included was that the information was laid out in a way that was easy to follow and provides several opportunities to engage with participant questions (Archetypical presentation group, personal communication, September 6, 2024).

One opportunity for improvement that peer participants provided was to cut the information regarding clinical modalities for participants (Archetypical presentation group, personal communication, September 6, 2024). The peers and professionals present felt that the clinical information will not be as engaging for participants; however, information regarding clinical modalities should be retained when engaging peers and professionals. After my presentation, the group engaged in a ten-minute break for peer and professional participants to decompress and get food that Carmen De Menech was gracious enough to provide for the initial group. After the break, I offered several minutes for peer and professional participants to ask questions that they may have. No questions were presented at this time, so I encouraged

participants to ask questions they may have when they come up (Archetypical presentation group, personal communication, September 6, 2024).

Participants were agreeable to this format. Resuming the presentation, I provided education around safety planning in a “session zero,” and provided suggestions, such as X cards and listing off-limit topics, to create a safe and welcoming therapeutic environment (Appendix F, pp. 145-8). I also expressed the importance of focusing in on one overarching issue that is shared by group members, such as identity or anxiety, as this will create group cohesion and trust that is vitally important to any therapeutic group. At this point, the question of the absolute minimum and maximum group members was asked, which I answered “between one and six” (Archetypical presentation group, personal communication, September 6, 2024). This led to a brief discussion regarding key differences of service delivery for one participant versus service delivery for two to six participants.

At this point, conversation shifted from Archetypical to more social conversations. Rather than redirect the group back to Archetypical, I simply observed the group engaging in the unfolding prosocial activity (Brown, 2018). Around the ten-minute mark, I segued back to Archetypical and transitioned into guiding participants through archetype creation (Brown, 2018). The scenario I chose to use was the scenario that I created for the Participant’s Manual (Appendix D). Several errors were caught during this phase, which include mental is not a wellness dimension listed on the character sheet, social is a wellness dimension not listed in the scenario, “how to” is typed twice in a row. The guided scenario for character creation continued to the end of session (Archetypical presentation group, personal communication, September 6, 2024).

During the entire process of character creation, I used “we” language and only used open-ended questions when addressing participants both as the group and individually (Archetypical presentation group, personal communication, September 6, 2024; Brown, 2018). Specifically, what participants think of each section of character creation and what the archetypes that were chosen would think of each section of character creation. The common theme that emerged throughout this process was that participants were unanimously able to identify when answers to self-reflective questions were fully from an archetype and did not represent participant perspectives. However, participants often expressed difficulties discerning whether they were thinking about the different sections of character creation from their perspective or the perspective of an archetype through a hypothetical participant, and then subsequently reported feeling like they were viewing the process of character creation from their own perspective, rather than their chosen archetype. One participant reported thinking about the process as a game and reflexively was asking themselves how the character would think about the sections of character creation. In both instances, participants appeared to have come to the same conclusion of reflection being a key take away from all sections of character creation (Archetypical presentation group, personal communication, September 6, 2024).

This theme led to multiple discussions regarding how archetypes are applied in “game” compared to life day-to-day life and to larger life themes (Archetypical presentation group, personal communication, September 6, 2024). I guided these discussions through the fact that archetypes are fluid rather than consistent. I then validated participants’ experiences that experiencing transient and/or discordant reflection is understandable and is natural to experience during this process. Feedback that I received was to encourage participants to rate the wellness stats based on the specific archetype to reduce the number of times that transient and/or

discordant experiences occur (Archetypical presentation group, personal communication, September 6, 2024).

Once the character creation scenario was complete, I offered the final five minutes for peers and professionals to ask questions. I also provided participants with a random self-care table to encourage self-care once participants leave the group session (Appendix F; Archetypical presentation group, personal communication, September 6, 2024). No questions at this time were raised, however, multiple participants did report feeling tired after session, but that several Foundry clients would really resonate with a brief action therapeutic system modality (Archetypical presentation group, personal communication, September 6, 2024).

September 12, 2024

I present Archetypical to the second group of peers and professionals. Attendees were far less engaging during this session, however, the feedback provided did add valuable insight into the implementation process of Archetypical (Archetypical presentation group, personal communication, September 12, 2024). Most of the positive feedback again focused on the novelty of a brief action therapeutic system and using this system as a process to promote decision-making. Primarily, the attendees who were the most engaged had experience with tabletop gaming, while the participants who had limited engagement came from clinical backgrounds. The only archetype to be brought up during this session was the explorer (Archetypical presentation group, personal communication, September 12, 2024).

Explorer (2024) enquires, “do you think this will reduce the amount of door knobbing at the end of sessions” (Archetypical presentation group, personal communication, September 12, 2024)? When asked to elaborate, Explorer (2024) explains that door knobbing occurs when a participant does not share what they need to share until the final minutes of a session when no

meaningful progress can be made (Archetypical presentation group, personal communication, September 12, 2024; Explorer, 2024). I had not considered a reduction in door knobbing and stated as much in response to the participant's question. The Explorer (2024) shares further insight that this modality probably would reduce the amount of door knobbing in sessions as participants will feel more comfortable in sharing information incrementally, rather than when asked directly (Archetypical presentation group, personal communication, September 12, 2024).

Overlapping feedback provided includes experiencing transient and/or discordant reflection of scaling questions for wellness stats, feelings of viewing the process of character creation as if the attendee was the character, and that Foundry clients would benefit from engaging with a brief action therapeutic system modality (Archetypical presentation group, personal communication, September 12, 2024). Furthermore, attendees of the second presentation also expressed appreciation for breaking down character / archetype creation into sections, rather than attempting to have people create an archetype without and structure to follow. Additional feedback provided included adding the explorer archetype to the dream section and to include page numbers for participants to locate information quickly (Archetypical presentation group, personal communication, September 12, 2024).

September 28, 2024

I presented the final presentation to introduce Archetypical as a brief action therapeutic system. This presentation only had two participants in attendance—a parent and younger adolescent. I informed the parent that the parent is welcome to stay for the session; which the parent was agreeable (Archetypical presentation group, personal communication, September 28, 2024). I provided a ten-minute window for any additional participants to arrive before I officially

started the group (Archetypical presentation group, personal communication, September 28, 2024; Brown, 2018).

Both participants report not being aware of what roleplaying games are or how they are played (Archetypical presentation group, personal communication, September 28, 2024). I provided both participants with assurance that while learning the structure of this brief action therapeutic system might be a bit more difficult, a foundational knowledge of tabletop roleplaying games is not necessary (Archetypical presentation group, personal communication, September 28, 2024; Brown, 2018). Both participants expressed being open to experiencing Archetypical (Archetypical presentation group, personal communication, September 28, 2024).

Throughout the presentation, I incorporated the feedback provided during the first two presentations, much like running an organization in a building that is still being constructed (MacDonald, 2012; McNiff & Whitehead, 2006). I also encourage both participants to ask any and all questions that they may have, as well as provide encouragement to provide me with any feedback that they may have (Archetypical presentation group, personal communication, September 28, 2024). Furthermore, by incorporating the previously received feedback, there was a notable reduction in transient/discordant experiences when scaling questions were asked for wellness stats, spatial awareness between self and archetypes were observed by participants, and participants identified the potential to experience a situation from a differing perspective as a potential benefit from engaging with Archetypical (Archetypical presentation group, personal communication, September 28, 2024).

Participants of the final presentation provided feedback that was centred on chunking down the completion of the strengths, values, goals, skills and hobbies sections into three distinct sections. The participants suggest that chunks be categorized as: 1) Strengths and values. 2)

Skills and hobbies. 3) Goals. Further feedback was that providing tips, such as reviewing the wellness stats, strengths and values, as well as skills and hobbies to look for and inform achievable goals, would be extremely helpful for new participants. Additionally, the sample character sheets were helpful in providing concrete examples of what a completed character sheet looks like and how to describe emotions, thoughts, sensations and behaviors (Archetypical presentation group, personal communication, September 28, 2024).

Archetypical Trials

Throughout practicum, I ran three trials of Archetypical, two were ran as a psychodrama gaming group and one was run as a traditional psychoeducational group (MacDonald, 2012; McNiff & Whitehead, 2006; van der Kolk, 2015). The intended purpose of running three trials was to analyze the flexibility of the service delivery while generating data on running a brief action therapeutic system (Levin & Martin, 2007; McNiff & Whitehead, 2006). Furthermore, the action-oriented design of running three trials also provided opportunities to practice integration as a leader, rather than “being a knower and being right” (Brown, 2018, p. 91; Levin & Martin, 2007).

Archetypical: Trial one

Trial one ran for one session with two participants—Lover and Ruler—who requested to understand more about how Archetypical would be ran. Both staff members reported the experience as being overall good (Lover & Ruler, personal communication, October 10, 2024). Feedback from the participants included being unclear of when to roll dice, and whether their archetype was a character or themselves. Furthermore, both staff members reported feeling lighter and appreciated how much they both laughed and considered the choices that they were making in session (Lover & Ruler, personal communication, October 10, 2024). The following

narrative documents this session's outcomes of Lover and Ruler's choices and imaginary world as they participated in an Archetypical session.

Lover and Ruler had several hard weeks at work (Lover & Ruler, personal communication, October 10, 2024). They planned to go hiking Friday evening after work. They prepared what they were going to take earlier in the week. While heading to the trail that they planned to hike, Ruler's car got a flat tire. They were able to get the tire repaired and made it to the trail head around 7:00 P.M., promptly set up camp and went to bed. The next morning, Lover and Ruler hiked around the trail. They passed a cliff face with a rickety, old wooden ladder and chose not to go up it. Ruler shares that going up the ladder may not be the best choice and encourages Lover to make the safest choice (Lover & Ruler, personal communication, October 10, 2024).

A while later, they came across another ladder leading up another cliff face (Lover & Ruler, personal communication, October 10, 2024). The ladder was rope and looked to be in much better repair than the previous ladder. Lover climbed up and thought that camping on the top of the cliff would make a great campsite. After some encouragement from Lover, Ruler joined Lover on the plateau. Ruler agreed and planned with Lover to return to the plateau when it was time to set up camp. They both climbed back down and continued hiking (Lover & Ruler, personal communication, October 10, 2024).

Deciding to go left at a fork in the trail, Lover and Ruler came across a waterfall pouring into a pool (Lover & Ruler, personal communication, October 10, 2024). Ruler observed a possible object of interest in the pool and decided to wade in to investigate further. As it turns out, it was a large chunk of amber. Ruler decided to keep the chunk of amber. Lover and Ruler then have lunch and return to the fork in the road, this time heading left (Lover & Ruler, personal communication, October 10, 2024).

A few meters down the trail, Lover steps on a leather-bound journal that seemed to detail the final days of someone in the woods (Lover & Ruler, personal communication, October 10, 2024). Lover puts the journal into a sealable bag. Lover and Ruler decide to go set up camp on the plateau. After several hours, they have dinner and some hot chocolate and tea while watching a beautiful sunset, before turning in for the night (Lover & Ruler, personal communication, October 10, 2024).

At some point in the night, Lover awakes to multiple people yelling and banging metal against metal from below the plateau (Lover & Ruler, personal communication, October 10, 2024). Lover tries to wake up Ruler multiple times, but is unsuccessful. Lover decides to call out to the voices below. The voices respond and inform Lover that they are shooting a movie. The crew also inform Lover that they are missing a journal that was a prop that they had planted for this night's scene. Lover reports finding the journal and returns it. Lover is then invited to join the filming as an extra. The film crew also pays Lover \$87.00 for returning the journal (Lover & Ruler, personal communication, October 10, 2024).

As day light begins to peak through the twilight, Lover returns to camp and is nearly asleep when Ruler wakes up (Lover & Ruler, personal communication, October 10, 2024). Lover recounts the events of the previous night over coffee that Ruler made. Ruler offers a choice to Lover to either make breakfast at camp, or hike the few hours back to the car and get McDonald's. Lover chooses the later, so they pack up camp and hike back to the car and make their way home, where they enjoyed the remainder of Sunday (Lover & Ruler, personal communication, October 10, 2024).

Archetypical: Trial two

Earlier, I discuss presenting Archetypical, and mentioned that groups should have a focus on one overarching issue, such as anxiety or identity (Archetypical presentation group, personal communication, September 6, 2024). During trial two, I found that focusing on one overarching issue did not support the creation of group cohesion and failed to engage participants in scenarios and situations that I presented (Archetypical group, personal communication, September 12, 2024). I did observe that participant engagement increased when multiple issues were presented in scenarios and situations (Archetypical group, personal communication, October 12, 2025; Archetypical group, personal communication, October 19, 2024; Archetypical group, personal communication, November 2, 2024; Archetypical group, personal communication, November 16, 2024). This trial was initially intended to run for six sessions, however, only four sessions were run before participants completely stopped attending.

During this trial, each session lasted two hours on Saturday afternoons (Archetypical group, personal communication, October 12, 2025; Archetypical group, personal communication, October 19, 2024; Archetypical group, personal communication, November 2, 2024; Archetypical group, personal communication, November 16, 2024). The first two sessions had three participants; one parent/guardian (Artist), one participant between the ages of 12-24 (Ruler), and one professional (Artist). The third session had one parent/guardian (Explorer), three participant between the ages of 12-24 (Outlaw, Ruler, Trickster), and one professional (Artist). The fourth session had one parent/guardian (Artist), two youths (Ruler and Trickster), and two professionals (Artist, Lover). This trial had a total of five participants, two parent guardians, and three professionals attend four sessions (Archetypical group, personal communication, October 12, 2025; Archetypical group, personal communication, October 19,

2024; Archetypical group, personal communication, November 2, 2024; Archetypical group, personal communication, November 16, 2024).

At the beginning of every session, I reviewed group guidelines and provided an opportunity for participants to ask any questions that they may have had (Archetypical group, personal communication, October 12, 2025; Archetypical group, personal communication, October 19, 2024; Archetypical group, personal communication, November 2, 2024; Archetypical group, personal communication, November 16, 2024). Typically, questions revolved around what could be done in the session and when dice were required to be rolled. This led to me developing a handout regarding how dice can be used in session (Archetypical group, personal communication, October 12, 2025; Archetypical group, personal communication, October 19, 2024; Archetypical group, personal communication, November 2, 2024; Archetypical group, personal communication, November 16, 2024; Appendix C). The first session was used as a session zero to provide participants the concepts of Archetypical that will be explored. This was done by reviewing archetypes, motivations, the eight dimensions of wellness, strengths and values, goals, coping abilities and hobbies, as well as CBT body scans present on the archetype sheet. Moreover, the group agreed on a safety tool to be used if an off-limit topic were to be mentioned (Archetypical group, personal communication, October 12, 2024; Appendix E).

The following sessions were spent running Archetypical sessions akin to how one would expect a typical tabletop roleplaying game to run (Crawford et al., 2014; Gygax & Arneson, 1991; Stolze & Tynes, 2016). Throughout the final three sessions, parent/guardians, participants, and professionals explored decision-making and consequences through the lens of high school characters (Archetypical group, personal communication, October 12, 2025; Archetypical group,

personal communication, October 19, 2024; Archetypical group, personal communication, November 2, 2024; Archetypical group, personal communication, November 16, 2024). The group was presented with the choice to complete their homework and chores before enjoying the remainder of the weekend, or put off doing their homework and chores to enjoy the weekend. Three participants and one professional chose to complete their homework and chores to enjoy the remainder of the weekend, one professional and one participant chose to put off homework and chores until Saturday morning, and two parent/guardians, one participant, and one professional chose to put off homework and chores for the entire weekend (Archetypical group, personal communication, October 12, 2025; Archetypical group, personal communication, October 19, 2024; Archetypical group, personal communication, November 2, 2024; Archetypical group, personal communication, November 16, 2024). Reflecting on running these sessions in a similar vein to running a typical TTRPG, I would describe the facilitation experience as facilitating an extended guided meditation plus agency (Gygax & Arneson, 1991; Margolin, Madanayake & Jones, 2025; van der Kolk, 2015).

In the theatre of the mind, some group members experienced a mindful trail ride on their bicycles, while a few group members chose to hangout around their homes—content to spend time alone with their thoughts, or with family (Archetypical group, personal communication, October 12, 2025; Archetypical group, personal communication, October 19, 2024; Archetypical group, personal communication, November 2, 2024; Archetypical group, personal communication, November 16, 2024). Some group members went to the mall and encountered a bully, while some group members impulsively purchased unneeded or wanted items. One group member ignored all the danger signs of a stray dog and ended up going to the hospital, and one group member was punched by a bully at a party—the bully did get forcefully removed by the

party's host. One group member ended up punching another group member for being increasingly mean spirited—which was sorted out, with kindness, post-conflict (Archetypical group, personal communication, October 12, 2025; Archetypical group, personal communication, October 19, 2024; Archetypical group, personal communication, November 2, 2024; Archetypical group, personal communication, November 16, 2024).

While several of these situations may come across as intense when out of context, the agreed upon safety tool was not used by any group member, despite reminders prior to session starting (Archetypical group, personal communication, October 12, 2025; Archetypical group, personal communication, October 19, 2024; Archetypical group, personal communication, November 2, 2024; Archetypical group, personal communication, November 16, 2024). When debriefing with group members after session, reports of situations involving violence were reported as “intense, but manageable” by Artist (Archetypical group, personal communication, November 16, 2024), and “things worked out for the best” by Outlaw (personal communication, November 2, 2024). During one session, I coupled Lover (a professional) with Ruler (a participant) to create group narrative cohesion between the two diverging narratives that began to emerge (Archetypical group, personal communication, November 16, 2024). Understandably, the professional reported, “having another participant play the role of partner without it being discussed” as least helpful feedback (Lover, personal communication, November 16, 2025). I connected with the professional the next week to provide the context of wanting to join the two narratives and apologized for the discomfort that was caused from my decision. Lover reported that my decision made sense for the moment and accepted my apology, Lover requested that I try and provide a signal next time. Lover and I then discuss using the agreed upon safety tool in the

future so that a decision can be reframed and/or reauthored to connect after session to discuss and support, as needed (Lover, personal communication, November 21, 2024).

Overall feedback I received during this trial included nine instances of group members reporting some variation of group connection, collaboration and agency being the most helpful things from each session (Archetypical group, personal communication, October 12, 2025; Archetypical group, personal communication, October 19, 2024; Archetypical group, personal communication, November 2, 2024; Archetypical group, personal communication, November 16, 2024). Meanwhile, six instances of some variation of tabletop roleplay mechanics, roleplaying in general, and archetype generation being reported as the least helpful things from each session. Group members self-reported twelve instances of feeling better after session, while four instances of no change were self-reported. Additionally, one instance of feeling between two numbers was self-reported firmly as the higher number, and one instance of feeling worst after session was self-reported. For the duration of trial one and trial two, the archetypes selected were: Artist 3, Caregiver 0, Explorer 1, Hero 0, Innocent 0, Lover 1, Magician 0, Outlaw 1, Pedestrian 0, Redeemer 0, Ruler 2, Trickster 2. Areas most noticed after session were: Behaviors/Actions 0, Emotions/Feelings 5, Thoughts 10, Sensations 1, Two Areas Reported (Actions/Feelings) 3, Three Areas Reported, Four Areas Reported, Unreported 1. Pronouns reported were: She/Her 3, He/Him 1, They/Them 0, They/She 1, They/He 1, Unreported 3 (Archetypical group, personal communication, October 12, 2025; Archetypical group, personal communication, October 19, 2024; Archetypical group, personal communication, November 2, 2024; Archetypical group, personal communication, November 16, 2024).

Archetypical: Trial three

For the third trial of Archetypical, I collaborated with a fellow Foundry practicum student, Moria Trahan⁵, to provide feedback of how to develop Archetypical into a more psychoeducational group. My intention for this was to provide facilitators unfamiliar with tabletop roleplaying games (TTRPG) more comfort and confidence to deliver them.

Moria was also agreeable to join the psychoeducational based Archetypical group as a co-facilitator to become more familiar with Archetypical and how it could be delivered. During our planning phase, we did agree upon supplementing the Archetypical psychoeducational group with a game group to encourage prosocial engagement with peers. We agreed that Archetypical would run the first and third Saturdays of each month, while our game group would be the second and fourth Saturdays of each month.

For the first session of the psychoeducational based Archetypical group, we introduced Archetypical and guided the two participants (two Rulers) in archetype creation. Both Rulers reported interest in Archetypical as a system (Rulers, personal communication, January 18, 2025). Both Rulers engaged in discussion about archetypes, the positive and negative aspects of archetypes and the usefulness of archetypes in daily life (Rulers, personal communication, January 18, 2025). After discussion, Ruler 1 left session, while Ruler 2 remained in group. Ruler 2 reported finding the experience of creating an archetype as challenging but good. No questionnaires were provided due to questionnaires that I created were specifically geared toward sessions ran as a TTRPG.

Moria's feedback regarding the first session was to breakdown each session into specific topics and include multiple ways for participants to engage with and absorb information (M.

⁵ Moria was a Master of Education: Counselling student and the alternative education teacher for Youth Around Prince George (YAP).

Trahan, personal communication, January 18, 2025). Several suggestions that Moria provided were incorporating videos, slides, and opportunities to practice skills related to the topics. Moria was also agreeable to review the revised facilitators' session templates to offer feedback about how to incorporate different modalities of learning (Moria Trahan, personal communication, January 18, 2025).

The Archetypical psychoeducational group had no participants attend for the February 1, 2025 and February 15, 2025 sessions. An important note for these dates is that Prince George was experiencing a several weeks long cold snap during this time, which could have been a significant contributing factor, as even our supplementary game group only had one participant on the February 8, 2025 session. I did receive feedback from the lone participant regarding Archetypical as a system. The youth reports believing that Archetypical would work well on an ongoing basis on one's own, among peers, or with families, as the process is ongoing and people may not be comfortable engaging in a group of strangers (Youth, personal communication, February 8, 2025). This feedback echoes a consideration that I had during the development of the both the Participant's Guide and Session Guide's Rulebook. Primarily, that Archetypical can provide a low-barrier, low-cost mental health support that can be run without a professional (personal communication, February 1, 2025; personal communication, February 15, 2025).

Our session on March 1, 2025 also did not have any participants, neither did our March 15, 2025 session. However, I did facilitate the March 15, 2025 session for Moria and peer support (Archetypical psychoeducational group, personal communication, March 15, 2025). Feedback provided primarily revolved around a video about hobbies as judgemental, and the cultural context of productivity. Both the peer support and Moria observe that the concept of productivity is dominant in Caucasian cultures and actively opposes the paradigm that people do not always

need to be productive. The peer support reports that there is a militaristic drive for productivity that is present specifically in western culture that is not present most eastern cultures. This discussion was engaging, as I viewed the concept of productivity in hobbies as an investment in the self and not intended to be productive in an occupational sense. As a group, we explored the concept further, and I was able to conceptualize the peer support and Moria's perspective when productivity was put in the context of being defined by productivity (Archetypical psychoeducational group, personal communication, March 15, 2025).

Archetypical: Additional feedback

Independent of the three trials, I had a discussion with Cassie Dussault, NP(f) regarding Archetypical. One of the aspects that Dussault reports was finding it easy and useful to roll a die in the morning to provide a base stat⁶ for the day (C. Dussault, personal communication, April 10, 2025). Dussault has been rolling for a base stat for a few months and has observed that those around must also have base stats. Depending on how another person's base stat is rolled, it could result in positive or negative outcomes (C. Dussault, personal communication, April 10, 2025).

Chapter 6: Implications of Future Practice and Conclusion

Throughout my practicum, I had three interlocking goals that I worked on to build upon my existing social work knowledge base. 1) To develop and build upon existing leadership skillsets. 2) Co-Facilitate the Foundry Dialectic Behavioral therapy (DBT) group. 3) Develop and implement a brief action therapeutic modality (Archetypical program). I have been successful in meeting all three of these goals. In this section, I will be providing summaries of my learning, and the future implications and limitations of my learning.

⁶ The lowest numeric representation of an individual ability or skill that can be modified to gain a preferable outcome.

Leadership

While I had some leadership experience prior to my practicum at Foundry, the placement allowed me to further enhance my skills and identify new opportunities to lead (Brown, 2018). Primarily, I have met this goal through the following four outlets: Developing and implementing the Archetypical pilot project, co-facilitation of the DBT group, providing social work support, and leading the mental health huddles. During practicum, I used Drolet et al.'s (2012) integrated theory and practice loop to strengthen and build my leadership abilities.

By applying the principles of daring leadership presented by Brené Brown (2018), I was able to pivot away from armored leadership. Doing so provided me with opportunities of observe my social work practice from a frontline perspective to a leadership perspective (Brown, 2018). This reframe helped me support Foundry team members, such as Lauren, to guide decision-making from a systems navigation lens (Block, 2009; Brown, 2018).

By embracing vulnerability, and utilizing a “Power with” approach in reframing my social work practice, I have also been able to extend my learning to structural supports for Foundry (Brown, 2018, p. 97). Specifically, through creating a resource binder for provider/clinician reference, as well as to discuss service flow of person with disabilities (PWD) and person with persistent and multiple barriers (PPMB) applications with Carmen (Brown, 2018). Through my practicum experiences, I have been able to demonstrate that I can recognize and address structural and team-based needs as they arise.

During my time leading the mental health huddles, I have been able to role-model empathy, curiosity and appreciation for team members (Brown, 2018; Reynolds, 2019). While my leadership style is not always formal, I use strategies of adaptability, humor and inclusivity to navigate times of uncertainty—such as, election years—to maintain my position in the zone of fabulousness. These leadership abilities foster team belonging and psychological safety, as well

as draw upon evidence-based practice. My practicum experiences will serve my future practice well, as I have been able to reframe leadership as a relational, ground and flexible practice that is built upon connection, collaboration and agency (Brown, 2018; Reynolds, 2019).

Throughout my work history, I often start in an entry level position and work my way up into supervising positions. While these experiences taught me a lot about creative problem-solving and interpersonal communication, they never provided me with a better understanding of an organizations bigger objectives and how to guide people toward the shared vision.

Throughout my practicum, I was able to learn about how an organization's bigger picture can simultaneously work for and against leadership. Often, the back and forth of an organization's vision results in difficult choices for leadership on when to pivot away from or to a particular objective in the bigger picture. From my practicum experiences, I have a better understanding of how I could live within my values in a leadership role so that I could navigate the often-turbulent waters of an organization's bigger picture.

Group facilitation

Throughout my practicum, I was able to co-facilitate one and half 12-week cycles of the Dialectical Behavioral Therapy (DBT) group at Foundry. Unlike previous power over dynamics that I experienced co-facilitating the Adult Addictions Day Treatment Program (AADTP), I was able to experience a collaborative learning environment that broadened my perspective of facilitation (Brown, 2018). By exploring, experiencing and enhancing my understanding of program development and delivery, I was able to learn to scaffold and apply my learning to the development and implementation of Archetypical (Block, 2009; Brown, 2018).

I was able to observe how effective programs evolve with each facilitator so that the material feels fresh and each facilitator feels empowered to make meaningful changes to

programs (Block, 2009; Brown, 2018). Through using a power with approach, the DBT group fostered connection, collaboration and agency among facilitators and participants (Brown, 2018). I was able to reframe the group cohesion and structure that I had previously found unimportant in AADTP to a framework which supports creativity, consistency, and transformation in group settings (Block, 2009; Brown, 2018).

During my group facilitation experiences at Foundry, I was able to learn that group facilitation is not required to be rigid and always delivered in the same manner—as was my previous experience in the adult addictions day treatment program (AADTP). The most engaging moments for both facilitators and participants came from moments that were tangentially related to the content being presented. One such moment came from when I realized that I was presenting a lot of close-ended and semi-closed ended questions and began getting frustrated that things were not progressing in the session (Archetypical group, personal communication, September 12, 2024). While I was describing the little input the group provided, I realized that I was engaging the group from what made sense to me, rather than how engagement made sense for the participants. Once I adjusted to more open-ended questions, the participants began engaging more with the material that I was presenting (Archetypical group, personal communication, September 12, 2024).

Through my group facilitator experience at Foundry, I have come to the realization that I often feel at odds with the rigidity of some guidelines/policies, and the porous nature of other guidelines/policies in the field of social work. As a practitioner, I found that I fell back a lot on the British Columbia College of Social Workers' (BCCSW) code of ethics and standards of practice during moments when I recognized that I was being too rigid, or too porous as a group facilitator (BCCSW, 2009). By referring to the BCCSW code of ethics and standards of practice,

I was able to once more incorporate the ITP loop into practice to incorporate knowledge with practice—a practice that often falls to the wayside due to the volume and intensity of human service work (BCCSW, 2009; Drolet et al., 2012).

The significant impacts of trauma and poor mental health outcomes have been increasing steadily over time, without an adequate reason as to why (McGowan, 2019; Oakley et al., 2021). Current speculation is that the conceptualization of trauma and concurrent mental health issues have played a role in the significant increase of trauma and the impact on mental wellness (Isobel, 2021, p. 604; Mills et al., 2011). Throughout my practicum, I have introduced a novel and brief action therapeutic system (BATS) modality that utilizes elements of cognitive behavioral therapy (CBT), dialectical behavioral therapy (DBT) and narrative therapy using the structures and execution of tabletop roleplaying games (Kaur & Whalley, 2020; Gygax & Arneson, 1991; Linehan, 2014; White & Epston, 2024).

I ran my pilot project for three trials during my practicum at Foundry Prince George between September 2024 to April 2025 to assess the development, implementation and outcomes of a BATS (Foundry, 2024). Through the process of implementing Archetypal during my practicum, I have gained a better understanding of the impacts of anxiety, identity exploration, and social isolation on mental health of children and youth (ages 12 to 24), as well as the understanding the role that a BATS modality can play in effective treatment (Beck, J., 2015; Jones, R. A., 2003; Jung, 1921/1971; van der Kolk, 2014). The contributing factors of impacts due to anxiety, identity exploration, and social isolation that participants would state led to traumatic impacts on mental health were often around limited peer interactions, the Covid-19 pandemic, comparisons of own lived experiences with perceived experiences of other people shown on social media, and, though presented positively by participants, TikTok (Archetypal

group, personal communication, October 12, 2025; Archetypical group, personal communication, October 19, 2024; Archetypical group, personal communication, November 2, 2024; Archetypical group, personal communication, November 16, 2024). The implementation of the BATS model has demonstrated that a BATS could be used to support trauma treatment as an alternative to traditional talk therapy (Baker et al., 2022; Shazer et al., 1986; Ray, 2021).

As an already practicing community medical social worker within a primary care clinic setting, I do not often work with young people between the ages of 12-18. When I can, it is often through the lens of applications for services (housing/persons with disabilities), referrals to community resources (food banks/therapeutic groups), and supporting systems navigations (for example, suggesting specific questions to ask an agency). Through my experience of being a group facilitator, I was able to hear stories from children and youth (ages 12-24) regarding their unique journeys and how they solve problems. I was reminded that children and youth, while resistant to change, are far more likely to consider and reflect on conversations than adults. I then came to the realization that many adults I have worked with still embody far younger behaviors and logical reasoning than their chronological age. By recognizing the stunting effect some adults have experienced and live with, I can be more patient and better prepared to meet people where they are at.

Archetypical findings

The feedback received from group members throughout trials one and two demonstrates that there is an interest a brief action therapeutic system being used in some therapeutic environments (personal communication, October 12, 2025; personal communication, October 19, 2024; personal communication, November 2, 2024; personal communication, November 16, 2024). All group members self-reported having at least one experience that the member

considered traumatic prior to participation in the Archetypical group, despite never being asked. Group members reported 9 instances of connection and collaboration, in combination with their own agency as the most helpful takeaways from sessions (Archetypical group, personal communication, October 12, 2025; Archetypical group, personal communication, October 19, 2024; Archetypical group, personal communication, November 2, 2024; Archetypical group, personal communication, November 16, 2024).

Out of the four sessions ran, group members reported 10 instances of noticing their thoughts after session, and 5 instances of noticing their emotions/feelings (Archetypical group, personal communication, October 12, 2025; Archetypical group, personal communication, October 19, 2024; Archetypical group, personal communication, November 2, 2024; Archetypical group, personal communication, November 16, 2024). Group members only reported 1 instance of noticing sensations, yet 3 instances of noticing both actions and feelings were reported. No group member reported noticing their behaviors/actions, or three or more areas at one (Archetypical group, personal communication, October 12, 2025; Archetypical group, personal communication, October 19, 2024; Archetypical group, personal communication, November 2, 2024; Archetypical group, personal communication, November 16, 2024).

van der Kolk (2015) observes that, “[imitation] is our most fundamental social skill,” which, I directly observed in group members during sessions (p. 114). The feedback that was provided was consistent with Crawford, Perkins, and Wyatt’s (2014) assertion that the key to running a successful tabletop roleplaying game is to know and engage the people present at the table through exploration, problem-solving and combat. Furthermore, this finding is consistent with Arneson and Gyax’s (1991) assertion that a dungeon master and the players share in the

creation of a collaborative story where players are active participates, rather than passive observers. Despite the 9 instances of connection, collaboration and agency reported, all group members demonstrated these 3 traits during sessions when presented with concrete or abstract conflicts (Brown, 2018; Archetypical group, personal communication, October 12, 2025; Archetypical group, personal communication, October 19, 2024; Archetypical group, personal communication, Archetypical group, November 2, 2024; Archetypical group, personal communication, November 16, 2024).

Archetype choice presented several findings of interest throughout all three trails of Archetypical (Archetypical group, personal communication, October 12, 2025; Archetypical group, personal communication, October 12, 2025; Archetypical group, personal communication, October 19, 2024; Archetypical group, personal communication, November 2, 2024; Archetypical group, personal communication, November 16, 2024; Archetypical psychoeducational group, personal communication, January 18, 2025). First, group members with previous tabletop roleplaying game experience presented as more exploratory and were willing to take more risks in session. For instance, an Artist chose to approach a stray dog that clearly demonstrated behaviors that indicated the dog was dangerous (Archetypical group, personal communication, November 2, 2024). Additionally, Lover and Ruler were more willing to explore and interact with environment of a hiking trail (Lover & Ruler, personal communication, October 10, 2024).

Next, parent/guardians who attended presented as more open to explore different archetypes that they strongly identified with (Archetypical group, personal communication, October 12, 2025; Archetypical group, personal communication, October 19, 2024; Archetypical group, personal communication, November 2, 2024; Archetypical group, personal

communication, November 16, 2024). This was observed when parent/guardians engaged with their archetypes as peers with the participants, rather than as parent/guardian figures in the lives of participants. A clear illustration of this was parent/guardians using the random tables for reactions and emotions/feelings thematically to simulate being a peer to the participants at the table (Archetypical group, personal communication, October 12, 2025; Archetypical group, personal communication, October 19, 2024; Archetypical group, personal communication, November 2, 2024; Archetypical group, personal communication, November 16, 2024).

Thirdly, 3 participants between the ages of 12 and 24 self-reported either having a confirmed autism spectrum disorder (ASD) diagnosis, or suspected having ASD chose the ruler archetype throughout all three trails (Archetypical group, personal communication, October 12, 2025; Archetypical group, personal communication, October 19, 2024; Archetypical group, personal communication, November 16, 2024; Archetypical psychoeducational group, personal communication, January 18, 2025). These 3 participants shared common traits of little to no eye contact, difficulty with abstraction (specifically, around questions of emotions/sensations/thoughts and things that the participant noticed), requests of specific and concrete information/details, and limited physical/vocal expressions of emotions/feelings (Archetypical group, personal communication, October 12, 2025; Archetypical group, personal communication, October 19, 2024; Archetypical group, personal communication, November 16, 2024; Archetypical psychoeducational group, personal communication, January 18, 2025).

The use of scaling questions was used to gather data regarding participant self-assessment of feeling between 1 (terrible) and 10 (excellent) (Archetypical group, personal communication, October 12, 2025; Archetypical group, personal communication, October 19, 2024; Archetypical group, personal communication, November 2, 2024; Archetypical group, personal

communication, November 16, 2024). Both scaling self-assessment questions were asked at the end of session. Group members reported 12 instances of feeling better after the session, while 4 instances of no change were self-reported. Moreover, 1 instance firmly identified their experience as the higher number when feeling in-between two ratings, and 1 instance of feeling worse after the session was reported. The group members who reported experiencing the greatest benefits from attending sessions were attendees that attended more than one session (Archetypical group, personal communication, October 12, 2025; Archetypical group, personal communication, October 19, 2024; Archetypical group, personal communication, November 2, 2024; Archetypical group, personal communication, November 16, 2024). Benefits that were reported during session debriefs included practicing the ability to pause before reacting, an increase in language around thoughts, emotions and feelings, considering alternative perspectives in situations that would typically result in distress, and being able to provide space for group members to consider how their reaction would author their narrative (Kaur & Whalley, 2020; Linehan, 2014; White & Epston, 2024; van der Kolk, 2015).

Two instances of violence occurred during the second trial of Archetypical (Archetypical group, personal communication, November 2, 2024; Archetypical group, personal communication, November 16, 2024). The first instance occurred when a bully was introduced to group members at a park (Archetypical group, personal communication, November 2, 2024). The bully attempted to cause disruption and distress to the group members; however, the group members collaborated to deal with the bully effectively through non-violent means. Later, the group members encountered the bully at a party. This time, the bully did succeed in causing disruption and distress in the group members. When Trickster attempted to stand up to bully, bully punched Trickster—this was a random roll and not a pre-determined decision on my part.

The bully was then forcefully removed by the party's host (Archetypical group, personal communication, November 2, 2024).

The second instance of violence occurred between Lover and Trickster (Archetypical group, personal communication, November 16, 2024). This was an intentional call on part, as Trickster would continuously target Lover with increasingly mean-spirited taunts and pranks (Archetypical group, personal communication, November 16, 2024). Lover was experiencing an emotionally distressing situation regarding their partner not wanting to talk with them after inviting them over. Lover and Artist ran into each other and encountered Trickster. Trickster by this point had left unwanted gifts for Lover and attempted several times to scare Lover. During the encounter, Artist was supporting Lover in navigating their feelings when Trickster came up to them and began taunting Lover. The group members in control of Artist and Lover made multiple non-violent attempts to redirect the group member who was controlling Trickster. The group member controlling Trickster did not appear to understand the redirection and continued to taunt Lover. I took control of Lover and punched Trickster. This instance of violence resulted in Trickster redirecting behavior at the table and resulted in Artist and Lover apologizing for the violent response and inviting Trickster over to watch a movie (Archetypical group, personal communication, November 16, 2024). A person facilitating a tabletop roleplaying game would not typically take control of group member's character, however, in this situation, I took this action to preserve group cohesion and safety, as the group members who were most impacted physically appeared to become frustrated and began disengaging in session (Crawford, Perkins & Wyatt, 2014; Archetypical group, personal communication, November 16, 2024; van der Kolk, 2015).

In both instances, violence was handled far more realistically, rather than cinematically (Crawford, Perkins & Wyatt, 2014; Archetypical group, personal communication, November 16, 2024). By this, I mean that the violent actions taken were quick and summarized within one sentence, rather than being handled in a cinematic manner that is typically found in tabletop roleplaying games. Group members during debrief, in both instances, reported disliking how violence was handled, yet no group members were observed to use the agreed upon safety tool to reframe or retcon either instance of violence (Crawford, Perkins & Wyatt, 2014; Archetypical group, personal communication, November 16, 2024).

Archetypical outcomes and limitations

The key outcomes that I can conclude from running Archetypical is that a brief action therapeutic system (BATS) can effectively support the collaborative exploration of agency, group connection, and trauma through a flexible service delivery. Throughout the initial trials of Archetypical, several patterns emerged that support the use of a BATS in further research efforts. Specifically, in the following areas:

1. Encouragement of self-reflection and emotional growth.
2. Adaptability across populations and facilitator experience levels.
3. Demonstrated potential as a low barrier mental health support tool—especially for people with neurodivergent traits.

During the process of developing and implementing a brief action therapeutic system (BATS), the following limitations emerged:

1. BATS are often labelled as games, rather than recognized as therapeutic interventions. Through my observations, children and youth simply view BATS as

another game to compete for their attention. Due to this, the momentum and interest of a BATS diminishes.

2. The interest in a BATS among children and youth outweigh the buy-in. One way this could be addressed is running an adult focused group to study buy-in rates from children and youth. Alternatively, a BATS could be run and natural interest from children and youth would develop over time.
3. Facilitation challenges in future BATS studies may present in reading and writing requirements. Depending on how future BATS are delivered, work arounds, such as a digital application, might be an effective solution. Although, the introduction of a digital application will present its own unique set of issues.
4. The effectiveness of BATS with external motivation is unclear. All the trials of Archetypical were run without external motivating factors, such as gift cards. Even when gift cards and food items were offered, no increase of motivation was observed. Primarily, this limitation was created by me and the reluctance to introduce external motivating factors to the introduction of a BATS modality.
5. Competing external factors, such as limited in-person social abilities. Participants frequently engaged with their smart phones, despite having a very clear guideline of no smart phones to be used during sessions. It is unclear whether the engagement with smart phones was due to feelings of boredom, discomfort with strangers, or additional unaccounted for external factors.

These identified limitations could be of benefit for future research in the field of the BATS and the effectiveness of utilizing a BATS within a therapeutic environment.

Conclusion

My practicum experience at Foundry has been dynamic and robust. From September 2024 until April 2025, I have been able to develop and build upon my leadership skillsets by seeking opportunities (Block, 2009; Brown, 2018). Through seeking these opportunities for growth in the field of leadership, I have been able to gain a deeper understanding of social work practice in meaningful and transformative ways (Brown, 2018; Margolin, Madanayake & Jones, 2025). Through reconnecting with group facilitation, I was able to enhance and reframe my appreciation for program development and evaluation to shift away from a top-down approach toward one centered in empathy and connection (Brown, 2018). Finally, I was able to apply my experience and learning to the development and implementation of Archetypal; which demonstrated strong potential in promoting emotional reflection, interpersonal connection, and a sense of agency—especially among neurodivergent participants and those with lived experiences of trauma (Block, 2009; Brown, 2018; Margolin, Madanayake & Jones, 2025; van der Kolk, 2015). Furthermore, my experience with developing and implementing a brief action therapeutic system (BATS) has opened additional research avenues. For instance, studies focused on lasting beneficial effectiveness of the BATS modality in participants, optimal cohort engagement strategies of the BATS modality, and reducing competing limiting factors when using the BATS modality.

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Appendix A: Foundry Archetypical Group Poster



Archetypical Gaming Group



Do you want to learn how to gamify your life? Join us for our gaming group, which aims to use structures of role-playing gaming to develop healthy routines in an empowering and self-exploratory framework. Use the power of gaming archetypes to support your journey in health and wellness, and to address anxiety, depression, motivation, and coping skills.

When: the 1st, 3rd and 5th Saturdays of each month
4:00pm to 6:00pm

Drop-in. Snacks provided.

To get more info: andrew.johnson@bc.ymca.ca |
236-423-1571

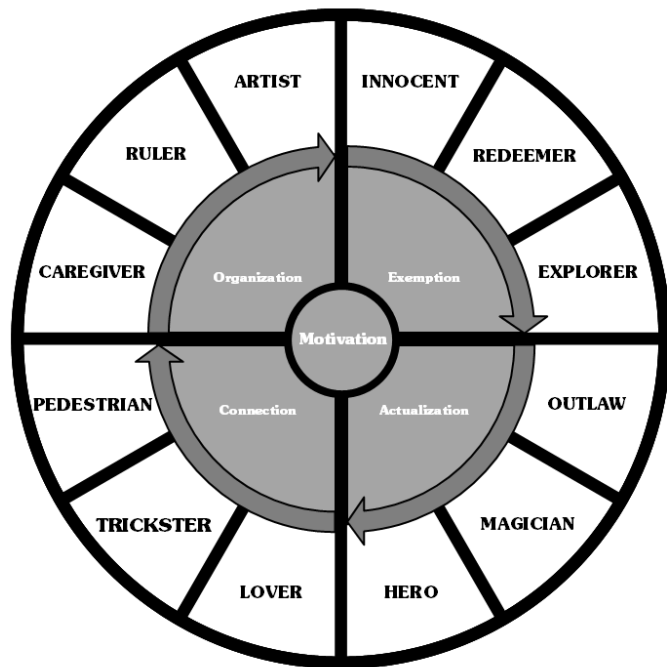
foundrybc.ca/princegeorge

ARCHETYPICAL

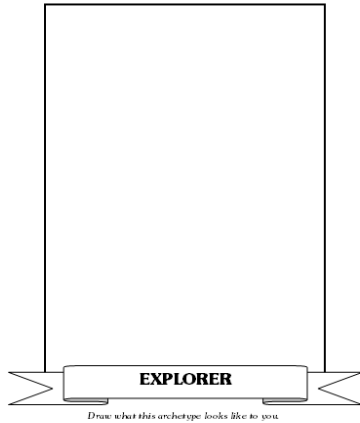
A Brief Action Therapeutic System

ARCHETYPES

- Archetypes are fluid and exist in all cultures.
- Archetypes speak to people on a mythological level.
- Archetypes within this model can be added or removed as needed.
- Different archetypes are thematically motivated by different things.



NARRATIVE THERAPY



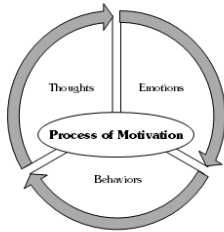
- Narrative therapy was developed by Michael White and David Epston (1990).
- The purpose of narrative therapy is for a participant to externalize a persistent issue being experienced in order to confront the issue.
- Issues can be externalized through visualization, representation or through drawing.

MOTIVATION

- Motivation is the drive to accomplish a goal.
- Motivations can be summarized in one word, yet observably complex.
- Motivations are grouped through related patterns.
- Many other motivational groups exist as well and can be added or removed as needed.

ARCHETYPE	MOTIVATION	WELLNESS STATS
CAREGIVER	Theme: Organization Specific: Service	Physical / Emotional / Financial
RULER	Theme: Organization Specific: Control	Financial / Intellectual / Occupational
ARTIST	Theme: Organization Specific: Innovation	Occupational / Spiritual / Social
INNOCENT	Theme: Exemption Specific: Safety	Environmental / Emotional / Physical
REDEEMER	Theme: Exemption Specific: Understanding	Spiritual / Intellectual / Financial
EXPLORER	Theme: Exemption Specific: Freedom	Intellectual / Emotional / Spiritual
OUTLAW	Theme: Actualization Specific: Liberation	Social / Environmental / Spiritual
MAGICIAN	Theme: Actualization Specific: Power	Spiritual / Intellectual / Environmental
HERO	Theme: Actualization Specific: Mastery	Physical / Environmental / Emotional
LOVER	Theme: Connection Specific: Intimacy	Emotional / Spiritual / Social
TRICKSTER	Theme: Connection Specific: Enjoyment	Social / Intellectual / Physical
PEDESTRIAN	Theme: Connection Specific: Belonging	Environmental / Social / Financial

COGNITIVE BEHAVIORAL THERAPY (CBT)



- CBT was developed by David Burns (1981) as a therapeutic model to address mood disorders (Harms & Pierce, 2011).
- CBT initially focused on the realms of thoughts, emotions and behaviors, however, physical sensations have been added.
- CBT operates by focusing on one realm (Thoughts, Emotions, Behaviors, Sensations) to regulate, which will then align the remaining realms.

SKILLS

- Skills are broken up into three categories: Grounding, Coping and Problem-Solving.
- Each category is intended to be built upon to promote resiliency.
- Additionally, skills are chosen by participants to promote their strengths and develop their own solution focused abilities.



Harms, L. & Pierce, J. (2011). Working with people: Communication skills for reflective practice. Oxford University Press.

ISSUES



- Issues can be viewed as symptomatic manifestations that participants are trying to confront.
- Rather than attempting to confront a diagnosis, systematically confronting symptoms reduces pathologizing participants and reduces stigma.

DIALECTICAL BEHAVIORAL THERAPY (DBT)

- DBT was developed by Marsha Linehan in the late 1970s to incorporate mindfulness into psychotherapy (2014).
- DBT focuses on an individual's ability to build mindfulness, emotional regulation, interpersonal effectiveness and distress tolerance through a variety of exercises that creates ongoing dialogue between participant and clinician (Harms & Pierce, 2011; Linehan, 2014).



EXPERIENCE

Level	XP	Level	XP	Level	XP	Level	XP	Level	XP
1	0	21	37,200	41	302,400	61	1,035,600	81	2,476,800
2	150	22	43,050	42	325,950	62	1,088,850	82	2,571,750
3	300	23	49,500	43	350,700	63	1,143,900	83	2,669,100
4	480	24	56,580	44	376,680	64	1,200,780	84	2,768,880
5	720	25	64,320	45	403,920	65	1,259,520	85	2,871,120
6	1050	26	72,750	46	432,450	66	1,320,150	86	2,975,850
7	1,00	27	81,900	47	462,300	67	1,382,700	87	3,083,100
8	2100	28	91,800	48	493,500	68	1,447,200	88	3,192,900
9	2880	29	102,480	49	526,080	69	1,513,680	89	3,305,280
10	3870	30	113,970	50	560,070	70	1,582,170	90	3,420,270
11	4945	31	126,300	51	595,500	71	1,652,700	91	3,537,900
12	6600	32	139,500	52	632,400	72	1,725,300	92	3,658,200
13	8400	33	153,600	53	670,800	73	1,800,000	93	3,781,200
14	10,530	34	168,630	54	710,730	74	1,876,830	94	3,906,930
15	13,020	35	184,620	55	752,220	75	1,955,820	95	4,035,420
16	15,900	36	201,600	56	795,300	76	2,037,000	96	4,166,700
17	19,200	37	219,600	57	840,000	77	2,120,400	97	4,300,800
18	22,950	38	238,650	58	886,350	78	2,206,050	98	4,437,750
19	27,180	39	258,780	59	934,380	79	2,293,980	99	4,577,580
20	31,920	40	280,020	60	984,120	80	2,384,220	100	4,720,320

- The idiom “practice makes perfect” is a great example of gaining experience when performing an activity.
- The more an activity is practiced, the more experience is gained.
- Internal motivation reduces the need for external rewards and leads to better participant outcomes.

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Appendix C: Session Handouts

GROUP GUIDELINES

Confidentiality: Thoughts, feelings and experiences shared by the group will stay within the group, giving members the freedom and confidence to share.

No Judgement: This group aspires to be a “judgement-free zone.” Leaving all comparisons and criticisms at the door creates a safe space to share experiences.

Share or Not Share: We want to encourage you to take a step outside of your comfort zone so that you may grow in a safe environment with people who are experiencing similar challenges. Feel free to discuss your thoughts and feelings. However, if someone in the group decides to listen without sharing, please respect this preference.

Contributing is not Sharing: As this group is not strictly psychoeducational, this group relies heavily on participant engagement to foster new ways of thinking about how to navigate scenarios that we may encounter in our everyday lives. This will include consequences to actions taken. This means that if you have the opportunity to contribute without having to attach how you specifically would navigate or handle a scenario.

Feelings Just Are: We recognize that feelings are not correct or wrong; they just are.

Make Space and Take Space: We respect the right of all the members to have equal time to express themselves and to do so without interruption. Therefore, we ask for no cross during group to provide the most respectful environment as possible.

Provide Experience, Not Advice: While group is based on supporting and learning from one another, we acknowledge that each person is the authority of their own experience. As such, there are no “experts” and no “shoulds.” Although we may share some commonalities, no two are alike. Respect and accept what you have in common with others and what is unique to each of you. Refrain from offering advice and instead speak to what has worked for you in the past.

No Phones: Please turn off/mute phones and put them out of sight to avoid distraction.

Permission to Interrupt: The job of the facilitators is to make sure the group runs smoothly, that all have a chance to share and that the topics we discuss are relevant. As facilitators we may interrupt if we need to keep things moving along. If you need space and time to continue sharing, let’s chat after group about how you can do that outside of group.

Be Gentle and Patient with Yourself: Each group meeting is one page in a long book. Be patient with yourself as you navigate the path of self-discovery, with all of its peaks and valleys. It’s okay to feel confused during this time. Progress can feel slow and uneven.

Minimal Distractions: Please do not come to group under the influence of drugs or alcohol. Additionally, do your best to attend all groups and notify a facilitator if you are unable to attend. After missing 3 consecutive absences that a facilitator is not made aware, you will be removed from group.

SESSION AGENCY TABLES: HOW TO ADD TO GROUP

Unlike typical therapeutic groups, this group is intended to be interactive. This means that contributing is not optional. The contribution can be short and does not express exactly what you are experiencing or how you are feeling. To facilitate contributions, use the tables below to spark a contribution.

YES/NO TABLE (d6)

1-3	Yes
4-6	No

OUTCOME TABLE (d4)

1	Positive Outcome
2	Satisfying Outcome
3	Unsatisfying Outcome
4	Negative Outcome

EMOTION TABLE (d20)

1	Peaceful	11	Love
2	Disgust	12	Overcome
3	Confused	13	Nervous
4	Happy	14	Joy
5	Jealous	15	Annoyed
6	Anger	16	Sad
7	Hopeful	17	Caring
8	Anxious	18	Fear
9	Surprise	19	Amused
10	Guilty	20	Resentful

INJURY TABLE (d4)

1	No Injury
2	Minor Injury
3	Moderate Injury
4	Severe Injury

AREA OF INJURY (d6)

1	Head
2	Body
3	Arm
4	Leg
5	Feelings
6	Moral

REACTION TABLE (d12)

1	Pass	5	Excite	9	Shame
2	Unsure	6	Relief	10	Regret
3	Control	7	Anger	11	Happy
4	Delay	8	Agree	12	Accept

SENSATION TABLE (d12)

1	Tight	5	Fidget	9	Knot
2	Heavy	6	Pain	10	Racing
3	Sweaty	7	Warm	11	Tired
4	Dry	8	Tense	12	Itchy

CONFLICT STYLE (d6)

1	Roll Again	4	Compromise
2	Avoid	5	Compete
3	Accommodate	6	Collaborate

AREA OF SENSATION (d6)

1	Head/Neck	4	Body
2	Shoulders	5	Stomach
3	Arms	6	Legs/Feet

ARCHETYPICAL PARTICIPANT REFERENCE GUIDE

ARCHETYPE CREATION

PICK ARCHETYPE: Pick an archetype and the corresponding specific motivation.

WELLNESS STATS: Rate all wellness stats (*Physical, Emotional, Occupational, Social, Spiritual, Intellectual, Environmental, and Financial*) from 1 (*Terrible*) to 5 (*Fantastic*).

C.R.E. STATS: Rate all CRE stats (*Compassion, Resilience and Energy*) from 1 (*Low*) to 10 (*High*). These stats may change throughout the course of a session; however, it will depend on a participant's willingness to participate.

STRESS BAR: Make a mark between 0 and 100 to indicate stress level before a session. Make a mark to indicate stress level after a session. Do this before and after every session.

STRENGTHS AND VALUES: Write down the strengths and values that you feel you have or would like to have. You do not have to fill out every line.

GOALS: Write down the goals that you are working toward. You do not have to fill out every line.

ITEMS: Draw an item that represents the archetype that you have chosen. Name what it is and name the archetype that it represents. **Example:** *Keychain of the Trickster*. Next draw an item that represents one of your strengths, values or goals. Name the item and the strength, value or goal that it represents. **Example:** *Pencil case of Achievement*.

SENSATIONS/EMOTIONS/THOUGHTS/BEHAVIORS: Pick one of these areas and write brief descriptions of what you notice about experiencing that area. Then move on to another area that you notice you would also be experiencing. Repeat until all four areas have at least one description in each area.

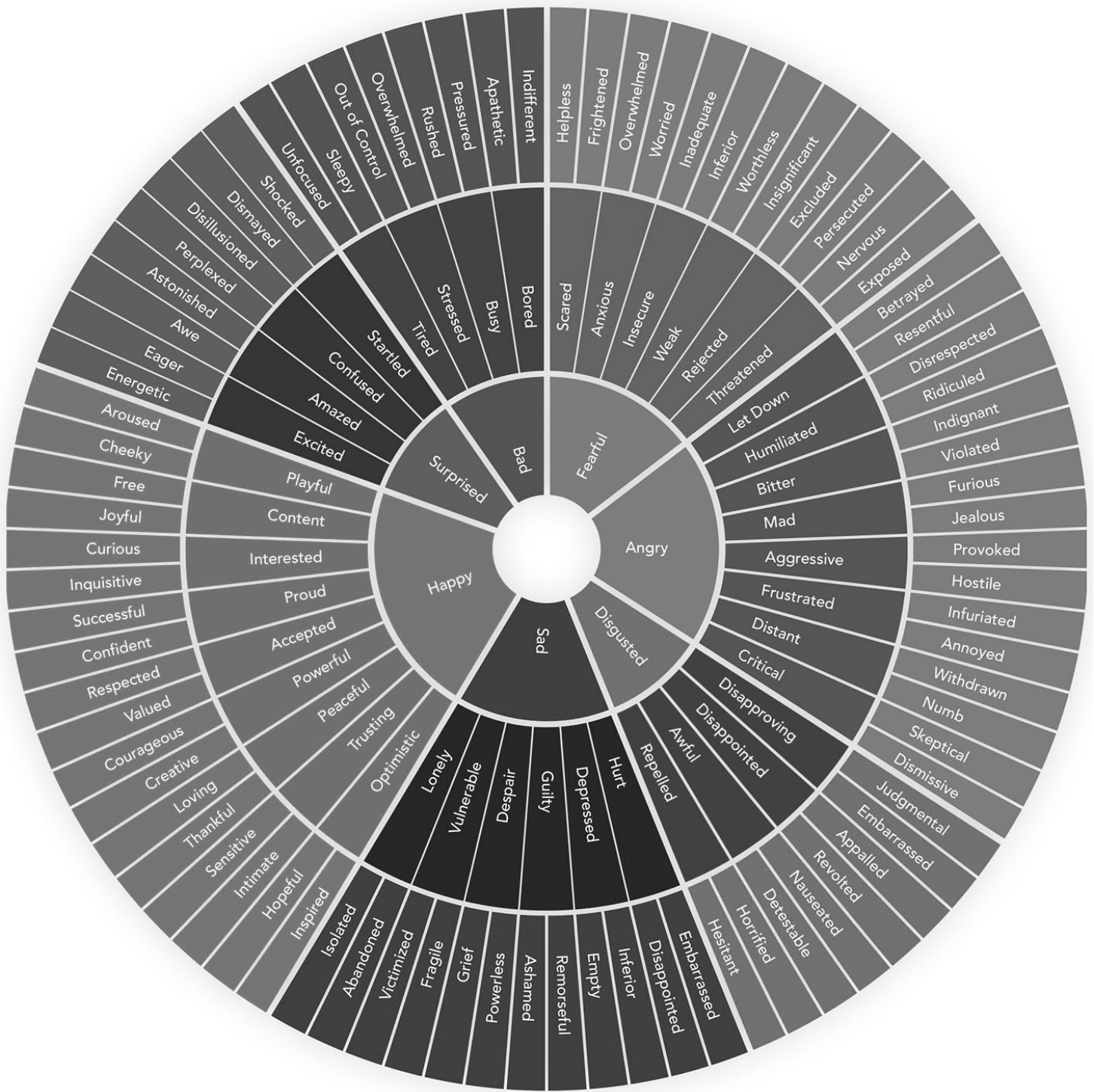
STRENGTHS

Ability	Confidence	Flexibility	Logic	Practical
Adventure	Creativity	Kindness	Love	Support
Ambition	Curiosity	Gratitude	Mindful	Spirituality
Artistic	Discipline	Honesty	Modesty	Wisdom
Athleticism	Education	Humor	Open	
Awareness	Empathy	Freedom	Optimism	
Boundaries	Enthusiasm	Intelligence	Patience	
Bravery	Fairness	Leadership	Persistence	

VALUES

Authenticity	Competency	Honesty	Openness	Security
Achievement	Contribution	Humor	Optimism	Self-Respect
Adventure	Creativity	Influence	Peace	Service
Authority	Curiosity	Harmony	Pleasure	Spirituality
Autonomy	Determination	Justice	Poise	Stability
Balance	Fairness	Kindness	Popularity	Success
Beauty	Faith	Knowledge	Recognition	Status
Boldness	Fame	Leadership	Religion	Wealth
Compassion	Friendships	Learning	Reliability	Wisdom
Challenge	Fun	Love	Reputation	
Citizenship	Growth	Loyalty	Respect	
Community	Happiness	Meaning	Responsibility	

EMOTIONS WHEEL



SENSATIONS

Achy	Floating	Shaky
Blocked	Fluttery	Shivery
Breathless	Frozen	Smooth
Bruised	Heavy	Sore
Bubbly	Hot	Spacey
Burning	Itchy	Sweaty
Calm	Knotted	Tender
Clenched	Light	Tense
Cold	Nauseous	Thick
Congested	Numb	Throbbing
Dark	Open	Tight
Disconnected	Pounding	Tingling
Dizzy	Prickly	Trembly
Drained	Radiating	Twitchy
Electric	Relaxed	Warm
Empty	Releasing	Wobbly
Energized	Sensitive	Wooden

THOUGHTS

- Everyone will laugh at me.
- How can I improve?
- How could this happen?
- I accept this moment.
- I am afraid.
- I am enough.
- I am enough.
- I am hurting.
- I am in pain.
- I am worthy of more.
- I can deal with this problem one step at a time.
- I can do some things well, and there are
- I need to work on this.
- I can get through this.
- I can't do this.
- I don't deserve to be loved.
- I have good ideas.
- I have valuable talents.
- I like who I am.
- I will get revenge.
- I will show them.
- I'll try.
- I've never been able to succeed.
- Let me do my best.
- Nobody's perfect.
- So, what if I don't live up to my expectations?
- There's no use in trying.
- This is scary.
- This will pass.
- Tomorrow is a new day.
- What am I doing wrong?
- What does this mean?
- What's the worst that can happen?

BEHAVIORS

Active	Domineering	Precise
Aggressive	Eating	Reading
Ambitious	Enthusiastic	Reflective
Amiable	Exercising	Relaxing
Anxious	Explaining	Remembering
Argumentative	Faithful	Reserved
Assertive	Flaky	Rigid
Authoritative	Guarded	Rude
Bossy	Helping	Scatterbrained
Careless	Impartial	Self-assured
Caring	Impatient	Self-aware
Cautious	Inconsiderate	Sensitive
Charismatic	Kind	Shy
Cleaning	Lazy	Sincere
Clenching	Learning	Singing
Compassionate	Listening	Sleeping
Complaining	Logical	Smiling
Concentrating	Lying down	Sober
Considerate	Manipulative	Spiteful
Cooking	Organized	Stretching
Counting	Pacing	Talkative
Creative	Perfectionist	Thinking
Crying	Persuasive	Undisciplined
Curious	Pleasant	Volatile
Day-dreaming	Polite	Waiting
Deceitful	Praying	Yelling

ARCHETYPICAL

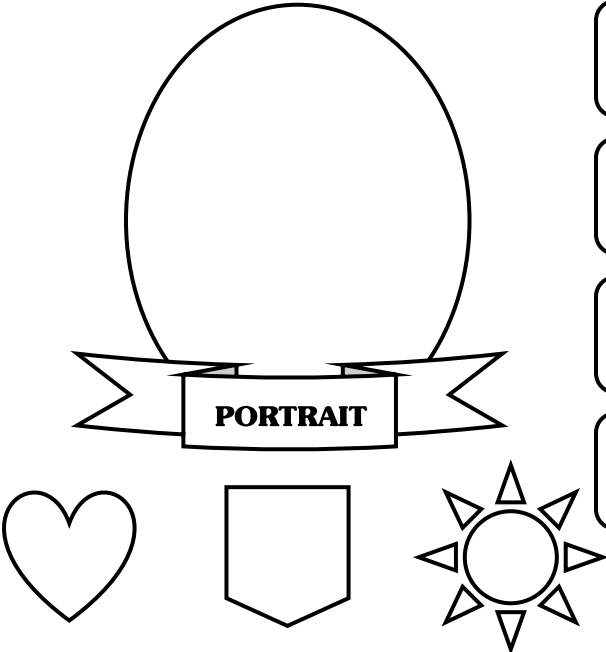
ARCHETYPE: _____ LEVEL: _____
MOTIVATION: _____ EXPERIENCE: _____

PHYSICAL

OCCUPATIONAL

EMOTIONAL

SOCIAL



ENVIRONMENTAL

FINANCIAL

INTELLECTUAL

SPIRITUAL

VIRTUAL CRISIS RELATED RESOURCES

1. Crisis Line of Northern BC

Phone: 1-250-562-1214 (24/7 - 365 days a year)

2. 1800Suicide

Phone: 1-800-784-2433

3. First Nations and Inuit Hope for Wellness Helpline

Phone: 1-855-242-3310

Website: www.hopeforwellness.ca

4. The Metis Crisis Line

Phone: 1-833-MetisBC (1-833-638-4722) (24 hours a day)

VIRTUAL MENTAL HEALTH RELATED RESOURCES

5. Anxiety Canada

Website: www.anxietycanada.ca

6. 310Mental Health Support

Phone: 310-6789

7. Kids Help Phone

Phone: 1-800-668-6868 (24/7 days for Canadians aged 5 to 29)

Text: CONNECT to 686868 (24/7 days for Canadians aged 5 to 29)

VIRTUAL SUBSTANCE USE RELATED RESOURCES

8. Anxiety Canada

Website: www.anxietycanada.ca

9. 310Mental Health Support

Phone: 310-6789

VIRTUAL SUPPORT RELATED RESOURCES

10. BC211

Website: bc211.ca

Appendix D: Archetypical Participant's Manual

ROLEPLAYING YOURSELF

Archetypical was created through analyzing the most beneficial parts of narrative, dialectic behavioral, strengths based, task centered and problem-solution focussed therapeutic strategies to support the building or re-authoring of your personal mythology. It is important to note that personal mythology is the narrative that the individual believes about themselves. If someone believes they are a terrible person, then their personal mythology will revolve around being an antagonist. If someone believes they are a good person, then their personal mythology will revolve around being a protagonist.

Another important consideration to the development of the Archetypical is accessibility. Gaming, in all forms, is rapidly becoming more accessible for all age groups. This led to the idea of gamifying therapy. Naturally, reviewing tabletop role-playing games (TTRPGs) to look for similarities in different therapy models followed. Finally, the reorganization process of different therapies into a TTRPG format began. The outcome is a therapeutic RPG that places the person firmly at the center of the therapeutic experience.

The purpose of the Archetypical is to provide a gamified therapy that allows an individual to confront a presenting problem that is causing disruption to daily life. This reorganization of therapeutic strategies in the Archetypical Handbook, while having the same purpose of traditional therapeutic support, is geared toward being self directed, used in a group setting or used with a mental health clinician.

Throughout this process, you will be role playing as yourself to create and maintain healthy structures and routines in your life.

THE PROCESS

The process that the Archetypical outlines a template of archetype patterns for you to work through. The aim of working through the archetypes is for you to gain a better understanding of your motivations, values, thoughts, emotions, and behaviors. Additionally, while working through the archetypes you will also be leveling your coping abilities. Through the combination of understanding and coping, the hope is for you to be able to confront and overcome problems in your life.

While there is no cookie cutter way to approach how to start, it is worth reminding readers that this therapy can be self-directed, presented in a group or be supported with the aid of a mental health clinician. In general, you will want to create a character sheet to track your progress, select coping abilities, reflecting on experience, working through scenarios that align with archetype patterns and confronting problems that you are currently facing.

Remember, this is your journey. Some of the archetypes, coping abilities and even parts of the format may not work for you. When encountering things that do not work for you, either disregard those pieces completely, or think about ways that you can add them into your scenarios that are helpful.

GETTING STARTED

Getting Archetypal therapy started will depend on what you are most comfortable with. In this section, three options are presented, although, you are free to come up with your own way to approach the material. The three options are: Self-directed, group setting and mental health clinician.

Self-Directed

The self-directed approach requires having a pre-existing knowledge of the format tabletop RPGs, or to read through all materials. This stream of delivery can be overwhelming or daunting for anyone unfamiliar with tabletop RPGs, or for anyone who does not enjoy creating every aspect of structure for themselves. Although, this challenge can be rewarding.

Group Setting

The group setting approach requires a facilitator, and specifically tailored group topic materials. This stream of delivery might be difficult to access in person, especially, if facilitators are unfamiliar with the format of tabletop RPGs. Although, this delivery would feel the most like a tabletop RPG experience. The best part is that anyone can be a Session Guide.

Mental Health Clinician

The mental health clinician approach requires a mental health clinician to help support the creation of structural assets. This stream of delivery might be difficult to transition from, as access to a 1-on-1 mental health clinician is generally on a

short-term basis. Although, this delivery method would help inform and guide the self-directed approach.

CREATING YOUR CHARACTER

Character creation is one of the single most recognizable traits of tabletop RPGs. This is categorized by the character sheet. On the character sheet, there is often stats that determine how well a character's attributes will be played out in any given scenario. Archetypical is no different. Building a character sheet in this format will require honesty in how you build yourself. The good news is that there are a few jumping off points to get you started.

Option 1: Start by selecting wellness stats, compassion, resilience, and energy points. Then select an archetype that most accurately corresponds with the stats and points selected.

Option 2: Start by selecting an archetype that you want to work through. Then select wellness stats, compassion, resilience, and energy points.

Option 3: Start by filling out the sections that comes the most natural and work backwards to the sections that feel like they will take more time to reflect and be honest on.

WELLNESS STATS: 1 (TERRIBLE) to 5 (FANTASTIC)

Physical (PHY): This stat focuses on your physical well being. This dimension includes things like diet, fitness level and amount of sleep.

Emotional (EMO): This stat focuses on your emotional well being. This dimension includes things like how well emotions can be coped with, how emotions are experienced and expressed.

Intellectual (INT): This stat focuses on your intellectual well being. This dimension includes things like creativity, learning new skills or knowledge and ways to apply new skills or knowledge.

Spiritual (SPI): This stat focuses on your spiritual well being. This dimension includes things like daily rituals, meaning and/or purpose, as well as, potentially cultural, or, religious connections.

Environmental (ENV): This stat focuses on your environmental well being. This dimension includes things like physical, emotional, intellectual, and spiritual spaces.

Financial (FIN): This stat focuses on your financial well being. This dimension includes things like ability to earn, budgeting and future planning—such as saving or investing.

Occupational (OCC): This stat focuses on your occupational well being. This dimension includes things like pursuing educational or employment goals, occupational satisfaction, and security.

Social (SOC): This stat focuses on your social well being. This dimension includes things like family or friend connections, maintenance of connections and recognition of social needs.

COMPASSION, RESILIENCE AND ENERGY: 1 (LITTLE) to 10 (LOTS)

Compassion, resilience, and energy points are spent on coping abilities and confronting problems—sometimes called *monsters*. The easiest way to think about points is to think of them as money, once they are spent, you must earn more.

Compassion: A pool that will typically decrease when you focus on supporting others, and increases when focusing on supporting yourself, depending on archetype.

Resilience: A pool that will typically decrease when you experience unfamiliar or uncomfortable situations, and increases as you become more familiar and comfortable in dealing with situations, depending on archetype.

Energy: A pool that will typically decrease when you spend time engaging in an activity, and increases as you engaging in activities that you find relaxing, depending on archetype.

ARCHETYPES AND MOTIVATION

The purpose of framing the therapeutic experience in a game focussed manner is to provide you with the exploration of different identity traits that can help you confront the problems present in your life. Through this exploration, you can expect to find ideas and concepts that you connect with, and ideas and concepts that you do not connect with.

While you look through the different archetypes, keep in mind that each archetype's motivation falls into one of four categories: Organization, exemption, connection, and actualization. Each categorical motivation can be experienced, like archetypes, through distinct levels. For instance, the Caregiver, Ruler, and Artist motivation of organization are internally, externally, and simultaneously experienced, respectively.

As you move through each archetype, you will notice how each archetype's motivation changes, even within each motivational category. Typically, changes in a person's motivation are related to changes in person's thoughts, emotions and behaviors. By recognizing unhelpful thoughts, feelings and behaviors, you will be able to make healthy changes for yourself that address the unhelpful thoughts, feelings and behaviors to make a meaningful change.

Archetype Frameworks

Archetype frameworks outline patterns of thoughts, emotions and behaviors that are typically demonstrated by characters in stories. Often, archetype patterns can be observed in the natural world. The elder who provides a parable that paints a picture of experience when asked a question could be seen as a sage pattern.

Another example could be a person who enters a dangerous situation, saves a person or a pet, can be seen as exhibiting a hero pattern.

By moving through the archetype frameworks, you will be able to explore different aspects of your life and personality to help you confront problems in your life. You will resonate with some archetypes more than others, and you may even recognize that some archetypes do not resonate with you. When encountering an archetype framework that you feel does not resonate with you, explore what aspects in that archetype bothers you.

Engine of Motivation

Understanding what motivation is, and how it works is important to understand before getting into archetype motivational themes and archetype specific motivations. Motivation can best be explained as the drive to accomplish something. Everyone has a goal that drives their feelings (emotions/sensations), thoughts, and behaviors, despite the goal being different for everyone. The drive itself is called motivation, while the parts that make motivation move forward are the emotions, thoughts and behaviors that go along with the specific goal. Understanding the process of motivation is important, because the emotions, thoughts and behaviors work with each other toward achieving a goal. If there is a change in an emotion, thought or behavior, then the motivation to achieve a goal will also change.

Archetype Motivational Themes

Motivational themes can be thought of as the motor driving the archetype patterns of thoughts, feelings (emotions/sensations) and behaviors specific to each

archetype. There are four motivational themes that guide the archetype patterns to their goals. Organization. This motivational theme guides archetypes to achieving internal and external structures. Exemption. This motivational theme guides archetypes to finding ways to maintain their freedom. Actualization. This motivational theme guides archetypes to their full potential in all areas of life. Connection. This motivational theme guides archetypes to forming and maintaining relationships. In addition to motivational themes, archetypes also have specific motivations. For instance, specific motivations that are unique to the category of organization include: Service (caregiver archetype), control (ruler archetype) and innovation (artist archetype).

ARCHETYPE	MOTIVATION	WELLNESS STATS
CAREGIVER	Theme: Organization Specific: Service	Physical / Emotional / Financial
RULER	Theme: Organization Specific: Control	Financial / Intellectual / Occupational
ARTIST	Theme: Organization Specific: Innovation	Occupational / Spiritual / Social
INNOCENT	Theme: Exemption Specific: Safety	Environmental / Emotional / Physical
REDEEMER	Theme: Exemption Specific: Understanding	Spiritual / Intellectual / Financial
EXPLORER	Theme: Exemption Specific: Freedom	Intellectual / Emotional / Spiritual
OUTLAW	Theme: Actualization Specific: Liberation	Social / Environmental / Spiritual
MAGICIAN	Theme: Actualization Specific: Power	Spiritual / Intellectual / Environmental
HERO	Theme: Actualization Specific: Mastery	Physical / Environmental / Emotional
LOVER	Theme: Connection Specific: Intimacy	Emotional / Spiritual / Social
TRICKSTER	Theme: Connection Specific: Enjoyment	Social / Intellectual / Physical
PEDESTRIAN	Theme: Connection Specific: Belonging	Environmental / Social / Financial

SKILLS

Skills are strategies that you practice to cope, calm, and soothe yourself during situations that provoke strong emotional responses. These abilities are tools that can support grounding, promote mental and/or physical stimulation, and can be quickly performed. While you may find that some abilities are second nature to you, some of them may feel difficult and will require more practice to master. The ideal approach to picking abilities is to pick a few that you find quick and easy with ones that you find difficult. If you come across an ability that you find extremely difficult and have been unable to practice it, then simply replace that ability with a different one that may work better for you. Remember, this is your journey. Feel free to spend as much, or as little, time in this section as you please.

Grounding Skills

Grounding skills are used to manage strong emotions or negative thoughts when they come up. Grounding is most effective when strong emotions are first recognized. Grounding works by refocusing attention to the present, allowing for an opportunity to step back from a strong emotion or negative thoughts.

Coping Skills

Coping skills, like grounding skills, are used to manage strong emotions or negative thoughts. However, unlike grounding skills, coping skills require a bit more practice to master. Coping skills work by allowing an opportunity to navigate strong emotions or negative thoughts during a difficult situation, in addition to refocusing attention to the present.

Problem-Solving Skills

Problem-solving skills build upon grounding and coping skills to manage strong emotions or negative thoughts while simultaneously overcoming a current problem. These skills often require a lot more practice to master as they usually tie two or more grounding or coping skills together. Additionally, problem-solving skills follow a process of identify, analyze and implement to come up with the best possible solution.

GROUNDING SKILLS

BOX BREATHING

Picture a square and focus on breathing from corner to corner. Pick a corner and trace the line by breathing in through your nose for 4 seconds. When you reach the next corner, hold breath for 4 seconds. Trace the next line by exhaling for 4 seconds. When you reach the next corner, hold breath for 4 seconds. Continue tracing box for five breaths.

BRUSHING TEETH

Line the bristles of your toothbrush with a dab of toothpaste. Run under water, then place toothbrush in mouth lightly brushing downward on top teeth and lightly upward on bottom teeth for one minute. Rinse off toothbrush and repeat for one more minute.

BATH

Run a bath to the temperature that is to your comfort level. You may choose to use this bath to wash your body, or add bath salts or essential oils into your bath for extra comfort. Remain in bath for as long as you feel comfortable.

COLORING

Color in a picture, either drawn by you or in a coloring book.

CATEGORIES

Pick a topic and name as many things under that specific category. For instances, name as many sports teams, or movies that you can.

COMBING HAIR

Whether after a shower or a bath, or simply because you would like to style your hair; you can comb your hair at nearly any point in time. Take a comb or brush and run it through your hair until you get the desired style. You may use water or a hair product to get the style you want.

DESCRIPTIONS

Describe an object using your senses. Example, how does it look, feel, sound, smell, and/or taste. Remember that it is okay to use any number of senses.

DOODLING

Get a piece of paper and begin doodling. It does not matter what you doodle, because it does not have to be shared with anyone.

DRAGON BREATHING

Take deep breaths and exhale as fast as you can. Make sure that you can feel each breath pushes your belly out before exhaling.

EXERCISE

Take a few minutes to move your body. This could be wiggling your fingers, swinging your arms, and/or stretching your legs. You may also choose to do jumping jacks or push ups as well. You may even choose to go for a walk.

GRATITUDE

Make a list of things that you are thankful to have in your life.

LISTEN TO MUSIC

Listen to music that you find comforting. You may also choose to challenge yourself and listen to the lyrics and see if the lyrics align with your values.

SHOWER

Run shower to a comfortable temperature. Once water is running, step into shower. Wet entire your body, then begin to wash your body. Start with washing your hair, then move downwards and wash each part of your body. Make sure to wash your armpits and private parts, as bacteria thrives in dirty areas of the body.

PAINT

Take some time to paint. You may have an idea of what to paint, but remember that it is not necessary. Focus on the actions of applying the paint to the brush, and from the brush to the canvas or paper.

PRACTICE

Practice improving something that you enjoy. This could be a hobby, an activity, or even a skill. Remember that practice is small improvements over a long period of time.

RECITE

Recite a song, poem, or quote that you feel is relevant to the moment. You may choose to sing, use a silly tone of voice, or be overly dramatic.

SENSES COUNTDOWN

Name (out loud or in your mind) 5 things you can see. 4 things you can touch. 3 things you can hear. 2 things you can smell. 1 thing you can taste.

THREE NICE THINGS

Tell yourself three things that you like about yourself. Maybe you like the t-shirt you are wearing, or how you showed kindness to someone you do not get along with. Perhaps you feel accomplished about doing a chore.

VALUES

Write out a list of what you value. Can you rank your values from most important to least important?

WASH HANDS

Run water in sink to a comfortably warm temperature. Wet hands and one hand length up above wrist. Place a dab of soap in the palm of one of your hands and lather. Be sure to get between your fingers and one hand length about your wrist. Sing happy birthday twice before rinsing and drying your hands and wrists.

COPING SKILLS

ACCEPTANCE

attempt to accept a situation that is out of your control using the mantra, “I cannot change the past, and I don’t know the future.”

AFFIRMATION

Tell yourself, or write down, a positive statement that makes you feel hopeful. An example could be, “The sun will come out tomorrow.”

ACKNOWLEDGE

Acknowledge and name the emotion that you are experiencing. How you can move on with the day? Remember that emotions are not facts.

EMPATHY

Attempt to view a frustrating situation from another person’s perspective. What do you notice?

DISTRACTION

Find a healthy distraction that can take your mind of a problem that you are experiencing. This could be going to a movie, playing a game, or even being in public to people watch.

HYGIENE

Perform a hygiene routine that consists of at least three grounding skills focused on cleaning your body. For example, brushing teeth, showering, combing hair.

ORGANIZING

Find something to organize. This could be as small as a box of memories, or as large as an entire room. Remember to organize something that is manageable for you. It is okay to scale down to maintain manageability.

INTROSPECTION

Take a few moments to think about a situation that happened in your day. What happened in the situation? How did you react to the situation? Was there anything that you did well? Was there anything that you could do better at next time?

RELEASE

Allow yourself to have a safe emotional release. This could be crying when sad, punching a pillow when frustrated, or even having a long belly laugh when happy. Different emotions require different releases and this is why it is important to know and understand different emotions.

ROUTINE

Build a routine for a certain part of the day. Think about what you do during a standard day. Now write down what you do for a particular part of a standard day.

SELF-KINDNESS

Self-kindness could be telling yourself three things that you like about yourself, reminding yourself of a time you made it through a difficult time, or engage in an activity that you find enjoyable.

SOCIALIZE

Whether you are calling a friend, going on an outing, or even hosting an event, socializing can be an effective way to navigate difficult situations and reduce feelings of isolation.

SLEEP

Get an appropriate amount of sleep. This may mean taking a nap after a hard day and ensuring practicing effective sleep hygiene.

WISH

Explore how a situation you are experiencing could be different if you could change something about the situation. Would the outcomes also differ? Would the outcomes be the same?

PROBLEM-SOLVING SKILLS

BUDGET TIME

Create a budget of how you spend your time on an average day. There are many ways to approach a budget. A simple way is to write out the hours of the day and write out what you do, or want to do in those hours.

CHORES

Pick a chore and complete it. Doing a chore can sometimes help work through a problem currently being experienced.

COMMUNICATION

Communicate needs and/or wants using “I” messaging. Remember that you cannot control how you are perceived. If someone is looking for a way to understand your message, you will not have to have the perfect words.

COST-BENEFIT ANALYSIS

Write lists of pros and cons of engaging in an activity, then write a pros and cons list of not engaging in an activity. What do you notice?

GOAL SETTING

Set a goal that you would like to accomplish today. The goal could be making your bed, brushing your teeth, or even getting out of bed. Goals can be small, medium, or large and are most effective when small goals are related to larger goals.

LISTEN

Listen to what someone is saying. Sometimes difficult emotions may come up when we do not hear a person's full thoughts. We might miss important information.

PAUSE

Attempt to pause a difficult emotion. Where did that emotion come from?

PLANNING

Create a plan. This plan could be to keep yourself safe, what you would like to accomplish in the future, or could be a plan for the day. Remember that it is okay to have multiple plans.

POMODORO

Set a timer for an activity. Keep focused on the activity for the full amount of time. Once time is up, then transition to another activity. The amount of time for the activity is up to you.

REFLECT

After a distressing situation has resolved, reflect on what you could improve on next time. Is there another way you could have framed your points? Could you have expressed yourself in a gentler way?

EXPERIENCE

The expression "practice makes perfect" is a great example of gaining experience when performing an activity. For example, when someone practices playing guitar, then over time, the experience gained will make playing more

difficult pieces of music on the guitar easier. While not all of us will want to gain experience in learning to play an instrument, we can gain life experience through practicing the skills that allow us to make living easier. In this sense, overall life experience is made up of experience gained in every skill that we use daily. Below is an experience table that can be used to track your experience.

Level	XP	Level	XP	Level	XP	Level	XP	Level	XP
1	0	21	37,200	41	302,400	61	1,035,600	81	2,476,800
2	150	22	43,050	42	325,950	62	1,088,850	82	2,571,750
3	300	23	49,500	43	350,700	63	1,143,900	83	2,669,100
4	480	24	56,580	44	376,680	64	1,200,780	84	2,768,880
5	720	25	64,320	45	403,920	65	1,259,520	85	2,871,120
6	1050	26	72,750	46	432,450	66	1,320,150	86	2,975,850
7	1,00	27	81,900	47	462,300	67	1,382,700	87	3,083,100
8	2100	28	91,800	48	493,500	68	1,447,200	88	3,192,900
9	2880	29	102,480	49	526,080	69	1,513,680	89	3,305,280
10	3870	30	113,970	50	560,070	70	1,582,170	90	3,420,270
11	4945	31	126,300	51	595,500	71	1,652,700	91	3,537,900
12	6600	32	139,500	52	632,400	72	1,725,300	92	3,658,200
13	8400	33	153,600	53	670,800	73	1,800,000	93	3,781,200
14	10,530	34	168,630	54	710,730	74	1,876,830	94	3,906,930
15	13,020	35	184,620	55	752,220	75	1,955,820	95	4,035,420
16	15,900	36	201,600	56	795,300	76	2,037,000	96	4,166,700
17	19,200	37	219,600	57	840,000	77	2,120,400	97	4,300,800
18	22,950	38	238,650	58	886,350	78	2,206,050	98	4,437,750
19	27,180	39	258,780	59	934,380	79	2,293,980	99	4,577,580
20	31,920	40	280,020	60	984,120	80	2,384,220	100	4,720,320

DICE

Depending on your experience with tabletop roleplaying games (TTRPGs), you may or may not be familiar with using dice to determine a success rate or determining an outcome. Dice are the primary way to determine actions or success in Archetypical and are often shortened to d followed by the number of sides a single die has. There are different sided dice that may be used to determine different outcomes, such as an action or success rate. The different sided dice are as follows: d4, d6, d8, d10, d12, d20, d100. Below are some tables designed for participants to explore agency when in a session.

YES/NO TABLE (d6)

1-3	Yes
4-6	No

AREA OF SENSATION (d6)

1 Head/Neck	4 Body
2 Shoulders	5 Stomach
3 Arms	6 Legs/Feet

AREA OF INJURY (d6)

1 Head
2 Body
3 Arm
4 Leg
5 Feelings
6 Moral

OUTCOME TABLE (d4)

1	Positive Outcome
2	Satisfying Outcome
3	Unsatisfying Outcome
4	Negative Outcome

CONFLICT STYLE (d6)

1 Roll Again	4 Compromise
2 Avoid	5 Compete
3 Accommodate	6 Collaborate

SENSATION TABLE (d12)

1 Tight	5 Fidget	9 Knot
2 Heavy	6 Pain	10 Racing
3 Sweaty	7 Warm	11 Tired
4 Dry	8 Tense	12 Itchy

EMOTION TABLE (d20)

1 Peaceful	6 Anger	11 Love	16 Sad
2 Disgust	7 Hopeful	12 Overcome	17 Caring
3 Confused	8 Anxious	13 Nervous	18 Fear
4 Happy	9 Surprise	14 Joy	19 Amused
5 Jealous	10 Guilty	15 Annoyed	20 Resentful

ROLEPLAY

Archetypical is a therapeutic intervention framed as roleplaying game. However, unlike traditional therapeutic roleplay, you will be roleplaying yourself embodying an archetype to navigate everyday situations and issues. You do not need to think of a funny voice, or change how you would express yourself when navigating a difficult emotion or issue. Although, sometimes you may find it useful to use a funny voice or challenge how you would normally express yourself. What you will need to learn is how to use the archetype you are roleplaying to help you navigate the scenarios provided by the Session Guide. The biggest part of this experience is to become part of the story by helping write the story with fellow Participants and the Session Guide. But first, you will need to learn how to tie everything discussed so far.

FIRST SESSION

This section is to teach you how to tie your character creation and session etiquette together. Why these aspects matter is that you are a part of your journey, as well as the people in our lives' journeys. The more we recognize how to build ourselves up and navigate our own struggles in healthy ways, the more we can begin to build stronger bridges between ourselves and the people in our lives. We are sharing in building our story, as well as building on to the stories of the people in our lives.

This is a solo session that describes going through a morning routine to outline how to fill in a character sheet. This character sheet will be used through out this first scenario to help you get used to the idea of the mechanics you may encounter in sessions. Additionally, this section will provide communication tips that are intended to help you get comfortable with communicating with the use of dice.

Scenario

An **Artist** (p. 11) is painting a picture of a **Hero** (p. 14) and **Magician** (p. 17) escorting an **Innocent** (p. 15) to see the **Ruler** (p. 21). Down the road, an **Outlaw** (p. 18) and **Pedestrian** (p. 19) listen to a **Redeemer** (p. 20) share what looks like a hopeful message on the left side of the road. Eventually, both groups will cross paths with a **Caregiver** (p. 12) walking with their **Lover** (p. 16) and a **Trickster** (p. 22) who is trying to attract the attention of an **Explorer** (p. 13).

What **ARCHETYPE** stands out to you? (Check the **Archetype Motivation Wellness Stats** chart for **Motivation Theme** and **Specific Motivation**)

You wake up in your bed. Despite the light shining into your room, you notice that your shoulders are tight and there is a light thumping on either side of your head. Turning over, you notice that it is much earlier than the time that you need to wake up at.

On a scale between 1 (low) to 5 (high), how do you rate your **PHYSICAL, EMOTIONAL** and **INTELLECTUAL** dimensions of your wellness?

As you get out of bed, you stretch your arms over your head. After your arms fall to your sides, you head to your dresser and pull out a fresh set of clothes for the day. Packing your clothes in your arms, you make your way into the bathroom to complete your morning hygiene. Once you finish with your morning hygiene, you get dressed and head to the kitchen.

On a scale between 1 (low) to 5 (high), how do you rate your **ENVIRONMENTAL** and **SPIRITUAL** dimensions of your wellness?

Because you were awake much earlier, you noticed that you were able to spend some extra time puttering around. As you continue to putter around, your mind begins to fill with questions: 'What will I learn today?' 'Who am I going to spend lunch with?' 'How much money will I need bring?'

On a scale between 1 (low) to 5 (high), how do you rate your **SOCIAL, OCCUPATIONAL** and **FINANCIAL** dimensions of your wellness?

While you reflect on these questions, you wonder about how much resilience you have today. Is it worth spending so much energy on these thoughts? Wouldn't it be better to be compassionate to yourself and wait to see how the day plays out?

On a scale between 1 (low) to 10 (high), how much **COMPASSION, RESILIENCE** and **ENERGY** do you have?

Once you finish reflecting on these questions, your mind drifts to things that you feel you are good at. Thinking about these things brings on another set of questions. What traits help you excel at the things you are good at? What principles do these traits inspire? Where are these traits and principles leading to?

Make lists of the traits (**STRENGTHS**), principles (**VALUES**) and where they are leading to (**GOALS**). Additionally, make a list of **HOBBIES** that you enjoy doing. Once you are done making these lists, look through the **Grounding Skills, Coping Skills** and **Problem-Solving Skills** sections of this book and pick out skills that you already use and list them for your **SKILLS**.

As you get ready to leave your home, you grab two items. One reminds you of one of the characters from your dream, while the other reminds you of the traits that you, with a little luck, will use today. Both items feel about the same weight, but you notice that their shapes feel different as they rub against your leg in your pocket. You feel your stress about the day is fading a bit.

Draw an item for **ITEM 1** then name what the item is underneath the item drawn. Under the item name, write what archetype this item represents for you. Repeat these steps for **ITEM 2**, but write either a **STRENGTH, VALUE** or **GOAL** that the drawn item represents. Once you have drawn and labelled both items, make a mark below 100% on the **STRESS BAR**. Once you have completed these sections, list what **SENSATIONS, EMOTIONS, THOUGHTS** and **BEHAVIORS** your character may be experiencing before leaving home.

WHAT IS A SESSION GUIDE?

Archetypical uses mechanics and structures of tabletop roleplaying games (TRPGs). This includes having one person who prepares, runs and referees sessions for participants. In other TRPGs, these individuals are often referred to as Game Masters (GMs). Master, in this context, refers to mastery over keeping knowledge of rules, decisions made by participants and makes rulings on outcomes based on participant interactions with scenarios and the rules—either house created or written in both the Participant's Manual, as well as the Session Guide's Rulebook. While the term “master” is accurate in the context of other roleplaying games, the purpose of a Session Guide (SG) in Archetypical is to, well, guide participants through scenarios.

The Session Guide's Role

As previously mentioned, the role of the SG is to keep the knowledge of session mechanics, track participant decisions and make fair outcome rulings. What the SG will want to avoid at all costs is to become the participants antagonist. The SG should never view participants as obstacles to be overcome, but rather, should strive to collaborate with participants to create a shared story built upon by everyone present around the table.

There are a few skills that any SG would benefit from, which would be best included upfront, rather than waiting to include at different times throughout this book. These skills are useful both in the SG role, as well as everyday life. These

skills are: Frame, Adapt, Celebrate, Engage, Tolerance, Interact, Mitigate, and Embrace (FACETIME). These skills can be used on their own for specific situations, or combined to address and support more complex situations.

Keep the information on this page in mind as you read through the rest of this book. Take some time to reflect on how you personally would use the skills mentioned to make fair rulings. Moving forward, the rest of this book will provide information and tools relevant to being an SG.

Getting Started

Starting out as an SG may first feel like a lot of responsibility. If you are feeling that way, then congratulations, you have taken the first step in becoming an SG. It is certainly a lot of responsibility. As previously mentioned, it requires you to: retain rules knowledge, creating scenarios, running scenarios for participants, tracking participant decisions during session, making fair outcomes rulings, manage table dynamics and ensure participant safety. This may—at first—feel like an impossible role and not very fun. However, the good news is that the role is possible and can be quite fun. All you need is your SG toolkit, which is what this book is intended to help you with.

Throughout this book, you will find all the resources necessary to manage the required tasks of an SG and will hopefully inspire you to design and run your own scenarios for yourself or participants. Additionally, this book will provide suggestions for strategies in navigating difficult table situations to ensure participant safety. After all, while *Archetypical* is intended to be fun, it is also

intended to therapeutically support the building of internal structures for participants.

Definitions

Depending on the amount of knowledge you have regarding tabletop roleplaying games (TRPGs), you may or may not be aware of key terms that are used within TRPGs. This list of definitions is intended to support those who are new to Archetypical.

- **Participant:** An individual participating in a scenario.
- **Participant Character:** A character created and used to participate in a scenario.
- **Non-Participant Character:** A character created and used by the SG that may or may not be specific to the scenario.
- **Session Guide:** An individual who runs an Archetypical session through presenting scenario sections and runs issues, as well as NPCs.
- **Session:** Gathering of participants and SG to collaborate in a scenario.
- **Scenario:** A collection of connected situations that PCs navigate and usually feature one or more issues.
- **Issue:** A problem that is relevant to participants, often reoccurring and requires grounding, coping and problem-solving skills.
- **Grounding Skills:** Skills that bring PCs back to the present.
- **Coping Skills:** Skills that help PCs navigate issues.

- **Problem-Solving Skills:** Skills that help PCs confront and overcome issues.
- **Experience:** A concrete representation of practice, awarded to PCs at the end of sessions.
- **Table:** A group of participants, including the SG, in a session.

MECHANICS

Archetypical, unlike other TRPGs, is geared toward realism and simulation. This is an intentional design choice as this product aims to facilitate the building of internal structure through the framework of a tabletop roleplaying game (TRPG). As such, there are certain game mechanics that are utilized to simulate real world interactions, as well as guide potential outcomes for participants to explore together. The mechanics presented here are to provide an SG with little to no knowledge of TRPG game mechanics with a baseline knowledge to better prepare for a session. However, if you have a strong understanding of TRPG game mechanics and why they are used, then feel free to experiment with game mechanics that you feel may work better with your table.

Dice

Dice are primarily used to determine an outcome in Archetypical. However, dice can also be used to select pre-generated answers to facilitate communication during a session. It is important to know about statistical probability when using dice, especially, when creating randomized tables. Bell curve distributions can also be calculated rolling multiple dice that have the same number of sides.

Wellness Stats

In Archetypical, wellness stats are used by participants to gage how their PC may choose to handle a situation. A one in a wellness stat represents that a PC would probably not make a good choice in situations that rely on that wellness stat.

A five in a wellness stat means that a PC would handle a situation that relies on that stat extremely well.

Action Points

In Archetypical, action points are Compassion, Resilience and Energy. Action points are both spent by participants to use skills and are gained or lost depending on the impact of a scenario. You may choose to have participants gain or lose a die roll of action points, or you may choose to pick several action points for them to gain or lose. Regardless of how you choose to use this mechanic, keep it consistent.

Strengths, Values and Goals

In Archetypical, PCs have Strengths, Values and Goals. Each session is most effective when you create scenarios that challenge PCs' strengths and values, as well as support guiding PCs toward their goal(s). Challenges that are presented to the PCs' strengths and values should provide an opportunity for PCs to use their other strengths, values and skills to overcome the challenge presented during a session.

Ranges

Ranges refer to the distance a PC is away from a person, place or thing. Movement and distance may play a role in Archetypical, depending on how you choose to set up your sessions' conflicts. If using ranges, keep the language simply, Close, Near or Far.

PREPARING FOR A SESSION

Archetypal, as a therapeutic system, focuses on the central goal of exploration of archetypes and the roles the archetypes play in participants' stories. This means that self-reflection is a requirement for both you—as the SG—and participants. Self-reflection as an SG is important to be able to continuously be able to deliver information to participants, be able to pivot with participants and maintain participant safety. While you will not be able to prepare for everything, you will be able to prepare for most things. Creating a checklist is often helpful and can reduce the amount of information that an SG needs to keep in their mind. Things to include on a checklist would be dice, previous session notes, current session's scenario, pencil, eraser, paper, Participant Manual, Session Guide's Rulebook, SG Screen and any other aids that may support a session's engagement with participants.

Session Zero

A session zero is the first session where wants for the story, group norms and expectations are clearly identified and expressed by participants. This session is specifically geared toward building a mutual understanding between participants and a session guide through negotiating what is acceptable and unacceptable behaviors and topics, as well as an outline of the system rules being used, getting a feel of what participants would like to explore and how participants and the session guide feel most comfortable interacting. Additionally, somethings are not explicitly stated during session zero, but may come up in a later session. To navigate the

safety of participants, it is also important to implement a strategy for participants to signal to the session guide that they are uncomfortable with a variable in session so that the participant can express what they feel uncomfortable with and can then be added into the agreed upon session groups norms and expectations. A session zero can be broken down as follows:

Introductions

Introductions are intended to provide an opportunity for the table to get to briefly know each other. Sometimes, some of the table will already know each other and at other times, no one may know each other. Introductions are great in either case, as people may use an introduction section to simultaneously introduce themselves and to build upon existing relationships.

Wants

Wants are an opportunity for the table to go around and share what they want to get out of the experience. The wants section also provides the SG with valuable information of how to design scenarios for participants. Ensure that every person at the table has an opportunity to share their wants and ask questions to make sure that you have a clear picture of what everyone wants, including yourself.

Expectations

Expectations are an opportunity for the table to further get to know each other. The expectations section should include topics, behaviors and consequences. Expectations are important because they establish individual boundaries, how those

boundaries will be enforced and a unique set of group norms for the table. Topics and behaviors can be sorted into acceptable, neutral and unacceptable categories.

Stop Action

Stop action requires everyone at the table to agree upon. The stop action is a special action that immediately stops the session when anyone at the table feels discomfort with a topic, behavior or description. The common suggestion is that participant (including the SG) has a card with an “X” in the middle be placed in front of them so that placing a finger on the card is visible to the entire table.

In Archetypical, it is important for a participant to express why the session was stopped in one of the starting three words (more options can be added as time goes on): Behavior, Description, Topic. It is important that only one word is used because it will determine what action you take as an SG. If any of these instances come up, then they are to be noted by the SG and added to the group norms. If the SG notices a participant is intentionally causing harm, or is constantly stopping the session, it may require further SG intervention. Ask if the participant can leave the session and talk with the SG later.

- **Behavior:** If behavior is stated, the SG will ask for a description of the behavior. The SG will shutdown any description of why the behavior is viewed as problematic. If the behavior is indeed problematic—such as pulling hair, unwanted touching or taunting, the SG will then ask the participant to adjust their behavior (or adjust own behavior) and offer an apology to the participant. If the behavior is not problematic—such as

rocking, fidgeting or genuinely attempting to add to the collaboration, then the SG will request the participant to be mindful of their actions and may request to reframe the collaboration to the story.

- **Description:** If description is stated, the SG will ask for the description to be reframed in a different way. The SG will shutdown any reframe of the description that is too close to the original description. The SG may ask what the participant is attempting to add to the collaboration to offer a better way to frame the description.
- **Topic:** If topic is stated, the SG will instruct the table to change the topic and will offer a set up that is related to the issue of the scenario, but unrelated to the topic that caused discomfort.
- **I Don't Know:** If a participant uses a stop action, but is unable to explain why the session was stopped in one word, then the SG will ask if it was a behavior? Description? Topic? The SG will provide definitions for each term. It is common that a participant will not initially know why they stopped a session until they hear a definition that clarifies why for them. If no is answered to all, then often it is an emotion that has been triggered as the situation might be too close for the person. If no to all questions and definitions is the case, ask the participant if they would like the situation to be reframed, or if they would prefer to move on without a reframe.

SCENARIOS

Scenarios in Archetypal are a collection of connected situations presented to participants to navigate. Scenarios are most engaging to the table when the situations present challenges that empower participants to overcome obstacles in self-directed ways. Obstacles provide participants opportunities to explore different ways to handle situations. All scenarios share the following elements: Situations, Obstacles and Outcomes.

Situations

Situations are a set of facts or conditions linked to a relevant event or action. For instance, a situation could be saying hi to someone. Situations should be relatable for participants and offer an opportunity to become complicated by an obstacle.

Obstacles

Obstacles are situations that block progress. For instance, saying hi to someone is complicated by the someone being with a person that a PC does not like. The best way to create an engaging obstacle is to follow the ABT (And, But, Therefore) formula. Situation one and situation two, but situation three, therefore situation four.

Outcomes

Outcomes are important for an SG as it provides direction to be used to prompt participants if needed. Using the ABT formula to an outline of a situation is useful in creating outcomes. Typically, the result of creating branching outcomes

is that the SG will end up with outcomes that the SG can use to guide rulings based on participant choices.

Whether or not participants are able to overcome a scenario's true outcome will depend on the outcome of their dice roll and how they choose to use their skills to navigate the situation. All skills cost various amounts of compassion, resilience or energy points. At lower levels, coping abilities may take up more compassion, resilience or energy points, while at higher levels, the costs can be considerably less, representing the amount of practice put into building up their skills. Additionally, the effectiveness of skills can be informed by a participant's wellness stats.

Preparing a Scenario

Preparing scenarios will depend on how you are engaging with the Archetypical workbook. For instance, a self-directed approach in preparing scenarios will look different from a group setting approach. While the approaches will look different, all scenarios will be prepared around practicing Grounding, Coping and Problem-solving Skills. Let's take a few minutes to see how the approaches to preparing scenarios differ from each other.

- **Self-Directed:** A self-directed approach to preparing scenarios may take on a traditional tabletop RPG campaign preparation approach. This may include the use of randomized tables that describe encounters, list coping abilities and provide reward options. Typically, this would be most

applicable to people who are familiar with tabletop RPGs, or have been able to set up a framework with a clinician.

- **Group Setting:** A group setting approach to preparing scenarios requires a facilitator to build multiple scenarios based around the specific group topic. The facilitator must also guide you and others in the group through the scenarios, along with any additional information, that is specific to the group. You can revisit scenarios and make any adjustments to the skills that you have previously chosen, as needed. You may find transitioning from the support of a group setting to a self-directed approach a bit difficult, but will be necessary for you to continue your leveling process.
- **Mental Health Clinician:** A mental health clinician approach requires a mental health clinician to help support you in building your own scenarios around specific coping skills that you would like to learn. The focus of how assets are developed will depend on the modality that your mental health clinician specializes in. Like the group setting support, you may find transitioning from the support of a mental health clinician to a self-directed approach a bit difficult, but will be necessary for you to continue your leveling process.

When outlining a scenario and how it will play out, an SG will need to put some thought into how the process looks. Sometimes the scenario will only have two simple answers, such as, “May I have a cookie?” The answer will be yes, or the answer will be no. Sometimes the scenario will have more than two answers and the answers may vary from simple to complicated.

It is recommended to start with a blank sheet of paper to start building the scenario. This could include making a random table of possible outcomes that you or your participants can roll a dice on, or it could include a flow chart that you are able to see how statements affect the outcome. However, you choose to outline a scenario, the rule is to make sure that it makes sense.

Exploring the Archetypes

Archetypes are a great source of scenario building as archetypes tend to be fluid and often create complications when they show up. The complications from archetypes arise from the traits an archetype brings into a scenario. Sometimes, an archetypes traits are well suited to navigate a situation; sometimes the traits are not well suited and cause chaos. As an SG, whether you choose to use archetypes heavily in your scenarios, or only traits to challenge participants, it is good to have a strong understanding of each archetypes' function and how to incorporate them into the scenario.

In the character creation section of each session, participants are asked to pick the archetype they feel most aligned with on that day. It could be the same archetype they felt aligned with during the last session, or it could be an entirely different archetype. The purpose of archetype selection is for participants to explore different aspect of how they navigate issues that they may encounter in day-to-day life. The number of contributing factors matter little to most people to those outside of an individual's support network, however, the contributing factors do impact how issues are dealt with. Afterall, all archetypes have positive and

negative traits. Both sets of traits can be used to develop dynamic situations for participants to engage with.

Another way to use archetypes to create engaging situations is to incorporate the shadow. The shadow of a chosen archetype can be found directly across from the chosen archetype. While this might be difficult to visualize, page 7 of the Participant Manual purposely includes a diagram to easily identify an archetype's shadow. The shadow is an important aspect of any archetype as it often creates barriers for the archetype to overcome. Generally, the goal of embodying an archetype is to incorporate the shadow to become a useful aspect of an archetype. For instance, if the Magician archetype is continuously encountering situations where control is challenging the Magician's sense of power, then the Magician must learn to incorporate the Ruler archetype to overcome situations where control is needed more than power.

Remember that the goal is for participants to explore aspects of themselves in a safe and engaging way. As participants become more exploratory, the frequency of archetype changes will occur. When this occurs, it may initially feel frustrating as not all archetypes may initially line up with the story being collaboratively built among the table. This makes the SG's role easier, as situations and scenarios will develop on their own. The SG can then focus on making fair rulings and maintaining participant safety.

The Persona

While exploration is the goal, we as human beings can sometimes over identify with concepts, ideologies and/or values. When over identification happens, we can get stuck and feel as if any different perspectives challenge the persona to its very core. Whether or not the challenge is a perceived or credible threat, the threat feels real enough to affect the persona. If over identifying with an archetype occurs, it can be painful to both the persona, as well as, the individual. This is why participant safety is important and why a stop action is required. The persona is an aspect that must be taken seriously by an SG as this can cause harm to a table and end further sessions.

Hooking Participants

Participants want to engage with the world around them. Often, engagement comes with costs and benefits. The costs of engaging with groups using substances may include financial, withdrawal, significant weight loss, conditional relationships and getting arrested. Meanwhile, the benefits of engaging with groups using substances may include limited social inclusion, perception of reduced life stressors, false sense of increased self-esteem and participating in a shared experience. The purpose of outlining the costs and benefits of substance use is to provide an example of what an SG should consider when building a scenario. Creating engaging hooks for participants is important to build immersion in sessions. Immersion is what hooks participants and gets them engaged. The reason immersion is effective in sessions is that it provides touchstones that participants can reasonably relate to and engage with. Framing the design of hooks, an SG

would benefit greatly in coming up with a cost/benefit analysis of their table's most dominant issue. By doing this, it opens a lot of possibilities to present participants with situations that are relatable and present relatable obstacles to be overcome.

Random Tables

Random tables are a staple in older TRPGs and are intended to support generation of things like exploration areas to encounters. These generators can be used during a session or can be used in the creation of adventures. Archetypal is no different. The inclusion of random tables to support scenario generation is included to support SGs to build engaging scenarios. The random tables presented here can be rolled on several ways. You may choose to roll 1d12, 2d6 or you may 1d6 twice. If you choose to roll 1d12, the result is what you get. Choosing to roll 2d6 means that you will never roll a 1. Choosing to roll 1d6 twice means rolling 1d6 to determine which row your second 1d6 roll will be from. Additionally, you may choose to view these tables more as options that you pick and choose from without rolling. However, you choose to use these tables, they are intended to be supportive. The random tables can be found in the first appendix of this book.

RUNNING A SESSION

Running a session of Archetypical may seem daunting at first. The good news is that there are a lot of TRPG resources in print and online to support this process. Always remind yourself that you are free to include or disregard anything in this book that is not applicable to your group. This is the greatest secret to running a session or ongoing sessions of Archetypical. However, there is one exception to this secret, and that is to be fair to the participants that are spending time with you. Your role as a Session Guide is to ensure that participants feel safe enough to explore a variety of difficult scenarios with you. The rapport between participants and the session guide needs to be built on safety, trust and mutual understanding that this is a shared process. If this process is self-directed, then the understanding is that you are acting in the role of both participant and session guide, thus must take greater care to be fair to yourself and others you are interacting with. Throughout this section you will find a wealth of resources to support you in tying the concepts of this book together for your group or groups.

Be Fair

Very few situations in life are fair. Being an SG is one of those times that you can practice fairness. However, fairness does not mean letting participants take over a session, or ensuring that participants are able to overcome every issue in a session. Fairness is not equality or equity. Fairness is recognizing that not every issue will be overcome in a session. In your role as SG, you are responsible to being fair to both the participants and the presenting issues the participants are

facing. If it does not make sense to have participants overcome the presenting issue in a scenario, then be fair to the issue and have the issue be victorious. After all, very few successes happen on the first attempt. Multiple failures are the steps to success.

Communication

Communication is the basis of meeting our social needs. While communication may seem straightforward, however, it can get complicated quickly. There are two key ways that we typically communicate with each other: Verbal and non-verbal. Verbal relies on our tone of voice combined with the words we choose. Non-verbal relies on our body language, behaviors, and movement speed. Additionally, how we communicate with others often relies on the intersection of our emotional state, the importance of relation to the person we are communicating with, and the importance of the outcome. Where communication becomes complicated is when communication breaks down.

While communication can make for a great basis for a scenario, it is important to role model good communication etiquette with participants. By doing this, it provides a telegraphed message that the time spent with participants will use communication as a respectful and useful tool to explore scenarios safely. This does not mean that strong emotions, resistance or negative thoughts will not occur for you or participants, but it does mean that the focus is on how communication is used to navigate these situations when they arise.

Styles of Conflict Management

There are five key styles that we may choose to manage conflict when communication breaks down: Accommodate (I lose/You win), Avoid (I lose/You lose), Collaborate (I win/You win), Compromise (We both win/We both lose), Compete (I win/You lose). All presented styles are situation dependent and can be considered more appropriate in given situations. Like communication, conflict management is a fantastic way to start a scenario for exploration with participants, however, conflict can arise for a variety of instances during a session.

For instance, if a participant is resistant to engaging in a session, the participant is most likely utilizing an avoidant conflict management style. This could be a sign that the participant is avoiding engagement as a protection mechanism. While it is easier to mirror the same conflict management style back, it often is better to role model an alternative conflict management style. In this instance, it would probably be better to adopt a collaborative approach and provide a random table of outcomes for the participant to roll on to take the pressure off the participant to have to think in a way that they may not be used to.

Participant Resistance

Rapport takes time to build. Often, resistance is a natural defense mechanism to unknown encounters with people we do not know and may not feel comfortable with. Imagine playing a game with someone that you have just met and reflect on how this experience could feel for you. Chances are that feelings of uncomfortableness, awkwardness and hyperawareness may come up. This is

because it takes a significant amount of trust to play a game with someone, let alone an entire group of people.

For this reason, it is recommended that participants are provided a choice to use dice to determine outcomes of scenario interactions. While dice are not necessarily required for this system, it is always better to provide participants with a choice to use them. This small choice provides participants with awareness that they do have control in a session. Additionally, if a participant is resistant to engaging, the ability to choose to use dice provides the resistant participant a way to engage without feeling pressured to think too much about the scenario presented.

Navigating Disruptive Behaviors

Navigating disruptive behaviors can be stressful for a lot of people for various reasons. In most TRPGs, disruptive behaviors can bring a session to a grinding halt and cause frustration and stress for the table. Specifically, in Archetypical, the frustration and stress can be more damaging because this system deals with real world problems. It is important to reflect on what behaviors may come up during a session and how you, the SG, will navigate them. When you are aware of what is could happen, navigating disruptive behaviors becomes a lot easier.

Calling back to an earlier section, this is why session zero and safety planning matters. An SG will encounter disruptive behaviors at some point in their sessions and it is always easier to enforce hard boundaries and expectations set at the beginning of the process, rather than on the spot. You may also choose to review

the boundaries and expectations at the beginning of each session and keep a print out of the table's expectations in view of all participants.

While calling back to the expectations is generally good for the behaviors thought of beforehand, it is not so good for the unexpected disruptive behaviors that may arise. Unexpected disruptive behaviors can be unintentionally disruptive—example, participant gets overly excited and blurts out a statement that interrupts the game, or is a bit inappropriate—or is intentionally disruptive—example, a participant calls another participant a name. As the SG, you have a few options at your disposal. You may choose to ask the disruptive player to leave the table for the remainder of the session and ask the participant to contact you later. You could also choose to provide a break and check in with participants. You possibly may choose to keep the session going and support participants in navigating sudden outbursts. The key is to ensure that the participants at your table know that you will handle situations fairly and in a manner that is empathetic and forgiving.

Give Each Participant a Moment to Shine

As TRPGs are inherently collaborative and interactive story telling, it is important to give each participant a moment to shine. To provide further clarification, it is important to remember that there is not just one protagonist, but multiple protagonists at the table. Each participant should have a moment to showcase their strengths during each session. While this opportunity should be provided, it is equally important that the opportunity occurs naturally and does not force a participant to feel obligated.

This is a skill that can be honed by recognizing that participants will naturally align themselves into roles in the scenario. The skill comes in recognizing when it is appropriate for each role to shine. Some participants may want to shine more than others, which is fine; however, it would benefit the table if more subdued participants are able to shine alongside participants who prefer to shine more often. For instance, a Ruler archetype may naturally fall into a leadership role, while an Artist archetype could be more drawn to a supportive role at a table. It is possible that a presented situation allows both participants to shine simultaneously.

Violence

Sooner or later there will be a participant who will want to cause harm to someone. Archetypical is more about overcoming issues by non-violent means; however, this does not mean that violence cannot occur. When someone chooses violence, have them roll 1d6 at the same time you roll 1d6. The highest outcome wins. If a weapon is used +2 is added to the respective total. Once combat is completed, the situation concludes with a consequence. Make sure that the consequence is realistic and proportionate to the offense. For instance, if the combat happens at an elementary or secondary school, then the consequence would be a suspension and the participant's character does not participate in the scenario for 1d6 +1 days of session time. If a person is murdered, then it would end in the participant's character is arrested and is not playable in future sessions.

Awarding Experience

Experience is both a reward and resource in Archetypical and is provided at the end of a session. Once participants exhaust their Compassion, Resilience and Energy pools, participants may begin to use experience points in place of these three pools, without risk of losing a level. The reason for using experience points as both a reward and a resource is that it provides a motivation to gain experience points, while simultaneously providing you, the SG, with an idea of how to pace a scenario in any given session.

For instance, a table just starting out will not have enough experience points to take on a lot of issues. Thus, a starting scenario should allow for the participants to feel empowered to overcome the issues presented, while providing enough challenge to create a healthy amount of tension. When starting out as an SG, you will inevitably create scenarios suited to participants of a much higher level. Know that this happens a lot and it is okay to scale back during a session (this is an example of being fair to participants). Additionally, show yourself compassion and know that you will improve with time. Below is the full experience table, as well as a breakdown table of how experience points can be awarded.

ISSUES

Issues are essentially the “demons” that we as people face everyday. While we may not always be focused on confronting an issue that we are struggling with, it does not mean that the issue has gone away. In fact, issues often resurface and become stronger the more we do not confront them. For instance, feeling anxiety about cleaning a messy space and continuously putting off cleaning does not resolve the issue of anxiety. Likewise, depression is rarely resolved by lying in bed for days on end. This does not mean that cleaning a large mess up or getting out of bed is easily accomplished by one’s self. In previous generations, people built up their social networks among their community members, specifically by getting to know their neighbors and getting involved with community-based organizations and events. Attending a church, connecting with people with a shared interest or hobby and making their villages, towns or cities inviting and welcoming were some ways that people confronted the issues they were facing. Understanding why social connection is important will help you to create engaging and impactful scenarios for your table that are relevant to the issues being confronted.

Creating Issue Stats

Creating issue stats will require input from participants. This is because not every issue will be experienced by or in a similar way by every participant. By allowing each participant at a given table have input into how each issue impacts them, there will be better buy in as it makes the stakes much more relatable.

Creating Complex Issues

As you get more comfortable in running issues, you may decide to begin creating more complex issues for participants at your table to confront and overcome. This can be accomplished by combining several issues together and naming it after the most prominent presenting issue. For instance, if you were to create a more complex version of Anxiety, you would want to include any other issues that may align well with Anxiety and use the issues you've included in Anxiety in a similar way that participants use their skills. A lot of the following issues are intended to be modular, thus can be linked together, and a few of the issues name other issues that could be used in creating a complex issue. Appendix B is a demonstration of a more creative way to share complex issues with the table.

ISSUES DESCRIPTIONS

ACHES

Aches are uncomfortable sensations of discomfort or pain in various parts of the body. These sensations can vary in intensity, duration and location. Aches can be caused by physical injury, illness, inflammation or tension. Aches may be experienced as a dull, throbbing or persistent discomfort and can occur in muscles, joints, bones or other body tissues.

ANXIETY

Anxiety is an adaptive emotion that can be defined by feelings of worry, nervousness or unease about future events or uncertain situations. It is a natural response to stress and can help individuals prepare for challenges or stay alert to potential threats. However, prolonged anxiety can significantly interfere with daily life.

APATHY

Apathy is an emotional or psychological indifference, lack of interest or motivation to engage in activities, make decisions or participate in life. It is characterized by a general sense of disinterest, passivity, and a lack of enthusiasm or concern about one's own well-being or the world around them. Apathy can result from depression, stress or substance use.

APPETITE

Changes in appetite is a variation in a person's desire to have or eat food. Changes can be caused by physical, emotional and/or psychological factors. These

changes may include an increase, decrease, specific cravings or disordered eating patterns.

COMPULSION

A compulsion is a repetitive and often irrational behavior or mental act that a person feels driven to perform. Compulsions are often responses to obsessive thoughts or are perceived to prevent a negative event or situation. Compulsions can significantly interfere with daily functioning and may consume a significant amount of time and mental energy.

CONCENTRATION

Concentration difficulties are challenges people face when trying to direct their mental focus and sustain their attention on a particular task, topic or activity. Concentration difficulties can result from stress, fatigue and anxiety and lead to frustration.

DEPRESSION

Depression is a collection of persistent feelings of sadness, hopelessness and lack of interest or pleasure in activities. It can affect a person's thoughts, emotions and physical well-being and can significantly impact daily life. Guilt, fatigue and changes in appetite are commonly associated with depression. Depression can range in severity from mild to severe, and may be episodic or chronic.

DISORIENTATION

Disorientation is a state of confusion and lack of awareness regarding one's surroundings, circumstances or passage of time. It can involve a feeling of being

lost, bewildered, or unsure of where one is or what is happening. Disorientation can be unsettling and be caused by anxiety, fatigue and substance use.

DELUSIONS

Delusions are false and irrational beliefs that persist despite clear evidence to the contrary. These beliefs are often strongly held and can be resistant to change, even when presented with facts or logical arguments. Delusions can occur during episodes of severe mania or depression.

EXPOSURE

Exposure can be intentional or accidental, and its impact can vary depending on the context. Exposure to traumatic or harrowing events can cause significant anxiety, depression, stress, flashbacks and fatigue. Meanwhile, exposure as a tool can be used for the purpose of learning, desensitization or therapeutic intervention.

EXCESSIVENESS

Excessiveness is going beyond what is considered appropriate, reasonable, or necessary in various aspects of life. It involves an extreme or exaggerated behavior, quantity, or degree that exceeds typical or acceptable limits. Excessiveness can be a part of enthusiasm, passion or commitment to a goal; however, when uncontrolled or leads to harmful outcomes, excessiveness can be problematic.

FATIGUE

Fatigue is a state of physical or mental tiredness and a feeling of exhaustion that can result from physical exertion, mental stress or lack of sleep. Fatigue is a

common response to exertion or prolonged activity. If fatigue is chronic, it can impact concentration, energy levels and increase irritability.

FLASHBACKS

Flashbacks are vivid and intrusive memories or sensory experiences that can occur suddenly and involuntarily. A flashback feels as if reliving a traumatic incident; complete with sensory details, emotions and physical sensations associated with the original event. Flashbacks are often accompanied by intense fear, anxiety or other negative emotions.

GUILT

Guilt is a complex and often distressing, self-directed emotion. Guilt occurs when a person believes they have misbehaved, violated their own principles or transgressed societal or ethical norms. Guilt can be a normal and adaptive emotion; however, excessive or chronic guilt can lead to self-esteem issues or contribute to conditions like depression and anxiety.

HALLUCINATIONS

Hallucinations are perceptual experiences that involve sensing things that are not actually present. A hallucination can involve any sense and are typically vivid enough to make it challenging to distinguish hallucinations from reality. Hallucinations can be caused by anxiety, depression and substance use.

HOSTILITY

Hostility is a complex emotion that can have both short-term and long-term consequences for individuals and their relationships. Hostility can be characterized

by feelings of anger, animosity, aggression, or a strong desire to harm, oppose or resist others. Hostility can be seen as verbal aggression and criticism to physical aggression or a general negative attitude towards others.

HYPERVIGILANCE

Hypervigilance is an excessive alertness, heightened sensitivity and intense awareness of potential threats or dangers in one's environment. Hypervigilance can feel like constantly being on edge, scanning current surroundings for threats and strong reactions to minor cues or triggers. Emotional distress, difficulty concentrating and disruptions in daily life are typically also experienced.

IDEATION

Ideation is the process of generating, developing and forming ideas. Suicidal or homicidal ideations can range from fleeting, passive thoughts about death to more concrete and active plans for harm to self or others. Depression, anxiety, trauma or a sense of hopelessness can be triggers of ideation.

IMPULSIVITY

Impulsivity is a tendency to act on immediate urges, desires or impulses without considering the potential consequences. Engaging in risky behaviors, making hasty decisions and have difficulty controlling their impulses are clear signs of impulsivity. While impulsivity is a natural human trait, excessive impulsivity can lead to many long-term and harmful consequences.

INATTENTION

Inattention is a difficulty in maintaining focus, sustaining attention or concentrating on tasks, information or activities. Hallmarks of inattention include a lack of concentration, frequent distractions and a tendency to become easily bored or disengaged. Inattention can be caused by stress, fatigue or other underlying factors.

INSTABILITY

Instability is a lack of predictability, consistency, or reliability in any area of life, which can lead to challenges, stress, and uncertainty for individuals. Frequent changes, unpredictability, or unsteadiness in various aspects of life often creates more chaos for people already experiencing distress.

INTERNALIZATION

Internalization is a process where individuals adopt or incorporate external information, beliefs, values, norms or behaviors into their own mental and emotional framework. By adopting or incorporating external aspects, the aspects become a part of one's internal world, shaping one's attitudes, beliefs, and self-concept. This process is crucial in the development of personality, identity, and moral reasoning.

INTRUSIONS

Intrusions are unwanted or disruptive incursions into a person's space, privacy or boundaries causing anxiety, emotional disturbance or trauma. Intrusions can

occur in various contexts and may involve physical, digital or psychological invasions. Intrusions can occur externally or internally.

IRRITABILITY

Irritability is a heightened sensitivity to a situation leading to annoyance, frustration, or anger. Irritability can be triggered by stress, fatigue, physical discomfort and/or external events. Irritability can be seen when someone has a reduced tolerance for minor inconveniences or disruptions.

ISOLATION

Isolation is the physical or emotional separation from others. Isolation can present in various forms, including social isolation (limited social interactions with others), or emotional isolation (a person feeling emotionally disconnected from those around them). Isolation can be voluntary or involuntary and may result from various factors such as geographical distance or social withdrawal.

MANIA

Mania is a distinct and intense elevated mood characterized by heightened energy levels, impulsivity and a range of unusual behaviors and thoughts. Experiencing mania can make it difficult for a person to recognize own limits, communicate and/or get appropriate levels of sleep.

MEMORY

Memory problems are difficulties a person experiences in acquiring, storing, retaining, and/or recalling information. Some examples of memory problems include: Short-term recall, long-term recall, forgetfulness, memory loss and

cognitive impairment. Memory problems may persist or significantly interfere with daily life.

MOODINESS

Moodiness is the frequent and unpredictable changes in one's emotional state. Often the shifts in mood, temperament, or demeanor can range from relatively mild to more extreme and volatile changes. While moodiness is a common human experience, chronic or severe mood swings that disrupt daily life or relationships may indicate an underlying issue.

OBSESSION

Obsession is a persistent, intrusive, and uncontrollable pattern of thoughts, impulses, or images that repeatedly and involuntarily enter a person's mind. Obsessions can thematically vary. Cleanliness, safety, harm to oneself or others, religion, or a preoccupation with specific numbers or words are common themes. People with obsessions often see them as disruptive and irrational.

PALPITATIONS

Palpitations are the sensation of an irregular or rapid heartbeat. Often, palpitations are described like the heart is racing, fluttering, pounding, or skipping beats. Palpitations can be caused by factors like stress, anxiety, caffeine intake, dehydration, medications, hormonal changes, and, in some cases, heart-related issues.

PARANOIA

Paranoia is an intense and irrational distrust or suspicion of others. People experiencing paranoia often believe that others are plotting against them, seeking to harm them, or are watching their every move, even when there is no evidence to support these beliefs. Paranoia can range from mild to severe and can lead to social isolation, strained relationships, and significant distress for the individual affected.

SHAME

Shame is a powerful and complex emotion. Described as a deep sense of personal humiliation, inadequacy, or disgrace. Shame often occurs when an individual perceives themselves as having violated social or moral norms, resulting in feelings of self-blame, embarrassment, and a desire to hide or withdraw from others.

STRESS

Stress is a complex interaction of emotional, physical, and behavioral reactions. Stress occurs when internal or external demands are too high. Some examples of demands include: financial challenges, relationship difficulties, health concerns, or major life changes.

SUBSTANCES

The use of psychoactive substances like alcohol, illicit drugs, or prescription medications, may lead to physical, emotional and intellectual issues. Frequently, the outcome of using substances past a recreational or prescribed nature is dependency

on the substance. Addiction, impaired judgment, health problems, legal issues and strained relationships are several impacts of misusing substances.

TRAUMA

Trauma is a psychological and emotional response to a distressing or disturbing event or series of events that exceeds an individual's ability to cope.

Trauma can also have physical symptoms, such as headaches, sleep disturbances, increased heart rate, and digestive problems.

WITHDRAWAL

Withdrawal can be broken into two categories, social and substances. Social withdrawal is seen through significant social isolation, emotional distance from loved ones and/or significant communication difficulties. Substance withdrawal may also cause physical and emotional symptoms such as aches, anxiety, cravings, headaches, irritability, nausea, sweating, etc.

WEEK ONE: DEFINING ARCHETYPES

1. INTRODUCTIONS / CHECK IN

- **Handouts:** x1 Group Guidelines, x12 Archetypes and x7 Issues.
- Provide an opportunity for participants and facilitators to introduce themselves and to check in. Review homework.

2. ICE BREAKER

- A group activity to provide an opportunity to build cohesion.

3. GROUP GUIDELINES

- Guidelines that all group members (both participants and facilitators) will adhere to.

4. TOPIC

- **Archetypes Introduction:** As people, we often use mythological terminology to describe the issues that present themselves in our lives. Some names people use for presenting issues are demons or monsters; although, people can find it difficult to name the actual presenting issue. By defining issues as demons or monsters we are assigning a type of archetype to the issue. In mythologies around the world, heroes often fall into archetypes as well. Archetypes are fluid and present at specific moments in life to help or hinder us.
- **Video:** *What is an Archetype?*
Señor Kozak
www.youtube.com/watch?v=dvYM4GlbYKg
- **Video:** *The Anger Eating Monster*
Prince Ea
www.youtube.com/watch?v=4izOVj-SyIA
- **Discussion:** As a group, go through each archetype and explore what the positives and negatives of each archetype.

5. ACTIVITY

- Have the group get into pairs. One person selects an archetype and another person selects an issue. Each pair of people will take turns exploring how a specific archetype/issue would deal with a specific archetype/issue.

6. GROUP DISCUSSION

- Round table discussion regarding what participants noticed about their experiences with positive and negative archetypes. Explore how these impacts are experienced through emotions, sensations, behaviors and thoughts. Explore how participants navigate monster when it presents.
- **Homework:** Draw what an archetype that resonates with you looks like and draw out what an issue you are experiencing looks like to you.

7. DEBRIEF / CHECK OUT

- Provide summary of key takeaways of session. Provide opportunity for participants to provide concerns, feedback and/or suggestions. Ensure that participants have options to access virtual services options if needed.

GROUP GUIDELINES

Confidentiality: Thoughts, feelings and experiences shared by the group will stay within the group, giving members the freedom and confidence to share.

No Judgement: This group aspires to be a “judgement-free zone.” Leaving all comparisons and criticisms at the door creates a safe space to share experiences.

Share or Not Share: We want to encourage you to take a step outside of your comfort zone so that you may grow in a safe environment with people who are experiencing similar challenges. Feel free to discuss your thoughts and feelings. However, if someone in the group decides to listen without sharing, please respect this preference.

Contributing is not Sharing: As this group is not strictly psychoeducational, this group relies heavily on participant engagement to foster new ways of thinking about how to navigate scenarios that we may encounter in our everyday lives. This will include consequences to actions taken. This means that if you have the opportunity to contribute without having to attach how you specifically would navigate or handle a scenario.

Feelings Just Are: We recognize that feelings are not correct or wrong; they just are.

Make Space and Take Space: We respect the right of all the members to have equal time to express themselves and to do so without interruption. Therefore, we ask for no cross during group to provide the most respectful environment as possible.

Provide Experience, Not Advice: While group is based on supporting and learning from one another, we acknowledge that each person is the authority of their own experience. As such, there no “experts” and no “shoulds.” Although we may share some commonalities, no two are alike. Respect and accept what you have in common with others and what is unique to each of you. Refrain from offering advice and instead speak to what has worked for you in the past.

No Phones: Please turn off/mute phones and put them out of sight to avoid distraction.

Permission to Interrupt: The job of the facilitators is to make sure the group runs smoothly, that all have a chance to share and that the topics we discuss are relevant. As facilitators we may interrupt if we need to keep things moving along. If you need space and time to continue sharing, let’s chat after group about how you can do that outside of group.

Be Gentle and Patient with Yourself: Each group meeting is one page in a long book. Be patient with yourself as you navigate the path of self-discovery, with all of its peaks and valleys. It’s okay to feel confused during this time. Progress can feel slow and uneven.

Minimal Distractions: Please do not come to group under the influence of drugs or alcohol. Additionally, do your best to attend all groups and notify a facilitator if you are unable to attend. After missing 3 consecutive absences that a facilitator is not made aware, you will be removed from group.

ANGER

Resilience: Between 10 and 20.

Speed: Can be anywhere from slow to fast, depending on the situation.

Immunities: Distractions, Affirmations.

Weakness: Breathing, Socializing, and Exercise.

Experience Points:
25 (S), 100 (M), 500 (L).

Wellness Stats Modifiers

PHY EMO INT SPI

ENV FIN OCC SOC

Actions:

Flush: Quick reddening of face with a sharp, warm to hot temperature increase.

Clenched Fists: Hands curl into tight fists.

Thought Flurry: Rapid thoughts that are anger based.

Rage: An explosive and fiery emotion that is intense for a brief period of time, however, can continuously flare up if not dealt with.

Raised Voice: Increased volume of voice, typically focused on the issue or how anger wants to impulsively resolve the issue.

Anger is experienced when an individual's expectations, behavior or trust/safety is not met, called out or being put at risk. Anger can be used to mask an uncomfortable emotion. Typically, anger is a quick and destructive emotion. Sometimes, anger can be used as a tool to complete tasks an individual may not want to, and sometimes anger is destructive.

ANGER

Draw what anger would look like as a monster.

ANXIETY

Resilience: Between 20 and 75.

Speed: Slow to start, but quickly spirals when noticed.

Immunities: Logic, Rational Thinking.

Weakness: Planning, Structure, and Self-Control.

Experience Points:

100 (S), 500 (M), 1,000 (L).

Wellness Stats Modifiers

PHY EMO INT SPI

ENV FIN OCC SOC

Actions:

Panic Attack: A short, but sharp increase of anxiety.

Tense Muscles: Tightly wound muscles causing pain, or stiffness.

Thought Spiral: Replaying negative thoughts.

Shallow Breaths: Rapid and shallow breathing.

Worry: Thoughts and feelings become consumed by worry.

Anxiety is experienced when an individual's worries become disruptive in everyday life to the point where the individual's daily activities are limited. Anxiety often lurks in the background of the individual's mind, and body; sending signals out to the feelings, thoughts, physical sensations, and behaviors to determine whether it is best time to strike.

ANXIETY

Draw what anxiety would look like as a monster.

DEPRESSION

Resilience: Between 55 and 80.

Speed: Quickly spirals.

Immunities: Compliments, Positivity.

Weakness: Commitment, Enjoyment, and Purpose.

Experience Points:

100 (S), 500 (M), 1,000 (L).

Wellness Stats Modifiers

PHY EMO INT SPI

ENV FIN OCC SOC

Actions:

Sadness: Waves of nearly overwhelming sadness.

Emotional Outburst: Explosion of emotion when a minor setback is experienced.

Appetite Flux: Noticeable increase or decrease in appetite or food intake.

Sleep Disturbance: Noticeable increase or decrease in sleep schedule.

Anhedonia: Loss of interest in previously enjoyed activities or hobbies.

Depression is experienced when an individual's persistent feelings of sadness, hopelessness influences a lack of interest or pleasure in activities. Experiencing the collection of negative impacts of depression can affect a person's thoughts, emotions and physical well-being and can significantly impact daily life. Additionally, depression can ruin relations between people.

DEPRESSION

Draw what depression would look like as a monster.

EMPATHY

Resilience: Between 10 and 90.

Speed: Will vary depending on factors, such as importance of relation, or desire for a particular outcome.

Immunities: None.

Weakness: Apathy, Hostility, and Sympathy.

Experience Points:

25 (S), 50 (M), 100 (L).

Wellness Stats Modifiers

PHY EMO INT SPI

ENV FIN OCC SOC

Actions:

Mirror: Experiences parallel behaviors of another person.

Focused Thoughts: Thoughts are focused on how another person might be feeling.

Consideration: An increase of awareness of observed emotions/sensations/behaviors.

Synchronize: Emotions and sensations synchronize with another person.

Vulnerability: Decreases protective shields to allow for connections to be built.

Empathy is experienced when an individual is able to see/experience things from another perspective. Having empathy can support developing and maintaining relations, yet can also lead to being taken advantage of. Empathy in moderation and being aware of another person's intentions is beneficial.

EMPATHY

Draw what empathy would look like as a monster.

EXCITEMENT

Resilience: Between 10 and 25.

Speed: Immediate.

Immunities: Inhibitions.

Weakness: Assertiveness, Mundanity, and Anger.

Experience Points:

10 (S), 100 (M), 1000 (L).

Wellness Stats Modifiers

PHY EMO INT SPI

ENV FIN OCC SOC

Actions:

Tachycardia: Quick increase of heart rate.

Thought Flood: A flood of thoughts that arouse curiosity, enjoyment and immediacy.

Risk-Taking: A decrease of inhibition that increases the likelihood of taking on risks.

Enthusiasm: A flood of intense eagerness and enjoyment.

Crash: A sharp decline in enthusiasm resulting in feelings of sadness or regret.

Excitement is experienced when an individual is filled with a large amount of enthusiasm. The amount of enthusiasm can be endearing or off-putting to people around the individual experiencing the rush of enthusiasm. While excitement comes on quickly, it can leave just as fast and leave an individual feeling sadness or regret.

EXCITEMENT

Draw what excitement would look like as a monster.

PROCRASTINATION

Resilience: Between 30 and 60.

Speed: Is immediate and long lasting.

Immunities: Self-regulation, Encouragement.

Weakness: Deadlines, Willpower, and Focus.

Experience Points:

50 (S), 150 (M), 550 (L).

Wellness Stats Modifiers

PHY EMO INT SPI

ENV FIN OCC SOC

Actions:

Distraction: Looking for ways to avoid starting or finishing a task.

Pressure: Builds higher levels of pressure leading up to a deadline.

Time Warp: False belief that there is not enough time to get task completed.

Fear: Strong worry of not completing a task as well as believed that the task should be completed.

Demotivation: Sharp decrease in enthusiasm which results in little to no motivation to complete a required task.

Procrastination is experienced when a task is put off until the last minute. The pressure of procrastination builds until there is an inevitable breaking point. The result is either a task is completed, or is left uncompleted. If a task is completed, then a person may experience a sense of accomplishment, however, if a task is left unfinished, it could lead to feelings of shame and/or guilt.

PROCRASTINATION

Draw what procrastination would look like as a monster.

STUBBORNNESS

Resilience: Between 85 and 90.

Speed: Immediate, but can vary depending on topic and/or situation.

Immunities: Opposing information.

Weakness: Openness, Listening, and Experiences.

Experience Points:

100 (S), 200 (M), 400 (L).

Wellness Stats Modifiers

PHY EMO INT SPI

ENV FIN OCC SOC

Actions:

Anxiety: Panic or worry about change.

Thought Block: Inability to take in opposing information.

Perfectionism: Rigid, linear thoughts of how tasks are to be completed.

Self-Sabotage: Unyielding to the point of destroying an opportunity.

Pride: Used as a protective shield to avoid experiencing immediate embarrassment, shame or admitting an error.

Stubbornness is experienced when an individual is extremely resistant to changing an attitude or position on a given topic or situation. Being stubborn can result in difficulties maintaining relations, or an increased amount of conflict in life. However, in certain circumstances, stubbornness can support an individual in working toward a goal and/or completing difficult tasks.

STUBBORNNESS

Draw what stubbornness would look like as a monster.

ARTIST

Resilience ____

Compassion ____

Energy ____

Strengths: Creativity, Sensitivity,
Appreciation for Beauty.

Weakness: Self-Absorption, Moodiness, Lack
of Practicality.

Wellness Stats Modifiers

PHY EMO INT SPI

ENV FIN OCC SOC

Actions:

Admire: Take a moment to appreciate a
person, place or thing.

Empathize: Consider another point of view.

Innovate: Find a unique way to complete a
task.

Connection: Maintain connection to a
person, place or thing that provides a source
of creativity.

Focus: Preform a creative activity that
maintains focus for a set period of time.

The Artist archetype represents individuals
driven by creative passion and innovation.
Motivated by a desire for expression, artists
are often sensitive and intuitive, deeply
connected to the world around them and
eager to communicate their unique
perspectives.

ARTIST

Draw what this archetype looks like for you.

CAREGIVER

Resilience ____

Compassion ____

Energy ____

Strengths: Empathy, Compassion, Sense of Responsibility.

Weakness: Overbearing Behavior, Distress, Lack of Self-Care.

Wellness Stats Modifiers

PHY EMO INT SPI

ENV FIN OCC SOC

Actions:

Guide: Use teachable moments to support learning.

Recharge: Complete a relaxing activity.

Service: Provide support without expecting a reward.

Kindness: Perform an action of kindness while maintaining boundaries.

Role Model: Role model actions, such as setting boundaries, that set a template for others to follow.

The Caregiver archetype is defined by a strong desire to support others, often prioritizing their needs over their own. Nurturing, empathetic, and compassionate, caregivers find fulfillment in making a positive impact on others' lives. They are motivated by service and a sense of organization.

CAREGIVER

Draw what this archetype looks like for you.

EXPLORER

Resilience ____

Compassion ____

Energy ____

Strengths: Creativity, Independence, Sense of purpose.

Weakness: Restlessness, Impulsiveness, Lack of Commitment.

Wellness Stats Modifiers

PHY EMO INT SPI

ENV FIN OCC SOC

Actions:

Admire: Take a moment to appreciate a person, place or thing.

Pause: Take a moment to consider risks.

Freedom: Recognize that barriers are building blocks to growth.

Trailblazer: Create own path toward success.

Investigate: Perform a cost/benefit analysis of a situation that has risks attached.

The Explorer archetype is defined by a strong desire for adventure, novelty, and discovery. Driven by curiosity and the need for new experiences, explorers are willing to take risks and step outside their comfort zones. They are motivated by freedom and the pursuit of exemption.

EXPLORER

Draw what this archetype looks like for you.

HERO

Resilience ____

Compassion ____

Energy ____

Strengths: Bravery, Selflessness, Sense of Purpose.

Weakness: Arrogance, Impulsiveness, Violent Tendency.

Wellness Stats Modifiers

PHY EMO INT SPI

ENV FIN OCC SOC

Actions:

Inspire: Perform an action that encourages change.

Pause: Take a moment to consider risks.

Mastery: Chose to work on becoming proficient in an area of interest.

Persevere: Continue to work toward completing tasks and goals even when the tasks / goals are hard.

Quest: Complete tasks that lead to completing a long-term goal.

The Hero archetype embodies courage, determination, and a willingness to face challenges. Driven by a sense of duty or responsibility, heroes often pursue noble causes. Motivated by mastery and self-actualization, they inspire others to achieve greatness.

HERO

Draw what this archetype looks like for you.

INNOCENT

Resilience ____

Compassion ____

Energy ____

Strengths: Purity, Sincerity, Desire for Harmony.

Weakness: Gullibility, Passivity, Lack of Awareness.

Wellness Stats Modifiers

PHY EMO INT SPI

ENV FIN OCC SOC

Actions:

Learn: Make time to learn about something of interest.

Empathize: Consider another point of view.

Safety: Create a space that is secure and comfortable.

Diplomacy: Explore all available options that can lead to an outcome of compromise or collaboration in a difficult situation.

Investigate: Perform a cost/benefit analysis of a situation that has risks attached.

The Innocent archetype embodies a childlike wonder and optimism. Motivated by a desire for safety, they approach life with idealism, valuing simple pleasures and meaningful connections. Often seen as kind and caring, Innocents prioritize relationships with others.

INNOCENT

Draw what this archetype looks like for you.

LOVER

Resilience ____

Compassion ____

Energy ____

Strengths: Empathy, Compassion,
Connection to Others.

Weakness: Possessiveness, Jealousy,
Addiction Tendency.

Wellness Stats Modifiers

PHY EMO INT SPI

ENV FIN OCC SOC

Actions:

Admire: Take a moment to appreciate a
person, place or thing.

Pause: Take a moment to consider risks.

Intimacy: Develop strong interpersonal
relationships with people.

Kindness: Preform an action of kindness
while maintaining boundaries.

Resonate: Attune emotional state to match
someone close to gain insight about their
experience.

The Lover archetype is defined by a deep
emotional connection to others. Motivated by
intimacy, Lovers seek beauty and pleasure,
driven by their passion and romantic nature.
They are highly attuned to their own emotions
and those of others.

LOVER

Draw what this archetype looks like for you.

MAGICIAN

Resilience ____

Compassion ____

Energy ____

Strengths: Intelligence, Intuition, Creative Thinking.

Weakness: Manipulation, Deception, Desire for Power.

Wellness Stats Modifiers

PHY EMO INT SPI

ENV FIN OCC SOC

Actions:

Read: Gather information to inform decision making.

Affirmation: Use affirmations to maintain motivation.

Power: Use knowledge gained through education, reading and experience to gain insight and understanding.

Agency: Use agency to influence certain outcomes being experienced.

Focus: Perform a creative activity that maintains focus for a set period of time.

The Magician archetype embodies transformative power and access to hidden knowledge. Motivated by the pursuit of power, Magicians are creative, innovative, and skilled at manipulating the forces of the world to achieve their goals.

MAGICIAN

Draw what this archetype looks like for you.

OUTLAW

Resilience ____

Compassion ____

Energy ____

Strengths: Courage, Individualism, Risk Taking.

Weakness: Aggression, Recklessness, Disregard for Safety.

Wellness Stats Modifiers

PHY EMO INT SPI

ENV FIN OCC SOC

Actions:

Bluff: Make confident statements about abilities even if you do not feel confident.

Gambit: Take greater risks to gain greater rewards.

Liberation: Find alternative ways to address problems.

Mirror: Interact with people by matching their energy and level of interaction.

Innovate: Find a unique way to complete a task.

The Outlaw archetype is defined by a rebellious spirit and a desire to challenge the status quo. Motivated by liberation, Outlaws are independent, daring, and unconventional, often rejecting societal norms in favor of their own beliefs and desires.

OUTLAW

Draw what this archetype looks like for you.

PEDESTRIAN

Resilience ____

Compassion ____

Energy ____

Strengths: Stability, Dependability, Strong Work Ethic.

Weakness: Conformity, Lack of Creativity, Resistance to Change.

Wellness Stats Modifiers

PHY EMO INT SPI

ENV FIN OCC SOC

Actions:

Adaptability: Quickly adjust to changing circumstances.

Caution: Resistance to new ideas.

Belonging: Conform to expectations of a chosen group or society.

Persevere: Continue to work toward completing tasks and goals even when the tasks / goals are hard.

Relatable Aura: Connect with others to build trust improve morale and communication.

The Pedestrian archetype represents individuals who find contentment in routine and the ordinary aspects of life. Motivated by a sense of belonging, Pedestrians prioritize stability and security over excitement or change, often seen as conformist or unadventurous.

PEDESTRIAN

Draw what this archetype looks like for you.

REDEEMER

Resilience ____

Compassion ____

Energy ____

Strengths: Compassion, Empathy, Strong Moral Compass.

Weakness: Self-Righteousness, Arrogance, Desire for Control.

Wellness Stats Modifiers

PHY EMO INT SPI

ENV FIN OCC SOC

Actions:

Reflect: Take time to analyze the good and bad of a past situation.

Insight: Ask questions that encourage reflection.

Understanding: Find a way to understand a perspective or statement that is not clearly articulated.

Inspire: Perform an action that encourages change.

Wisdom: Provide a suggestion or lesson by using an analogy, description of natural event or metaphor.

The Redeemer archetype is driven by a desire to save or redeem themselves or others from harm or wrongdoing. Motivated by a sense of responsibility, Redeemers seek to right wrongs and improve the world. They are specifically motivated by understanding.

REDEEMER

Draw what this archetype looks like for you.

RULER

Resilience ____

Compassion ____

Energy ____

Strengths: Leadership, Responsibility, Sense of Purpose.

Weakness: Distrustful, Rigidity, Lack of Empathy.

Wellness Stats Modifiers

PHY EMO INT SPI

ENV FIN OCC SOC

Actions:

Command: Take lead in a discussion or situation that requires accountability and ration.

Patience: Maintain composure under pressure, reducing the time needed to prepare strategies or plan.

Control: Focus on areas that can be controlled.

Decisive: Make quick, impactful decisions in the moment.

Influence: Persuade individuals to see things from another perspective, or to reduce hostility.

The Ruler archetype is defined by a desire for power, control, and order. Often natural leaders, Rulers are motivated by control, and have a strong sense of responsibility. Rulers aim to create stability and organization.

RULER

Draw what this archetype looks like for you.

TRICKSTER

Resilience ____

Compassion ____

Energy ____

Strengths: Creativity, Playfulness,
Spontaneity.

Weakness: Deceitfulness, Manipulation,
Irresponsibility.

Wellness Stats Modifiers

PHY EMO INT SPI

ENV FIN OCC SOC

Actions:

Adaptability: Quickly adjust to changing
circumstances.

Misdirection: Draw attention to another
topic or situation that another person is
passionate about.

Enjoyment: Engage in activities that are
pleasurable.

Mirror: Interact with people by matching
their energy and level of interaction.

Quick Wit: Recover from mistakes or
surprise situations.

The Trickster archetype is a mischievous
figure who enjoys playing tricks and
challenging convention. In Jungian
psychology, the Trickster represents the part
of the psyche that rebels against authority and
disrupts the status quo. Motivated by
connection, Tricksters seek enjoyment.

TRICKSTER

Draw what this archetype looks like for you.

WEEK TWO: REAL LIFE STATS AND RESOURCE POOLS

1. INTRODUCTIONS / CHECK IN

- **Handouts:** x1 Resource Replenishment Tables.
- Provide an opportunity for participants and facilitators to introduce themselves and to check in. Review homework.

2. ICE BREAKER

- A group activity to provide an opportunity to build cohesion.

3. GROUP GUIDELINES

- Guidelines that all group members (both participants and facilitators) will adhere to.

4. TOPIC

- **8 Dimensions of Wellness:** When we think of wellness, we may only consider physical or mental wellness. However, there are 8 dimensions that can help us directly or indirectly to improve our wellbeing. As you progress through your journey with an archetype, these dimensions will help you level up your grounding, coping and problem-solving abilities.
- **Video:** *The Eight Dimensions of Wellness*
SAMHSA
<https://www.youtube.com/watch?v=tDzQdRvLAfM>
- **Discussion:** Go through each dimension and have group discussion about how they apply to each participant.

5. ACTIVITY

- Have participants write down how they view their own 8 dimensions of wellness on a scale of 1 (Bad) to 5 (Good) on their own Archetype Sheet.

6. TOPIC

- **Compassion, Resilience and Energy Introduction:** When issues present themselves throughout our lives, we are inclined to deal with them in specific ways. Typically, the specific strategies we use to deal

with issues involve us spending our compassion, resilience and/or energy. These are resources that require us to actively replenish in order to increase the amount of these resources we have to spend, and to maintain our wellbeing.

- **Video:** *Character education: Compassion*
Universidad de Navarra
<https://www.youtube.com/watch?v=9ylsG5zx6Mo>
- **Video:** *What Is Resilience: Top 5 Tips To Improve Your Resilience*
AXA - Global Healthcare
<https://www.youtube.com/watch?v=ASDBJXDNqvc>
- **Video:** *5 Things That Are Depleting Your Energy* Psych2Go
<https://www.youtube.com/watch?v=pwSSc-jDh2A>
- **Discussion:** Provide examples of demons that people may experience and have group discussion about these issues.

7. ACTIVITY

- As a group, complete a Resource Replenishment Tables handout. Then provide time for participants to working their own individual Resource Replenishment Tables.

8. GROUP DISCUSSION

- Round table discussion regarding what participants noticed about the 8 dimensions of wellness, compassion, resilience, and energy.
- **Homework:** When noticing that compassion, resilience, and/or energy are low, roll a 10-sided die (dice rolling apps are also available) to use the replenishment tables that participants have created.

9. DEBRIEF / CHECK OUT

- Provide summary of key takeaways of session. Provide opportunity for participants to provide concerns, feedback and/or suggestions. Ensure that participants have options to access virtual services options if needed.

RESOURCE REPLENISHMENT TABLES

COMPASSION TABLE

What *actions* give you +1 to your compassion?

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

RESILIENCE TABLE

What *items* give you +1 to your resiliency?

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

ENERGY TABLE

What *activities* give you +1 to your energy?

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

WEEK THREE: STRENGTHS AND VALUES BASED ACHIEVEMENTS

- **INTRODUCTIONS / CHECK IN**

- **Handouts:** x1 Map, x1 List of Strengths, x1 List of Values.
- Provide an opportunity for participants and facilitators to introduce themselves and to check in. Review homework.

- **ICE BREAKER**

- A group activity to provide an opportunity to build cohesion.

- **GROUP GUIDELINES**

- Guidelines that all group members (both participants and facilitators) will adhere to.

- **TOPIC**

- **STRENGTHS:** When we think of wellness, we may only consider physical or mental wellness. However, there are 8 dimensions that can help us directly or indirectly to improve our wellbeing. As you progress through your journey with an archetype, these dimensions will help you level up your grounding, coping and problem-solving abilities.

- **Video:** *Identifying Your Strengths*

BITE BACK

- <https://www.youtube.com/watch?v=JwNI1F21eK8>

- **Activity:** Have participants select the top three strengths of an archetype.

- **VALUES:** When we think of wellness, we may only consider physical or mental wellness. However, there are 8 dimensions that can help us directly or indirectly to improve our wellbeing. As you progress through your journey with an archetype, these dimensions will help you level up your grounding, coping and problem-solving abilities.

- **Video:** *How to Find Your Core Values | 3 Easy Steps*

Adriana Girdler

- <https://www.youtube.com/watch?v=1R7o-fo9EFE>

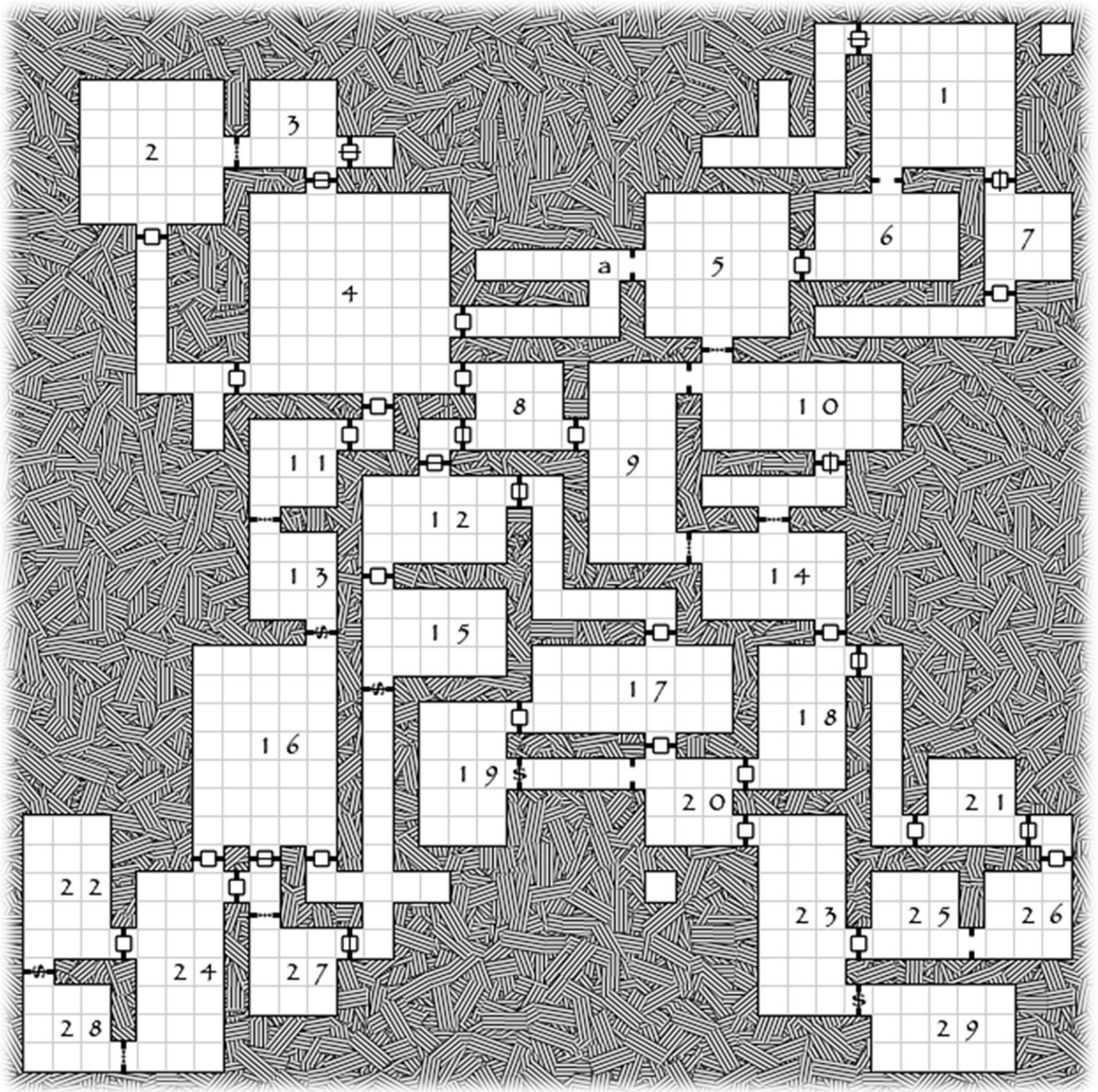
- **Activity:** Have participants select the top three values of an archetype.
- **GOALS:** When we think of wellness, we may only consider physical or mental wellness. However, there are 8 dimensions that can help us directly or indirectly to improve our wellbeing. As you progress through your journey with an archetype, these dimensions will help you level up your grounding, coping and problem-solving abilities.
- **Video:** *I Increased My Productivity 10x - By Turning My Life Into a Game*
- Better Than Yesterday
- <https://www.youtube.com/watch?v=s6tLGo9yij0>
- Stop video at 4:01.
- **Activity:** Have participants select three goals an archetype would pursue.
- **ACTIVITY**
 - Have participants create a map of their day that shows the strengths, values and goals that they have selected.
- **GROUP DISCUSSION**
 - Round table discussion regarding what participants noticed about strengths, values and goals.
 - **Homework:** Set a goal that can be accomplished in a week and uses the strengths and values that participants have identified.
- **DEBRIEF / CHECK OUT**
 - Provide summary of key takeaways of session. Provide opportunity for participants to provide concerns, feedback and/or suggestions. Ensure that participants have options to access virtual services options if needed.

24 Character Strengths

Appreciation of beauty	Humanity	Love of learning
Bravery	Humility	Perseverance
Creativity	Humor	Perspective
Curiosity	Judgment	Prudence
Fairness	Justice	Self-regulation
Forgiveness	Kindness	Social intelligence
Honesty	Leadership	Temperance
Hope	Love	Wisdom

54 Core Values

Authenticity	Faith	Openness
Achievement	Fame	Optimism
Adventure	Friendships	Peace
Authority	Fun	Pleasure
Autonomy	Growth	Poise
Balance	Happiness	Popularity
Beauty	Honesty	Recognition
Boldness	Humor	Religion
Compassion	Influence	Reliability
Challenge	Harmony	Reputation
Citizenship	Justice	Respect
Community	Kindness	Responsibility
Competency	Knowledge	Security
Contribution	Leadership	Self-Respect
Creativity	Learning	Service
Curiosity	Love	Spirituality
Determination	Loyalty	Stability
Fairness	Meaning	Success



 Archway
  Portullis
  Door
  Locked
  Trapped
  Secret
  Up
  Down

Status
 Wealth
Wisdom

WEEK FOUR: MOTIVATION, HOBBIES AND SKILLS

• INTRODUCTIONS / CHECK IN

- **Handouts:** x1 Random Coping Tables, x1 Blank Random Coping Tables.
- Provide an opportunity for participants and facilitators to introduce themselves and to check in. Review homework.

• ICE BREAKER

- A group activity to provide an opportunity to build cohesion.

• GROUP GUIDELINES

- Guidelines that all group members (both participants and facilitators) will adhere to.

• TOPIC

- **MOTIVATION:** Motivation can best be explained as the drive to accomplish something. Everyone has a goal that drives their feelings (emotions/sensations), thoughts, and behaviors, despite goals being different for everyone. The drive itself is called motivation, while the parts that make motivation move forward are the feelings (emotions/sensations), thoughts and actions that go along with a specific goal.
- **Video:** *THINK, FEEL, ACT! – The CBT Triangle Explained*
The Mindful Method
<https://youtu.be/yqSO6mkneHs?si=WxlY7Mm0k3zXy30f>
- **Activity:** Have participants stand up and stretch. Name each corner of the room as Thoughts, Emotions, Sensations and Actions. Request that each participant move to the corner that they notice for themselves when a song clip is played.
<https://www.youtube.com/watch?v=DaX6Ap2dtzM> (0:56 to 1:10),
<https://www.youtube.com/watch?v=t0KnulGOB9I> (1:45 to 1:56),
https://www.youtube.com/watch?v=xAUaEfzt_VU (0:38 to 0:49),
<https://www.youtube.com/watch?v=2mIBS3fHp6A> (1:50 to 2:10).

- Check in with participants how the experience was for them.
- **HOBBIES:** Hobbies are activities that help us feel productive and find personal fulfillment outside of the things that we need to get done. They are informed by our own interests and offer outlets for us to unwind. Hobbies are a time investment and we need to set aside time to get the most out of them.
- **Video:** *How To Find Your Passion*
Improvement Pill
<https://www.youtube.com/watch?v=6pgaJb2Wwhs> (0:00 to 4:58)
- **Discussion:** Have participants brainstorm some hobby ideas.
- **SKILLS:** Coping skills are brief activities that help manage stress, emotions, and challenges. Through techniques like relaxation, problem-solving, or seeking support, they are key to maintaining well-being. By managing stress, coping skills boost resilience, compassion, and energy.
- **Video:** *Coping Tools for Everyday STRESS*
All Connected: A Place for Belonging
<https://youtu.be/4uty2-Y6aQ?si=DDdjEEtKYKBNL2lO>
- **Discussion:** Have participants brainstorm some skills that are useful.
- **ACTIVITY**
 - Have participants work on creating their own random coping tables.
- **GROUP DISCUSSION**
 - Round table discussion regarding what participants find difficult and rewarding about engaging with hobbies and skills.
 - **Homework:** Use your random coping tables during the week.
- **DEBRIEF / CHECK OUT**
 - Provide summary of key takeaways of session. Provide opportunity for participants to provide concerns, feedback and/or suggestions. Ensure that participants have options to access virtual services options if needed.

RANDOM COPING TABLE

Coping Ability (1D12/2D6)		Affirmation (1D12/2D6)		Reward (1D12/2D6)	
1	Set a SMART goal	1	I am in the here and now	1	Go Window Shopping (30) 2D20 + 10 Min.
2	Write (5) 1D10 Minutes	2	I am in charge of my own happiness	2	Order Take Out for Dinner
3	Creative Activity 1D8 (8) 1D10 + 5 Min.	3	I am choosing, not waiting to be chosen	3	Attend a Local Event
4	Grounding Exercise 1D8	4	I love myself for who I am	4	Start a New Hobby
5	Create a Schedule	5	I am resilient and can get through anything	5	Buy a Small Treat
6	Do a Chore 1D8	6	My feelings are not facts	6	Create a Wish List
7/1	Physical Activity 1D8 (15) 1D20 + 10 Min.	7/1	I can and I will	7/1	Go Sightseeing Where You Live
8/2	Deep Breathing (3) 1D6 Min.	8/2	My situation is only temporary	8/2	Movie or Show (90) 4D20 Min.
9/3	Practice Mindfulness Habits 1D8	9/3	I am practicing being kind to myself	9/3	Bath or Shower
10/4	Create a Budget	10/4	I have the power to create changes in my life	10/4	Do a Scavenger Hunt
11/5	Practice Self Care 1D8 (45) 3D20 Min.	11/5	I am the main character in my story	11/5	Take Yourself on a Date
12/6	Read (5) 1D10 Min.	12/6	I am proud of myself	12/6	Play a Game (35) 2D20 + 5 Minutes

Creativity Activity Table (1D8)		Chore Table (1D8)		Physical Activity Table (1D8)	
1	Draw or Doodle	1	Make Bed	1	Walk
2	Color	2	Wash/Put Away Dishes	2	Stretch
3	Play with Clay	3	Sweep/Vacuum	3	Squats
4	Make a Vision Board	4	Clean Tub/Sinks/Toilets	4	Jumping Jacks
5	Sing	5	Wash/Fold Laundry	5	Push Ups
6	Take Pictures	6	Clean Fridge/Stove	6	Sit Ups
7	Build a Blanket Fort	7	Wash Walls/Baseboards	7	Run in place
8	Describe an Activity Out Loud	8	Clean/Organize Cupboards	8	Dance like no one is watching

Mindfulness Table (1D8)		Grounding Table (1D8)		Self Care Table (1D8)	
1	Accept Emotions	1	Sensory Countdown	1	Practice Smiling
2	Observe Thoughts	2	Name Items in a Category	2	Say 3 Nice Things to Yourself
3	Stay in the Present	3	Recite a Poem/Song/Passage	3	Make Healthier Food Choices
4	Practice Gratitude	4	Describe Environment	4	Have 2 Social Interactions
5	Be Open-Minded	5	Visualize your Favorite Place	5	List Achievements Completed
6	Complete One Task at a Time	6	Plan an Activity	6	Try 1 New Thing
7	Ask Yourself Questions	7	Listen to Music	7	Make Big Goals Manageable
8	Choose Empathy, not Judgement	8	Practice Compassion to self and others	8	Get a Task Done the Night Before

Note on using the first 3 1D12/2D6 tables: If using as 1D12 or 2 1D6 tables, each option has an equal probability of being selected. If using as 2D6 table, option probabilities then distribute on a bell curve.

Building Your Own Tables: One way to create a sense of controlled chaos in life is to create your own random coping table. Below is a blank outline for you to create your own tables. Be sure to add a mix of skills that you already use and would like to learn.

Coping Ability (1D12/2D6)	Affirmation (1D12/2D6)	Reward (1D12/2D6)
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7/1	7/1	7/1
8/2	8/2	8/2
9/3	9/3	9/3
10/4	10/4	10/4
11/5	11/5	11/5
12/6	12/6	12/6

Creativity Activity Table (1D8)	Chore Table (1D8)	Physical Activity Table (1D8)
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8

Mindfulness Table (1D8)	Grounding Table (1D8)	Self Care Table (1D8)
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8

Note on using the first 3 1D12/2D6 tables: If using as **1D12** or **2 1D6** tables, each option has an equal probability of being selected. If using as **2D6** table, option probabilities then distribute on a bell curve.

WEEK FIVE: EXPERIENCE

- **INTRODUCTIONS / CHECK IN**

- **Handouts:** x1 Goal Log, x1 Experience Table.
- Provide an opportunity for participants and facilitators to introduce themselves and to check in. Review homework.

- **ICE BREAKER**

- A group activity to provide an opportunity to build cohesion.

- **GROUP GUIDELINES**

- Guidelines that all group members (both participants and facilitators) will adhere to.

- **TOPIC**

- **RULES:** Experience is the result of attempting to accomplish a goal. However, knowing the rules that goals follow is needed to gaining experience. Once the rules are clear, it becomes a lot easier to understand when and why experience is awarded.
- **Video:** *Life is a Video Game: Here's How To Win*
Chase Hughes
<https://www.youtube.com/watch?v=qyaqzA8FRZ0> (4:12 to 4:59)
<https://www.youtube.com/watch?v=qyaqzA8FRZ0> (11:59 to 12:21)
- **Video:** *How I made my life a video game*
Better Ideas
<https://www.youtube.com/watch?v=Rim2rXIbVoA> (10:25 to 16:13)
- **EXPERIENCE:** The expression “practice makes perfect” is a great example of gaining experience when performing an activity. Through repeatedly focusing on tasks that we either need to do or are passionate about, these tasks get easier. However, experience needs to be measured. Perhaps through milestones, such as tracking progress or maybe even by assigning experience points for each goal that is planned out.

- **Video:** *Life's Transitions | Milestone Experiences*
Coaching with Charley
<https://www.youtube.com/watch?v=DGct4QCGWCQ>
- **Video:** *I Increased My Productivity 10x - By Turning My Life Into a Game*
Better Than Yesterday
<https://www.youtube.com/watch?v=s6tLGo9yij0> (03:41 to 05:41)
- **REWARDS:** Rewards are a way to reinforce experience. However, it is important to understand that there is a correct way to reinforce experience and a wrong way to reinforce experience.
- **Video:** *I Increased My Productivity 10x - By Turning My Life Into a Game*
Better Than Yesterday
<https://www.youtube.com/watch?v=s6tLGo9yij0> (05:47 to 07:53)
- **ACTIVITY**
 - Have participants create a goal log that includes goals, experience points and rewards.
- **GROUP DISCUSSION**
 - Round table discussion regarding how participants award experience.
 - **Homework:** Use your goal log and complete the tasks listed during the week.
- **DEBRIEF / CHECK OUT**
 - Provide summary of key takeaways of session. Provide opportunity for participants to provide concerns, feedback and/or suggestions. Ensure that participants have options to access virtual services options if needed.

GOAL LOG

Write down a goal that will take one week to complete. Then write down all the smaller goals that will lead to that goal. Next, write down how much experience (XP) will be awarded to complete each goal. And finally, write down a reward that makes sense for each goal.

GOAL	XP	REWARD
Get room cleaned	300	New decoration for room
Remove dirty bedding	25	-1 to Odor
Remove dirty clothes	10	-1 to Odor
Remove trash/dishes	10	-1 to Odor
Wash/dry pillowcases and sheets	25	+1 to Health
Wash/dry blankets	50	+1 to Health
Wash/dry clothes	50	+1 to Health
Vacuum floor	10	+1 to Health
Wipe down surfaces	10	-1 to Illness
Put clean pillowcases and sheets on bed	25	+1 to Comfort
Put clean blankets on bed	10	+1 to Comfort
Fold/hang clean clothes	50	+1 to Wardrobe
Put clothes away	25	+1 to Wardrobe

[illegible]

EXPERIENCE TABLE

Level	XP	Level	XP	Level	XP	Level	XP	Level	XP
1	0	21	37,200	41	302,400	61	1,035,600	81	2,476,800
2	150	22	43,050	42	325,950	62	1,088,850	82	2,571,750
3	300	23	49,500	43	350,700	63	1,143,900	83	2,669,100
4	480	24	56,580	44	376,680	64	1,200,780	84	2,768,880
5	720	25	64,320	45	403,920	65	1,259,520	85	2,871,120
6	1050	26	72,750	46	432,450	66	1,320,150	86	2,975,850
7	1,00	27	81,900	47	462,300	67	1,382,700	87	3,083,100
8	2100	28	91,800	48	493,500	68	1,447,200	88	3,192,900
9	2880	29	102,480	49	526,080	69	1,513,680	89	3,305,280
10	3870	30	113,970	50	560,070	70	1,582,170	90	3,420,270
11	4945	31	126,300	51	595,500	71	1,652,700	91	3,537,900
12	6600	32	139,500	52	632,400	72	1,725,300	92	3,658,200
13	8400	33	153,600	53	670,800	73	1,800,000	93	3,781,200
14	10,530	34	168,630	54	710,730	74	1,876,830	94	3,906,930
15	13,020	35	184,620	55	752,220	75	1,955,820	95	4,035,420
16	15,900	36	201,600	56	795,300	76	2,037,000	96	4,166,700
17	19,200	37	219,600	57	840,000	77	2,120,400	97	4,300,800
18	22,950	38	238,650	58	886,350	78	2,206,050	98	4,437,750
19	27,180	39	258,780	59	934,380	79	2,293,980	99	4,577,580
20	31,920	40	280,020	60	984,120	80	2,384,220	100	4,720,320

AWARDING EXPERIENCE

Experience is awarded when you reflect on how well you handled a situation or when you practice a skill. The grading table to the right provides a framework of experience to award yourself in order to measure your progress.

S (highest) means there is nothing that could have been improved on. **E** (lowest), on the other hand, means that there is a lot that could be improved on.

S	Flawless	90 – 100 XP
A	Excellent	80 – 90 XP
B	Good	70 – 80 XP
C	Satisfactory	60 – 70 XP
D	Bad	50 – 60 XP
E	Poor	40 – 50 XP

Appendix G: Archetypical Questionnaire

1. What is your name?

This data is being requested and collected solely for connection with this group.

2. What is your birthdate?

This data is being requested and collected for the purpose of understanding age demographics accessing group delivery.

3. How do you identify your gender?

This data is being requested and collected for the purpose of understanding gender demographics accessing group delivery.

4. How do you identify your sexual orientation?

This data is being requested and collected for the purpose of understanding sexual orientation demographics accessing group delivery.

5. What ethnicity do you identify with?

This data is being requested and collected for the purpose of understanding ethnic demographics accessing group delivery and provide opportunities to reflect on appropriateness of services.

6. How did you hear about this group?

This data is being requested and collected for the purpose of understanding how participants are connecting to access group delivery.

7. How many sessions have you attended?

This information is being requested and collected for the purpose of longitude (how long) group delivery has been accessed.

8. Are you a:

Participant (12-24)?	Parent/Guardian (25+)?	Professional (Any Age)?	Peer (Any Age)?
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This data is being requested and collected for the purpose of understanding participant status demographics accessing group delivery.

9. Which archetype in the brief action therapeutic system do you most resonate with today?

This information is being requested and collected for the purpose of data analysis of emergent themes present in group delivery.

Artist	Hero	Magician	Redeemer
Caregiver	Innocent	Outlaw	Ruler
Explorer	Lover	Pedestrian	Trickster

10. What are you noticing most about yourself right now?

This information is being requested and collected for the purpose of data analysis of emergent themes present in group delivery.

Behavior	Emotion	Thoughts	Sensation
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11. On a scale of 1 (Terrible) to 10 (Excellent), how did you feel before today's session?

This information is being requested and collected for the purpose of progress measurement from group delivery.

1 2 3 4 5 6 7 8 9 10

12. On a scale of 1 (Terrible) to 10 (Excellent), how do you feel after today's session?

This information is being requested and collected for the purpose of progress measurement from group delivery.

1 2 3 4 5 6 7 8 9 10

13. What did you find most helpful from today's session?

This information is being requested and collected for the purpose of program evaluation and improvement.

14. What did you find least helpful from today's session?

This information is being requested and collected for the purpose of program evaluation and improvement.

15. What did you find least helpful from today's session?

This information is being requested and collected for the purpose of program evaluation and improvement.

Appendix H: Archetypal Data

PRONOUNS	ENGAGED PARTIES	SESSIONS ATTENDED	ARCHETYPE	AREA NOTICED AFTER SESSION
SHE/HER 3	PARTICIPANT (12-24) 5	ARTIST 4, 4, 1	ARTIST 3	BEHAVIORS/ACTIONS 0
HE/HIM 1	PARENT/GUARDIAN (25+) 2	CAREGIVER	CAREGIVER 0	EMOTIONS/FEELINGS 5
THEY/THEM	PROFESSIONAL (ANY AGE) 4	EXPLORER 1	EXPLORER 1	THOUGHTS 10
THEY/SHE 1	UNREPORTED 0	HERO 0	HERO 0	SENSATIONS 1
THEY/HE 1		INNOCENT 0	INNOCENT 0	UNREPORTED 1
UNREPORTED 3		LOVER 2	LOVER 1	TWO AREAS REPORTED 3
		MAGICIAN 0	MAGICIAN 0	THREE AREAS REPORTED 0
		OUTLAW 1	OUTLAW 1	FOUR AREAS REPORTED 0
		PEDESTRIAN 0	PEDESTRIAN 0	
		REDEEMER 0	REDEEMER 0	
		RULER 4, 2	RULER 2	
		TRICKSTER 1, 1, 1	TRICKSTER 2	
		UNREPORTED 0	UNREPORTED 0	

SCALE OF 1 (TERRIBLE) TO 10 (EXCELLENT) BEFORE SESSION	SCALE OF 1 (TERRIBLE) TO 10 (EXCELLENT) AFTER SESSION
7	9
2	4
6	7
5	7
8	10
7	7
6	6
10	9
7	8
5	8
5	8
5	8
9 or 10	10
7	9
7	7
5	6
4	4
7	10

FROM SESSION
"Fun and lots of laughs"
"The ability to relate and have fun :)"
Unreported (Question reported as too difficult)
"Mindful and grounding"
"The music"
"Role Playing"
"N/A"
"I liked the scenario (The laughter :)"
"The different archetypes"
"the people and the comfort"
"Fun Something to do i feel Better After"
"It was helpful to experience thoughts and emotions different from my normal."
"I liked the scenarios & having freedom to do/choose our own way. Also enjoyed role playing for feelings & stuff."
it was Fun
Collaborating with others for a positive outcome.
facilitation.
Connecting with others
having fun and joyful times

LEAST HELPFUL FROM SESSION
FROM SESSION
"I was feeling a little lost" (when to roll dice)
"I had to redo my character sheet (I lost it)"
Unreported (Question reported as too difficult)
"it was a challenge to open up and share feelings."
"The dice not rolling on the #'s."
"Waiting for others to finish character sheets"
Unreported
"0"
"How long we took before we started. But it was worth it"
"me nothing it was really fun"
Unreported
"Still learning the way roleplay games work."
"X"
there isn't Anything
It was more challenging to navigate with a trickster in the mix!
behavior of grandson.
having another participant play the role of partner without it being discussed.
nothing