though this is a single case report with its obvious generalization problems, the specific procedure employed appeared to be highly effective and reinforcing to the patient. This procedure, as well as the Azrin and Nunn's habit reversal procedures, appears to fall within a self-control model and permits the behavior therapist to be effective without assuming control for the patient's behavior.

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STEVEN BECK
AL S. FEDORAVICIUS
Department of Psychiatry
College of Medicine
University of Cincinnati
Cincinnati, OH 45267

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Social Skills Game: A General Method for the Modeling and Practice of Adaptive Behaviors

A social skills training program for institutionalized assaultive patients should provide them with the opportunity to make critical judgments of appropriate and inappropriate social behaviors and observe how others judge them, as well as to practice these behaviors and receive feedback on their efforts. The program should be individualized and easy for staff to run. In addition, it should be fun for the patients to participate in and have as few "therapeutic" connotations as possible. As in any behaviorally oriented approach, any reinforcement derived from program participation should be contingent upon the patient's success in acquiring the desirable behaviors. Success in the program should not depend on the patient possessing average or superior verbal abilities. Reinforcement should be provided for cooperative behavior. The program should be focused on the acquisition of the target behaviors and not on an individual's discussions of his criminal exploits or current suspicions. Lastly, the program should lend itself to objective evaluation of patient progress.

We believe that the Social Skills game described below has all of these desirable features. First, we will describe the game and then we will discuss how the game fulfills the criteria outlined above.

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The objective of the game, played on a large board (Fig. 1), is for each player to advance around each level of the board in a clockwise direction by amassing points earned through appropriate responses to problems or questions posed by the game. Each player places his figure at the beginning of level 1 and receives 100 points to start. Players roll the dice and the highest roller takes the first turn. The play then moves in a clockwise manner. Depending upon the cognitive abilities of the players, either a player or a staff member is selected to be "umpire" and "banker."

As a player lands on a space, he either follows the instructions or draws the appropriate card. The other players decide as a group whether he has carried out his task in an

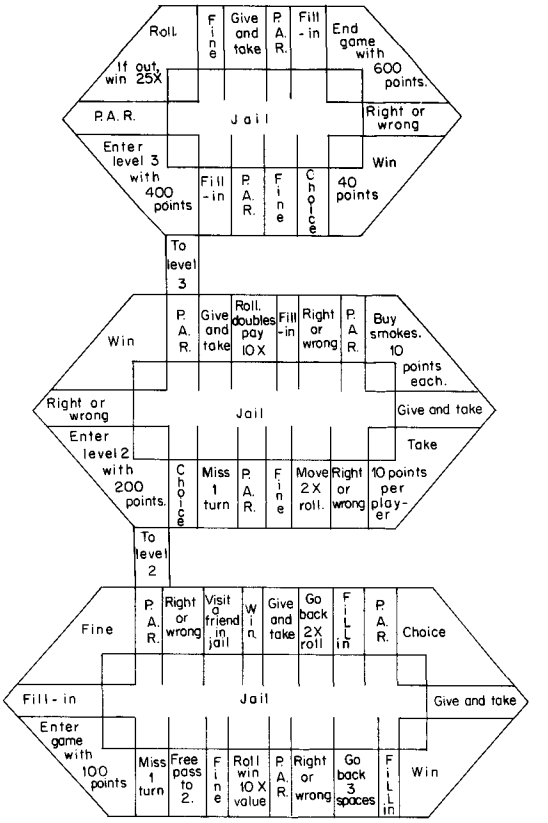

FIG. 1. The social skill game playing board.

appropriate manner. In cases where the group cannot make a decision, the judge has final say. If a player successfully completes his task, he receives the allotted points; if not, his figure is placed in jail and appropriate responses to the task are discussed. On his next turn, the player repeats the solution and, if successful, receives his points. He misses his roll for that turn but his figure returns to the board.

As the game proceeds, players collect enough points to enter a higher level. As they move to higher levels, the fines double and the point value shown on the playing cards doubles and triples. While the game is in progress, players must always have at least enough points to

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remain on their respective levels (except level 1). If a player should fall below the minimum number of points, he immediately returns to the start of the next lower level. The game is over when a player has 600 or more points and has pegged off the board.

As players progress, they are required to draw certain cards. The cards are placed face down on the playing board and the amount of points to be won is printed in the lower corner. Fill-in cards require the patient to fill-in missing information that the therapist feels the patients should know (e.g., You can earn up to ___ points by cleaning your room in the morning). Play-a-role cards require a patient to role-play a situation with another staff or patient as designated by the umpire. The patient is to role-play the best response to the situation. The situations are chosen by the therapists as those giving difficulty to at least one player (e.g., Play a person who is being interviewed for a job as a janitor in a factory). Other types of cards present statements that the player must judge as true or false, state that the player has won or lost a certain number of points, or require that the player give or take a specified number of points from the other players.

An important feature of the game is the opportunity it provides for a patient to observe others' responses to situations he may have difficulty with and observe others' judgments of these responses. It will often happen that a card which concerns a social situation with which one patient has difficulty is more frequently sampled by patients who do not have difficulty with it. This situation provides an excellent opportunity for the patient who does have difficulty to witness more effective responses. If all the patients have difficulty with a class of situations, the staff member who plays (as well as often acting as banker and umpire) can offer constructive suggestions regarding more effective responses and provide an appropriate model when he samples a card from the same class.

Because the game is structured so that group members must reach a consensus about whether a player's response is correct, the player receives a great deal of feedback about his social behaviors in a relatively nonthreatening context. The arrival at a group consensus also ensures that each player is involved in the game even when it is not his turn and provides an incentive for patients to closely observe the player's performance. In addition, some of the responses require cooperation between two patients and are subject to joint contingencies such that truly cooperative behaviors are differentially reinforced.

The game is easier for staff than regular group therapy because it requires that all patients deal with the "here and now" and have little opportunity to engage in interminable monologues or long silences. It is also easy for the staff to plan for each session and to focus on the individual's problems by judiciously selecting cards for use with the role-playing and question-answering squares. The cards can be arranged to pose situations or questions of increasing difficulty within a game or over games.

Evaluation of the patient's progress can be made both individually and for the group. Whether patients have acquired the relevant factual information can be assessed by repeating cards that were used in the first games in the last. It can be assured that the same patients respond to the same items, if desired, by simply having different card piles for the different patients in the critical sessions. The role-playing abilities of the patients could be evaluated by having the patients respond to the same role-playing cards in the first and last session, videotaping their responses and having raters rate their performance who are blind with respect to whether the tapes are "before" or "after." Ultimate evaluation, of course, depends upon measurement of the target behaviors in real-life situations.

VERNON L. QUINSEY
GEORGE W. VARNEY
Mental Health Centre
Penetanguishene
Ontario, Canada, Lok IPO

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