Therapeutic Applications of Tabletop Role-Playing Games: A Scoping Review of Clinical Implications and Theoretical Integration

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Abstract: The therapeutic use of tabletop role-playing games (TTRPGs) has gained increasing attention in clinical, psychoeducational, and community settings. This scoping review aimed to systematically map the literature on the psychological, therapeutic, and educational applications of TTRPGs, including *Dungeons & Dragons* and related analog systems. Following PRISMA-ScR procedures, 73 sources were identified through database searches, citation chaining, and grey literature review, then charted for study characteristics, populations, settings, intervention targets, and reported outcomes.

Analytically, the literature consistently links TTRPG participation to enhanced social connectedness, group cohesion, identity exploration, confidence, and structured interpersonal skill practice. These recurring patterns suggest that TTRPGs function as facilitated social-narrative interventions that may operate through mechanisms associated with group therapy processes, including cohesion and interpersonal learning, as well as narrative identity reconstruction and self-determination theory principles of autonomy, relatedness, and competence. However, the evidence base remains methodologically heterogeneous and is dominated by qualitative, descriptive, conceptual, and non-empirical sources, with limited use of validated psychological measures or controlled designs. Consequently, current findings support conceptual plausibility and promising mechanisms more strongly than demonstrated therapeutic efficacy or generalizability.

From a clinical standpoint, TTRPGs show potential as a clinically plausible adjunctive modality for populations such as neurodivergent individuals, trauma survivors, and those seeking group-based relational work. These benefits appear contingent on skilled facilitation, clear alignment with therapeutic goals, appropriate participant screening, and the use of structured debriefing to mitigate risks such as emotional bleed between player and character. Clinical interest currently exceeds the strength of the evidence base, highlighting the need for stronger outcome measurement, clearer facilitator guidelines, and more rigorous evaluation of risks, ethics, and implementation. Consistent with scoping review methodology, this review maps the breadth and characteristics of the field rather than establishing efficacy or causal effects.

Keywords: Applied role-play therapy, Dungeons & Dragons (D&D), Game-based therapy, Mental health interventions, Narrative role-playing, Tabletop role-playing games (TTRPG), therapeutic gaming.

INTRODUCTION

Tabletop role-playing games (TTRPGs) are collaborative role-playing games in which players create characters and participate in a shared imagined world structured by rules, narrative prompts, and group decision-making [1]. Campaigns develop through ongoing interaction among players and a game master, who facilitates the setting, scenarios, and consequences of player actions [1]. Interest in role-playing games has grown in recent years, and many new titles and systems have emerged since the first commercially available role-playing game in 1974 [4]. Early comercial role-playing games began with Gary Gygax and Dave Arneson's *Dungeons & Dragons* (D&D), which remains the most widely recognized and widely played system [5, 2].

TTRPGs are generally cooperative rather than competitive. Although systems vary in complexity and style, the core structure of play centers on collaborative storytelling, problem-solving, and interpersonal interaction within a group setting [1]. Play may occur in person or through online platforms that support maps, tokens, and other visual aids [1].

TTRPGs span a wide range of genres and can be adapted to varied thematic, developmental, and therapeutic contexts [3]. Campaigns are shaped collaboratively and may differ substantially depending on group composition, facilitation style, and narrative emphasis [5, 2, 4]. Although *Dungeons & Dragons* remains the most widely recognized system, popularity does not necessarily indicate suitability for therapeutic use [3]. Across systems, narrative play is commonly organized around exploration, social interaction, and combat, which together structure player engagement, group interaction, and decision-making across the unfolding campaign [6, 7].

TTRPGs have increasingly been explored in clinical, psychoeducational, and community-based contexts as structured group activities that may support interpersonal skill development, emotional expression, and

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collaborative problem-solving [3]. Their combination of narrative engagement, role-based interaction, and repeated social feedback has led some authors to consider them as potential adjunctive tools within therapeutic settings, particularly where group-based or relational approaches are emphasized [2-4]. This emerging application motivates examination of how TTRPGs may align with established psychological and therapeutic frameworks.

THEORETICAL BACKGROUND

Group Therapy Mechanisms Relevant to TTRPGs

Research on therapeutically applied tabletop role-playing games (TTRPGs) has increasingly examined how these interventions may operate through established group therapy processes. Group therapy includes multiple formats, including interpersonal process groups, disorder-specific groups, and skills-based groups, and has demonstrated relevance across concerns such as anxiety, trauma-related disorders, eating disorders, and personality disorders, particularly in settings where depression and anxiety are prevalent [8]. In this context, TTRPGs are best understood beyond their inherent value as recreational activities but as structured group experiences that may support interpersonal learning, shared meaning-making, and psychosocial skill development.

Group therapy is valued for its ability to serve multiple clients simultaneously, as well as the relational opportunities it creates. Members benefit from the presence of others who can offer empathy, feedback, and mutual recognition [9, 10]. Yalom and Leszcz [10] identify therapeutic factors such as instillation of hope, universality, altruism, interpersonal learning, group cohesiveness, catharsis, and existential reflection. Although the relative salience of these factors may vary across members and settings [11, 12], group cohesiveness is consistently described as a central condition supporting engagement, trust, and therapeutic movement [8, 10, 13]. This emphasis is directly relevant to TTRPGs, which rely on collaborative decision-making, shared problem-solving, and ongoing social interaction within a facilitated group structure.

Group cohesion has been described across positive bonding relationships, positive working relationships, and negative relationship patterns within the group [13]. Positive bonding reflects empathic connection and a sense of belonging, while positive working relationships reflect agreement regarding goals and tasks. Negative relationships reflect conflict, lack of empathy, or disruptions in group process [13]. These dimensions provide a useful framework for understanding how TTRPG-based interventions may function in practice. Structured play requires participants to coordinate goals, negotiate roles, tolerate uncertainty, and respond to others in real time, making interpersonal processes visible within the activity itself. As a result, TTRPGs may be understood as structured social environments in which group therapy mechanisms are not only present but actively engaged, although the current literature does not consistently measure these processes directly.

Review Aim and Objectives

This scoping review aimed to systematically identify and analyze literature on the psychological, therapeutic, and educational applications of tabletop role-playing games (TTRPGs), including *Dungeons & Dragons* and related analog systems. Consistent with scoping review methodology, the review mapped the breadth and characteristics of the current evidence base rather than evaluating intervention efficacy or making causal claims. The review also examined thematic patterns, reported intervention targets, and methodological gaps across the emerging evidence base.

To address this aim, the review was guided by the following objectives:

1. To characterize the types of sources comprising the therapeutically applied TTRPG literature, including empirical studies (quantitative, qualitative, and mixed methods), theoretical and concepttual papers, case-based sources, practitioner guidelines, books, and grey literature.

2. To identify the populations and settings in which therapeutically applied TTRPGs have been used, including age groups, neurodivergent populations, trauma-exposed individuals, and clinical, educational, or psychoeducational contexts.

3. To examine the therapeutic targets and outcomes most frequently reported in the literature, including social skills development, emotion regulation, social connectedness, identity exploration, and broader mental health outcomes, as well as areas of overlap across intervention targets and populations.

4. To identify methodological and conceptual gaps in the literature, including limitations in study design, outcome measurement, theoretical integration, and reporting practices, to inform future research and clinical application.

The review also considered how TTRPGs have been conceptualized within psychological and therapeutic frameworks in order to clarify their emerging clinical and psychoeducational relevance.

METHODS

Overview of Search and Selection

A comprehensive search was conducted across academic databases, including EBSCOhost, APA PsycArticles, JSTOR, ProQuest, NCBI, ACA, PubMed, Scopus, Springer, and Sage, to identify literature on the therapeutic and psychological applications of tabletop role-playing games (TTRPGs). The search targeted literature published between 1990 and July 13, 2025, and was supplemented by targeted grey literature searching and backward citation chaining to capture practitioner reports, conceptual papers, and community-based resources relevant to applied use.

Search terms included TTRPG, tabletop role-playing games, RPG, D&D, Dungeons & Dragons, therapeutic gaming, game-based therapy, and applied TTRPG. Boolean operators were used to refine results. Representative search strings included:

("TTRPG" OR "tabletop role-playing games" OR "TRPG" OR "Dungeons & Dragons") AND ("therapy" OR "counseling" OR "psychology" OR "mental health") AND ("autism" OR "trauma" OR "youth" OR "neurodivergent")

and

("role-playing game*" OR "Dungeons and Dragons") AND ("social skills" OR "identity" OR "emotional regulation").

All records were managed using Zotero reference management software. The search strategy was developed and executed by the primary author and reviewed by co-authors to improve clarity and comprehensiveness. Although a librarian consultation was not undertaken, co-author review provided an additional layer of methodological oversight.

The search yielded 312 records through database searching and an additional 198 records through citation chaining. After deduplication and preliminary eligibility refinement, 265 unique records were screened at the title and abstract level. Following full-text review, 73 sources met the inclusion criteria and were included in the final synthesis, comprising both peer-reviewed and grey literature sources.

Protocol Registration

A protocol for this scoping review was not registered. Although protocol registration is recommended to enhance methodological transparency, it is not mandatory for scoping reviews conducted in accordance with PRISMA-ScR guidelines [14]. The absence of protocol registration is acknowledged as a limitation and is discussed further in the Limitations section.

Inclusion and Exclusion Criteria

Sources were included if they addressed the therapeutic, psychological, counseling, psychoeducational, or educational applications of tabletop role-playing games (TTRPGs), including *Dungeons & Dragons* and related analog systems. Eligible sources included empirical studies (quantitative, qualitative, and mixed methods), theoretical or conceptual papers, case-based sources, practice-based or practitioner reports, books, and grey literature. These source types were not interpreted as representing equivalent levels of evidence.

Sources were excluded if they did not involve TTRPGs (*e.g.*, studies focused exclusively on digital role-playing video games), did not address applied therapeutic, psychological, counseling, or educational use (*e.g.*, purely entertainment-focused commentary without applied relevance), or did not provide sufficient information to support interpretation of claims (*e.g.*, lacked a discernible method, intervention description, or source provenance). Grey literature, books, and other non–peer-reviewed materials were eligible when they contributed clinically or theoretically relevant information and were charted and interpreted in relation to the broader evidence base.

Screening and Refinement Process

Duplicates were removed prior to and throughout the screening process to ensure that only unique records were evaluated. Records were screened for relevance through sequential title, abstract, and full-text review in accordance with PRISMA-ScR-informed procedures. Following title and abstract screening, 73 sources advanced to full-text review and were subsequently confirmed as meeting the inclusion criteria. Because inclusion criteria were intentionally broad to capture an emerging interdisciplinary field, sources progressing to full-text review were retained when they demonstrated clear alignment with the applied therapeutic or psychosocial focus of the review. Screening decisions were based on alignment with therapeutic application, relevance to psychological or educational outcomes, and sufficient methodological or descriptive detail to support data charting. Screening was conducted by a single reviewer, which may introduce potential selection or interpretive bias. To mitigate this risk, a subset of records was re-reviewed for consistency during later stages, and co-authors provided oversight of methodological procedures and extracted data.

Data Charting

Data charting was conducted by the primary author using Zotero's report function as the primary tool for organizing and tracking source characteristics. Each source was charted according to key variables, including population, intervention characteristics, outcomes, study design, and source type, with charting informed by a PICOS-based organizational framework rather than used as a strict eligibility criterion. Consistent with PRISMA-ScR terminology, the term "data charting" is used to reflect the descriptive and mapping-oriented nature of the review. The Zotero report supported thematic synthesis and provided an auditable record for transparency across the review process. Co-author review of the charted data and methodological approach provided an additional layer of oversight and helped ensure consistency in data interpretation.

Final Sample and Data Charting

The final archive included 73 sources. Data charting followed a structured tagging process, categorizing each entry by methodological approach (qualitative, quantitative, mixed methods), population focus (*e.g.*, ASD, trauma, LGBTQIA+), therapeutic goals (*e.g.*, social skills, emotion regulation), and intervention type (*e.g.*, TARPG, group therapy). Categories were coded non-exclusively, and individual sources frequently contributed to multiple thematic groupings. A full data charting table of all included sources (N = 73) is provided as Supplementary Table **S1** (CSV). Grey literature was explicitly documented, with 26 sources identified.

The Zotero report and project database used for data charting can be made available upon reasonable request to support transparency and replicability. In addition to the PRISMA-screened sample, a small number of background and contextual sources were used to support historical and theoretical framing; these sources were not included in the PRISMA sample.

Results

Of the 73 sources included in this review, approximately 40% examined interventions with neurodivergent populations, such as individuals with autism spectrum disorder (ASD) or ADHD [1,15]. Approximately 25% explored trauma-focused applications, and around 30% emphasized social skills development within therapeutic contexts. These categories were not mutually exclusive; approximately 15% of sources addressed both neurodivergence and social skills, and 9% addressed both trauma and social skills concurrently.

The included corpus spans multiple source types and levels of methodological rigor. Accordingly, the findings reported below should be interpreted as descriptive patterns within the literature rather than as quality-weighted evidence of intervention effectiveness. Included sources encompassed empirical studies (quantitative, qualitative, and mixed methods), theoreticcal frameworks, case-based sources, practitioner guidelines, books, and grey literature, with populations including children, adolescents, adults, neurodivergent individuals (ASD, ADHD), LGBTQIA+ individuals, and trauma survivors. Interventions were situated across clinical, educational, and psychoeducational settings.

This distribution reflects the interdisciplinary and emerging nature of the field, in which empirical research coexists with practice-based contributions, theoretical discussions, and other non-empirical sources relevant to the applied use of TTRPGs [2]. Across source types, the literature commonly links TTRPG participation to social connectedness, emotion regulation, identity formation, and related psychosocial outcomes, particularly among populations often underserved by conventional therapeutic models [16, 4]. The concentration of sources in neurodivergence, social skills-focused applications, and trauma-related contexts suggests that TTRPGs are currently being positioned primarily as relational and experiential interventions rather than as disorder-specific treatments. However, the predominance of non-empirical and qualitative sources limits the ability to draw firm conclusions about mechanisms or generalizability at this stage.

Descriptive Overview

The 73 included sources reflected a diverse and interdisciplinary evidence base, encompassing empirical studies (quantitative, qualitative, and mixed methods), theoretical and conceptual frameworks, case-based sources, practitioner guidelines, books, and grey literature. Represented populations included children, adolescents, and adults; neurodivergent individuals, including autism spectrum disorder (ASD) and attention-deficit/hyperactivity disorder (ADHD); LGBTQIA+ individuals; and trauma-exposed populations. Interventions and applications were described across clinical, educational, and psychoeducational settings [2].

As described in the Results section, neurodivergent, trauma-related, and social skills-focused applications represent the most common areas of emphasis in the reviewed literature. These categories were not mutually exclusive and showed substantial thematic overlap across sources.

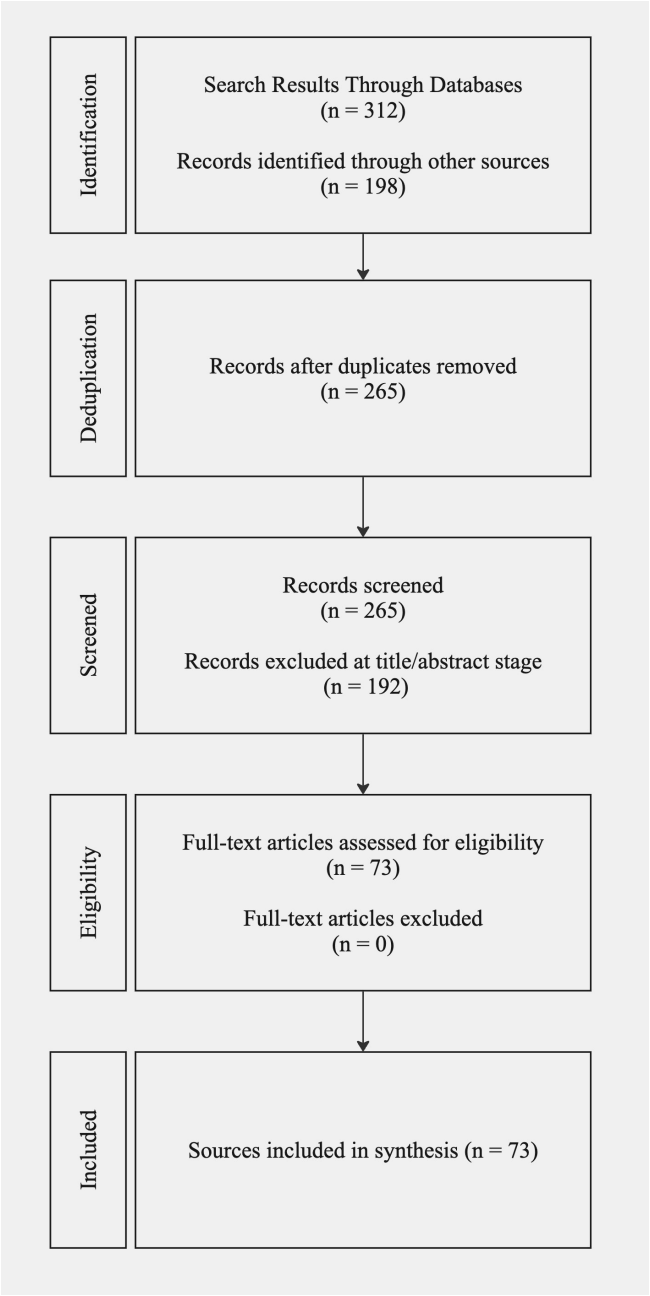

Figure 1: PRISMA-ScR flow diagram illustrating the identification, screening, and inclusion of sources.

Reported outcomes and targets most commonly clustered around social connectedness, social skills practice, emotion regulation, confidence or self-efficacy, identity exploration, and related psychosocial outcomes. Given the substantial heterogeneity in study designs, populations, intervention formats, and outcome measurement, a meta-analysis was not appropriate; instead, findings were synthesized narratively in accordance with scoping review methodology. Percentages reported in the text reflect non-exclusive thematic coding across sources, whereas Table **1** reflects primary population categorization based on dominant study focus. Table **1** summarizes included sources by population focus, outcome focus, and study design or source type (N = 73).

Table 1: Summary of included sources by population, outcome focus, and study design or source type (N = 73)

A. Population focus (non-exclusive coding)

Population Category	n	%
Youth populations	17	23.3
Education populations	14	19.2
LGBTQIA+ populations	9	12.3
Group therapy populations	9	12.3
Neurodivergent populations	7	9.6
Trauma-exposed populations	4	5.5
Adult populations	3	4.1

B. Outcome focus (non-exclusive coding)

Outcome focus	n	%
Identity and self-concept	20	27.4
Social skills or social functioning	18	24.7
Emotional regulation or processing	16	21.9
Communication or empathy outcomes	8	11.0
Cognitive outcomes	7	9.6
Quality of life	3	4.1

C. Study design and source type (non-exclusive coding)

Study design or source type	n	%
Non-empirical sources	29	39.7
Framework or conceptual papers	28	38.4
Qualitative studies	27	37.0
Quantitative studies	21	28.8
Review papers	9	12.3
Case-based sources	7	9.6
Mixed-methods studies	3	4.1

Note: Coding for all categories was non-exclusive. Individual sources could be represented in multiple categories; therefore, percentages may exceed 100%. Percentages are based on the total number of included sources (N = 73).

DISCUSSION

Synthesis of Key Findings

Across the reviewed sources, TTRPG participation is most often associated with psychosocial processes such as social connectedness, confidence or self-efficacy, prosocial behavior, and identity exploration, often in the context of narrative engagement and collaborative, role-based problem-solving [1, 2, 16]. Taken together, these patterns suggest that TTRPGs are being conceptualized less as isolated recreational

activities and more as structured social-narrative environments through which relational and developmental processes may be supported.

Qualitative studies in particular describe mechanisms such as narrative identity construction [17], opportunities for safe risk-taking, and co-regulation of emotional states within group-based interaction. Self-determination theory [18] is relevant within this context; autonomy, relatedness, and competence are frequently described as being supported through gameplay. Cognitive-behavioral frameworks also appear in the literature as a rationale for structured role-play, supported exposure, and rehearsal of alternative responses within a bounded and psychologically safer context [19, 2]. At the same time, these mechanisms are more often proposed than directly operationalized, measured, or empirically tested across studies, which limits stronger conclusions regarding how TTRPG-based interventions may produce therapeutic change. When viewed through Yalom's group therapeutic factors [10], Self-Determination Theory [18], and narrative identity models [17], the reported outcomes of social connectedness, emotionnal co-regulation, and identity exploration appear to operate via established mechanisms of group cohesion, autonomy support, and meaning-making, yet these links remain largely descriptive rather than empirically validated.

Methodological Limitations in the Evidence Base

Despite recurring descriptive patterns across sources, the evidence base for therapeutically applied TTRPGs remains in an early stage of empirical development. Relatively few studies use validated psychological measures with both pre-intervention and post-intervention assessment, which limits the strength, interpretability, and replicability of reported outcomes [15]. In addition, theoretical frameworks are applied inconsistently across the literature. Although self-determination theory [18], narrative identity models [17], and cognitive-behavioral principles [19] are frequently referenced, they are rarely operationalized or examined as explicit mechanisms of change. This lack of theoretical consistency reduces cross-study comparability and limits the field's ability to develop coherent cumulative knowledge regarding how TTRPG-based interventions may produce psychosocial effects [20].

Historical stigma surrounding *Dungeons & Dragons* and related TTRPGs has contributed to persistent negative stereotypes in public discourse, despite a lack of evidence linking role-playing games to psychopathology [21-24].

More substantively, several important gaps remain across the current evidence base. Rigorous quantitative research is still limited, particularly randomized controlled trials (RCTs), which constrains the ability to draw stronger conclusions regarding efficacy [4]. The literature also relies heavily on self-report data, with minimal use of observational measures, behavioral indicators, or biomarkers. Longitudinal research remains scarce, limiting understanding of whether reported benefits are maintained over time [16].

A further gap concerns the underrepresentation of diverse populations and contexts. Relatively few sources examine how stigma, access barriers, referral patterns, or clinician attitudes may influence the implementtation and uptake of TTRPG-based interventions. Without greater attention to these translational issues, the field may remain concentrated within relatively narrow populations and settings, limiting broader clinical and community application.

FUTURE CONSIDERATIONS

Research Priorities and Standardization Needs

Future research should prioritize several areas if the field is to move beyond its current descriptive foundations. Studies should incorporate validated psychological measures, including pre-intervention and post-intervention assessment, improve theoretical consistency, and address diversity and accessibility in both sampling and implementation contexts. Greater use of controlled designs, particularly randomized controlled trials, would strengthen the evidence base, as would clearer specification and evaluation of proposed mechanisms of change, including narrative immersion, emotional co-regulation, and peer-based identity work [20, 3].

However, the field would benefit from the development of more practice-oriented materials, including clearer clinical guidelines, facilitator training resources, and explicit ethical standards. These resources are needed to support safer, more replicable, and more ethically grounded implementation of TTRPG-based interventions across clinical and community settings [4].

Clinical Implementation Opportunities and Risk Monitoring

Across applied sources, TTRPG use in clinical settings is frequently described as supporting reflection, empathy, insight development, and peer learning [25]. By providing narrative distance within a group context, structured play may allow clients to rehearse

alternative coping responses, explore meaning-making processes, and receive interpersonal feedback [4]. Some authors also connect the narrative arc of TTRPG campaigns to the Hero's Journey framework as one possible lens for identity exploration and recovery-oriented growth [26].

Reported psychosocial benefits include gains in self-efficacy [27], creativity [28], empathy [29], confidence, tolerance of uncertainty, and resilience within group contexts [1, 22]. Some sources also suggest that skills practiced through role-play may generalize to real-world functioning [1]. Taken together, these findings suggest that TTRPG groups may function as a clinically relevant adjunctive approach for concerns such as anxiety, depression, and interpersonal difficulties. However, the literature remains heterogeneous and should not be interpreted as establishing efficacy [8].

Furthermore, clinical implementation requires more explicit attention to risk monitoring and ethical safeguards. Future work should clarify how facilitators identify, assess, and respond to adverse experiences that may emerge during play. One clinically relevant concern is negative bleed between player and character. Bleed has been defined as the bidirectional influence of a player's thoughts, feelings, and interpersonal behavior on the character, and of the character on the player [30]. This may become clinically significant when participants over-identify with characters, experience heightened emotional reactivity to in-game material, or report difficulty differentiating self from character following play [30]. Additional risks include interpersonal conflict, emotional dysregulation, reactivation of trauma-related material, group exclusion, and challenges related to confidentiality or boundaries in shared storytelling contexts. Clearer risk indicators, participant screening procedures, facilitator training expectations, ongoing monitoring practices, and structured debriefing processes would strengthen safety and support more ethically grounded implementation in group settings.

TTRPGs are also described as offering adults an experiential, play-based format that parallels approaches more commonly used with children. As interest in therapeutic applications grows, the need for more rigorous evidence and clearer implementation guidance will continue to increase.

Limitations

Although efforts were made to conduct a comprehensive search across multiple databases and grey literature sources, some relevant sources may have been missed due to inconsistent terminology, indexing variability, and the interdisciplinary nature of the field. In addition, this review did not have a formally registered protocol. While protocol registration is not mandatory for scoping reviews conducted in accordance with PRISMA-ScR guidelines, its absence reduces methodological transparency. Screening, selection, and primary data charting were conducted by a single reviewer. Although systematic procedures, structured tagging, transparent Zotero-based documenttation, and co-author review of the search strategy, methodological approach, and charted data were used to strengthen consistency, single-reviewer decisions may still increase the risk of selection bias, interpretive bias, and inconsistency in source classification. The review was also limited to English-language publications.

Grey literature, books, and other non-peer-reviewed materials were included to capture the breadth of an emerging interdisciplinary field, but variability in methodological transparency and evidentiary rigor across these source types may affect interpretability. Consistent with scoping review methodology, this review did not conduct a formal critical appraisal of source quality and did not perform meta-analysis. As a result, the findings should be interpreted as descriptive patterns within the literature rather than as quality-weighted estimates of therapeutic benefit, and stronger and weaker forms of evidence should not be treated as interchangeable. Accordingly, this review should not be interpreted as establishing efficacy, causal effects, or comparative effectiveness.

While no included sources argued that TTRPGs are ineffective, several cautioned against overgeneralization, highlighted methodological limitations, or noted potential risks under certain circumstances [3, 31].

CONCLUSION

This scoping review maps the current landscape of therapeutically applied tabletop role-playing games. Across the literature, TTRPGs are frequently described as supporting reflection, empathy, insight development, and peer learning in clinical and psychoeducational settings [25]. By offering narrative distance in a group context, they may enable participants to rehearse alternative coping responses, explore meaning-making, and receive interpersonal feedback within a psychologically safer environment [4]. Some authors also connect TTRPG narratives to the Hero's Journey framework as one possible pathway for identity exploration and recovery-oriented growth [26].

Reported benefits described in the sources include gains in self-efficacy [27], creativity [28], empathy [29], confidence, tolerance of uncertainty, and resilience [1,

22], with some suggestion that skills practiced through role-play may generalize to real-world functioning [1]. Collectively, these patterns indicate that TTRPG groups may serve as a clinically relevant adjunctive approach for concerns such as anxiety, depression, and interpersonal difficulties. However, the evidence base remains heterogeneous and largely descriptive, and should not be interpreted as establishing efficacy [8].

Responsible implementation will require greater attention to risk monitoring and ethical safeguards, particularly negative bleed between player and character [30], as well as risks such as emotional dysregulation, reactivation of distressing material, interpersonal conflict, and boundary issues. Clear participant screening, facilitator training, ongoing monitoring, and structured debriefing remain essential for safe and responsible use. As clinical interest in TTRPGs continues to grow, the field will need more rigorous research, clearer implementation guidance, and more explicit ethical frameworks. This review highlights promising directions while underscoring that conceptual enthusiasm currently exceeds the strength of the empirical foundation.

DECLARATION OF CONFLICTING INTEREST

The authors declare no competing interests related to the content of this review.

AUTHOR CONTRIBUTIONS

V.Z. completed the primary work for this review, including conceptualization, literature search, screening, data charting, synthesis, manuscript drafting, and revision. R.C. contributed to selected theoretical and clinical sections. A.M.B. provided editorial oversight, manuscript revisions, subject matter expertise, and final approval of the review. All authors reviewed and approved the final manuscript.

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REFERENCES

PRISMA-included citations (cited in-text and included in the analyzed corpus)

[1] Abbott MS, Stauss KA, Burnett AF. Table-top role-playing games as a therapeutic intervention with adults to increase social connectedness. Soc Work Groups. 2022; 45(1): 16-31. https://doi.org/10.1080/01609513.2021.1932014

[2] Arenas DL, Viduani A, Araujo RB. Therapeutic use of role-playing game (RPG) in mental health: a scoping review. Simul Gaming. 2022; 53(3): 285-311. https://doi.org/10.1177/10468781211073720

[3] Bean A, Connell M. The rise of the use of TTRPGs and RPGs in therapeutic endeavors. J Psychol Psychother Res. 2023; 10: 1-12. https://doi.org/10.12974/2313-1047.2023.10.01

[4] Baker IS, Turner IJ, Kotera Y. Role-play games (RPGs) for mental health (Why not?): roll for initiative. Int J Ment Health Addict. 2023; 21(6): 3901-3909. https://doi.org/10.1007/s11469-022-00832-y

[5] Abyeta S, Forest J. Relationship of role-playing games to self-reported criminal behaviour. Psychol Rep. 1991; 69(3 Suppl): 1187-1192. https://doi.org/10.2466/pr0.1991.69.3f.1187

[6] Bean AM. Checkpoints and autosaves: parenting geeks to thrive in the age of geekdom. Leyline Publishing; 2022.

[7] Mearls M, Crawford J. Player's handbook. 5th ed. Wizards of the Coast; 2014.

[8] Chun SM. Dungeons & Dragons & dissertations: a study of therapeutically applied tabletop roleplaying game groups at a university counseling center [doctoral dissertation]. University of Northern Colorado; 2024.

[9] Sandahl C, Ahlin NH, Asklin-Westerdahl C, Björling M, Saracino AM, Wennlund L, *et al*. Why group therapy works and how to do it: a guide for health and social care professionals. Routledge; 2021. https://doi.org/10.4324/9781003080848

[10] Yalom ID, Leszcz M. The theory and practice of group psychotherapy. 6th ed. Basic Books; 2020.

[11] Tasca GA, Cabrera C, Kristjansson E, MacNair-Semands R, Joyce AS, Ogrodniczuk JS. The Therapeutic Factors Inventory-8: using item response theory to create a brief scale for continuous process monitoring for group psychotherapy. Psychother Res. 2016; 26(2): 131-145. https://doi.org/10.1080/10503307.2014.963729

[12] Mander J, Vogel E, Blanck P, Bents H. Validation of the URICA-S in group therapy: associations of stages of change with therapeutic factors and treatment outcome. Int J Group Psychother. 2018; 68(1): 35-55. https://doi.org/10.1080/00207284.2017.1335583

[13] Johnson JE, Burlingame GM, Olsen JA, Davies DR, Gleave RL. Group climate, cohesion, alliance, and empathy in group psychotherapy: multilevel structural equation models. J Couns Psychol. 2005; 52(3): 310-320. https://doi.org/10.1037/0022-0167.52.3.310

[14] Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, *et al*. PRISMA Extension for Scoping Reviews (PRISMA-ScR): checklist and explanation. Ann Intern Med. 2018; 169(7): 467-473. https://doi.org/10.7326/M18-0850

[15] Billieux J, Fournier L, Rochat L, Georgieva I, Eben C, Andersen MM, *et al*. Can playing Dungeons and Dragons be good for you? A registered exploratory pilot programme using offline tabletop role-playing games to mitigate social anxiety and reduce problematic involvement in multiplayer online video games. R Soc Open Sci. 2025; 12(4): 250273. https://doi.org/10.1098/rsos.250273

[16] Breen LH, Woodin EM. Open worlds: an examination of digital accounts of gender and sexual identity development through the use of tabletop role-playing games among LGBTQ2S+ youth and young adults. Can J Hum Sex. 2024; 33(3): 384-401. https://doi.org/10.3138/cjhs-2024-0023

[17] McAdams DP. The psychology of life stories. Rev Gen Psychol. 2001; 5(2): 100-122. https://doi.org/10.1037/1089-2680.5.2.100

[18] Deci EL, Ryan RM. The "what" and "why" of goal pursuits: human needs and the self-determination of behavior. Psychol Inq. 2000; 11(4): 227-268. https://doi.org/10.1207/S15327965PLI1104_01

[19] Beck AT. Cognitive therapy and the emotional disorders. International Universities Press; 1976.

[20] Bagès C, Hoareau N, Guerrien A. Play to reduce bullying! Role-playing games are a useful tool for therapists and teachers. J Res Child Educ. 2021; 35(4): 631-641. https://doi.org/10.1080/02568543.2020.1810834

[21] Sidhu P, Carter M. The critical role of media representations, reduced stigma and increased access in D&D's resurgence. In: Proceedings of DiGRA Australia 2020. Digital Games Research Association; 2020. https://doi.org/10.26503/dl.v2020i1.1277

[22] Polkinghorne A, Turner J, Taboada M, Kerr J. Critical fail: addressing problematic designs in table-top role-playing games for narrative therapy and community wellbeing. In: DiGRA '21: Proceedings of the 2021 DiGRA International Conference: Play Everywhere. Digital Games Research Association; 2021.

[23] Ben-Ezra M, Lis E, Błachnio A, Ring L, Lavenda O, Mahat-Shamir M. Social workers' perceptions of the association between role playing games and psychopathology. Psychiatr Q. 2018; 89(1): 213-224. https://doi.org/10.1007/s11126-017-9526-7

[24] Lis E, Chiniara C, Biskin R, Montoro R. Psychiatrists' perceptions of role-playing games. Psychiatr Q. 2015; 86(3): 381-384. https://doi.org/10.1007/s11126-015-9339-5

[25] Rønning SB, Bjørkly S. The use of clinical role-play and reflection in learning therapeutic communication skills in mental health education: an integrative review. Adv Med Educ Pract. 2019; 10: 415-425. https://doi.org/10.2147/AMEP.S202115

[26] Kerr DJR, Deane FP, Crowe TP. A complexity perspective on narrative identity reconstruction in mental health recovery. Qual Health Res. 2020; 30(4): 634-649. https://doi.org/10.1177/1049732319886285

[27] Kallam ML. The effects of simulation game play upon oral language development and internalisation of locus of control among mildly handicapped adolescents [doctoral dissertation]. Oklahoma State University; 1984.

[28] Chung TS. Table-top role-playing game and creativity. Think Skills Creat. 2013; 8: 56-71. https://doi.org/10.1016/j.tsc.2012.06.002

[29] Rivers A, Wickramasekera IE, Pekala RJ, Rivers JA. Empathic features and absorption in fantasy role-playing. Am J Clin Hypn. 2016; 58(3): 286-294. https://doi.org/10.1080/00029157.2015.1103696

[30] Causo F, Quinlan E. Defeating dragons and demons: consumers' perspectives on mental health recovery in role-playing games. Aust Psychol. 2021; 56(3): 256-267. https://doi.org/10.1080/00050067.2021.1890983

[31] Blackmon WD. Dungeons and Dragons: the use of a fantasy game in the psychotherapeutic treatment of a young adult. Am J Psychother. 1994; 48(4): 624-632. https://doi.org/10.1176/appi.psychotherapy.1994.48.4.624

https://doi.org/10.12974/2313-1047.2026.13.02