

# Gaming Mediated Therapy Protocol in a Nutshell

Atrium Clinic Gaming Therapies · For Professional Use Under Clinical Supervision

## GAMING THERAPIES

Atrium Clinic

⚠️ **Only for use by trained therapists and psychologists** who have completed accredited Gaming Mediated Therapy training with Atrium Clinic. Extended protocol due to be published Summer 2026.

**What makes this different:** Unlike traditional talking therapies, gaming-mediated therapy uniquely extends therapeutic work to include the system of care around the young person — parents, teachers, support workers, and family members. This involvement fosters continuity of relationship building and actively bridges therapeutic gains into real-life goal areas, sustaining progress beyond the therapy room.

### 1. REFERRAL & SUITABILITY SCREENING

**Purpose:** Ensure gaming is clinically appropriate and ethical.

**Key elements:**

- ▶ Presenting difficulties (anxiety, bereavement, depression, trauma, ADHD, ASD, emotional regulation)
- ▶ Developmental stage and cognitive capacity
- ▶ Gaming relationship — healthy interest vs problematic use
- ▶ Risk screening: self-harm, aggression, dissociation, safeguarding
- ▶ Sensory, communication, and social preferences
- ▶ Exclusions/cautions; no conflicts with ongoing treatment

### 2. CONTRACTING, ASSESSMENT & COLLABORATIVE GOAL SETTING

**Purpose:** Anchor play to therapeutic formulation and outcomes.

### 3. GAME SELECTION & THERAPEUTIC RATIONALE

**Purpose:** Match game mechanics to clinical aims and contexts.

### 4. SESSION STRUCTURE — CONTAINMENT FRAME

**Purpose:** Maintain therapeutic safety while using play.

**Typical session flow:**

1. Check-in & regulation baseline
2. Goal reminder (in game language)
3. Guided gameplay (15–25 mins)
4. Therapeutic intervention during play
5. Reflection & meaning-making
6. Transfer to real-world skills
7. Regulation check-out

### 5. THERAPIST ROLE DURING PLAY

**Purpose:** Actively shape therapeutic change.

**Roles include:**

- ▶ Co-player or observer (intentional choice)
- ▶ Emotional mirror and narrator
- ▶ Regulation support — pausing, grounding
- ▶ Linking in-game events to real-world experiences
- ▶ Gently introducing challenge or rupture repair moments

### 6. IN-GAME THERAPEUTIC INTERVENTIONS

**Purpose:** Deliver therapy within the game.

**Examples:**

- ▶ Naming emotions as they arise in play
- ▶ Pausing gameplay to notice body responses
- ▶ Exploring frustration or failure safely
- ▶ Using avatars as 'parts', identities, or externalisation
- ▶ Narrative re-authoring through game choices
- ▶ Modelling cooperative communication

### 7. REFLECTION & INTEGRATION

**Purpose:** Translate play into psychological insight.

*This step differentiates therapy from gaming support.*

### 8. INVOLVING THE SYSTEM OF CARE

**Purpose:** Extend therapeutic gains beyond the therapy room.

- ▶ Share progress and strategies with parents, teachers, and support workers (with consent)
- ▶ Co-create real-life goals that bridge in-game skills to everyday contexts
- ▶ Support carers to use shared gaming as a relational tool at home
- ▶ Coordinate with wider agencies to maintain continuity of care

### 9. RISK, ETHICS, RECORDS & OUTCOME MEASUREMENT

**Purpose:** Maintain clinical responsibility and demonstrate effectiveness.

**Measures include:**

- ▶ Goal-based outcomes & CORE framework
- ▶ Client feedback and voice
- ▶ Support worker / parent / teacher feedback
- ▶ Session observation tools

### 10. ENDING, CONSOLIDATION & TRANSITION

**Purpose:** Ensure gains generalise beyond therapy.

- ▶ Identify transferable skills; celebrate mastery
- ▶ Planned endings or step-down support
- ▶ Recommendations for healthy gaming habits
- ▶ Handover to family and wider system for sustained progress

**Core Clinical Principles** Neurodiversity-affirming · Trauma-informed · Person-led but clinician-held · Strengths-based · Symbolic and relational · Systemic · Play with purpose

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