



## WHAT IS INTERVENTION?

Intervention is a two-player asymmetrical card game which touches upon the issue of depression and how others can help depressed people from falling deep into such a vicious cycle. Intervention recites the daily routine of a depressed person, and the efforts of a caregiver to alleviate some of the problems the depressed person is facing. The core gameplay is simple: one player, playing the role of the depressed, tries to complete sets of three cards of the same type while the other player, playing the role of the caregiver, tries to stop her from doing so. However, an important aspect of the game is the storytelling component, as both depressed and caregiver players must recite how cards they play are connected to the current routine and the current narrative which both players are forming. Moreover, the game motivates people to make their own cards in order to introduce and discuss problems that they are facing and solutions that they have to offer.



## GAME CONTENTS

### DEPRESSED DECK

- » 30 problem cards, 6 cards of each problem type
- » 10 clinical cards, 2 cards of each problem type
- » 2 mental relapse cards

### CAREGIVER DECK

- » 25 solution cards, 5 cards of each problem type
- » 5 intervention cards
- » 2 good vibes cards



## PROBLEM CARDS

Problem cards represent the problems that a depressed person faces daily. The depressed player primarily plays problem cards, which expand her daily routine. The caregiver player can also receive problem cards in her hand, but she can not play them and must eventually discard them. Each problem card belongs to one of 5 types: Work, Isolation, Anger, (Substance) Abuse, and Restlessness. When the depressed player plays a problem card, she must place it adjacent to existing problem cards of a certain type. For instance, Work cards can only be placed next to (before, after, or in-between) other Work cards, while Anger cards can only be placed next to Abuse cards or Work cards. If the player can't fulfill the problem card's adjacency requirements, she can not play that card.

## CLINICAL CARDS

Clinical cards trigger the end of the game, as they represent points in the progress of depression when a caregiver can no longer help and more regulatory measures should be applied. Clinical cards have the same 5 types as the problem cards. Clinical cards can only be played when the routine contains 3 or more problem cards of the type specified in the card's description: whether these problem cards are adjacent to each other does not matter, only the number of cards.

## SOLUTION CARDS

Solution cards represent the caregiver's attempts at alleviating the depressed person's problems. The caregiver player primarily plays solution cards, which replace existing problem cards in the routine (the routine never becomes smaller). When a solution card is played, the caregiver must take the problem card in her hand. Since the caregiver can not play problem cards, this means that her options of playable cards become progressively more limited until she needs to discard her hand.

## INTERVENTION CARDS

Intervention cards are the only cards which can be played on another player's turn, and represent the caregiver's ability to stop a bad behavior of the depressed person before it becomes a persistent problem. Intervention cards can be played by the caregiver player to counter any card played by the depressed player: this must be done immediately when the depressed player plays a card. An intervention can stop the effects of a problem card, of a clinical card (stopping the game from ending), or even a mental relapse card (stopping the depressed player from going through the discard pile). The caregiver player discards the intervention card (to the common discard pile) and takes the depressed player's card in her hand.

## MENTAL RELAPSE AND GOOD VIBES CARDS

Both the caregiver and the depressed player have access to a few special cards which allow them to go through the discard pile and take a discarded card into their hand. Mental relapse cards are only used by the depressed player while good vibes cards are only used by the caregiver player; however, their effects are the same. The player discards the mental relapse or good vibes card, puts down her hand and takes the discard pile in her hand in order to find a card to add to her hand. The player can look at all the cards in the discard pile, and is free to make deductions from this information (for instance, if all clinical cards of one type have been discarded). While the player can count cards in this way, some consensus to avoid stalling the game should be reached between players. The player can pick up any card she wishes from the discard pile, regardless of whether it belongs to the caregiver or depressed deck. Note that players can not play any card belonging to the other deck (e.g. a depressed player can not play a good vibes card), but sometimes it may be worthwhile to take another player's card to stop them from retrieving it in the future. Like with any other card except interventions, playing a mental relapse or a good vibes card counts as an action and completes the player's turn.

# GAME SETUP

The depressed player must setup the game with a starting routine which will be expanded as the game progresses. The depressed player places 4 problem cards in the middle of the table, between the two players. These problem cards must be, in the order specified, a Work card, an Isolation card, an Abuse card and a Restlessness card. The title of the cards does not matter, and the depressed player is encouraged to pick cards which tell an interesting story or resemble her own daily routine. As the depressed player places the initial cards into the routine, she must describe this routine. An example description for the setup shown is: "I woke up today only to realize that I have an imminent deadline. I had to ditch an event so that I could go home and prepare for the deadline, but I got so stressed that I had to get a bottle of wine and work until late at night. Then as I went to bed I couldn't stop thinking about work so I couldn't sleep until dawn". Once the routine is set up, each player takes the cards belonging to her deck, shuffles them, and draws 5 cards. The depressed player goes first.





Intervention is played in turns, with each player performing one action before it is the next player's turn. Each player has an individual deck from which she draws cards. There is also a common discard pile, where players place expended cards or cards they do not want to use. The game starts with a few problems in the routine of the depressed player, but this list of problems expands as the game progresses. The game can end if the depressed player plays a clinical card, if the routine contains no problem cards, or if the both player's decks run out of cards.

## DEPRESSED PLAYER

The depressed player has a hand of 5 cards, and always draws up to her hand limit at the end of her turn. The depressed player's deck contains primarily problem cards, and some clinical cards and mental breakdown cards. The "goal" of the depressed player is to create a set of three or more problem cards of the same type, and then play a clinical card of the same type to end the game. Each turn, the depressed player can perform one of these actions:

- » Play a problem card, placing it in the routine (obeying adjacency requirements) and reciting how it connects to her current storyline.
- » Play a clinical card if there are 3 cards of the specified type in the routine. After she recites how her routine escalated to this point, and provided that the caregiver does not play an intervention card, the game ends.
- » Play a mental breakdown card, discarding it and taking a card from the common discard pile.
- » Discard the entire hand (all of her cards) to the common discard pile, then draw 5 new cards from the depressed deck. Note that no-one can discard only some of their cards, the whole hand must be discarded instead.

## CAREGIVER PLAYER

The caregiver player has a hand of 5 cards, and always draws up to her hand limit at the end of her turn. The caregiver player's deck contains primarily solution cards, and some intervention cards and good vibes cards. The caregiver's cards do not allow her to extend or shorten the routine, merely replace cards within it. Apart from good vibes cards, all cards played by the caregiver require that she takes the depressed player's card into her hand. Since the caregiver can not play cards from the depressed deck, these cards "clutter" her hand and limit her options. Given that the caregiver player must have a hand of 5 cards, she can usually draw new cards only if she plays intervention cards or discards her hand. Intervention cards are played during the depressed player's turn, cancelling the depressed player's action and allowing the caregiver player to play two cards on the same turn (the intervention and her normal action). During her turn, a caregiver can take one of these actions:

- » Play a solution card, replacing a problem card of the specified type (which she takes back into her hand) and reciting how this solution can be applied to the current storyline.
- » Play a good vibes card, discarding it and taking a card from the common discard pile.
- » Discard the entire hand (all of her cards) to the common discard pile, then draw 5 new cards from the caregiver deck. Note that no-one can discard only some of their cards, the whole hand must be discarded instead.
- » Pass her turn, doing nothing except drawing back to her hand limit if needed.

# STORYTELLING

Building a storyline around the depressed player's routine and the caregiver's suggestions on the depressed player's problems is a vital component of intervention. While intervention can be played as a purely numbers game, that would remove a lot of its appeal and also its motivation for discussion (even if superficial) of the problems we all face in our daily lives. Every time a card is played onto the routine, the player who places it should tell a short story on how it connects to the current narrative.

As noted during setup, the depressed player should start by connecting all the cards in the initial routine into a cohesive story. As the routine expands, it is not necessary to recite/recap the entire storyline, but a sentence or two on how a new problem card connects to the cards before or after it adds a lot to the experience. For instance, when I add the anger problem card "Lash out" between the solution card "ask for assistance" and the work problem card "forgot meeting", I can say "Well, you know how I am stressed about the imminent deadline, so when you ask if I need help with that I can't help but snap back at you that I am more capable at handling this than you are". Note that I did not connect the anger card to the cards after it as it felt narratively better linked to the few cards before it (including the "imminent deadline" card).



The caregiver player must also recite parts of the story when replacing a problem card with a solution, pointing at what the caregiver does (or asks the depressed person to do) to identify and correct the problematic behavior. For instance, when I replace a restlessness problem card with a “whale song CD” solution card, I can say “I guess you’re too stressed at work so I won’t press that point further. Instead, I think the main problem is that you don’t get enough sleep so the next time I come over to your place I put a whale song CD on your player and turn it on before leaving.” Note that in this case there was no particular mention of the type of card being replaced, and instead the connection was made to the (unrelated and unreplaced) anger problem cards as they were the most recent events and additions to the routine.

While the minimal requirement is that the players recite a short story when adding or replacing cards in the routine, there is a lot of potential in adding some narrative in all the actions the players takes. When playing an intervention card, the caregiver player interrupts the depressed player’s narration and can change it to fit the fact that somehow the event was averted. For instance, when interrupting the problem card “ditch event”, the depressed player starts by saying “Well, you know, I didn’t sleep well last night so I think I’m going to stay home rather than go to the party...” at which point the caregiver player interrupts to say “...I knew this was going to happen! You always do that! So instead I come over to your place and make you wear some nice clothes and come with me! This party is going to be so much fun and you’ll regret it if you miss it!”. Another example, when interrupting the clinical card “sleeping pills OD” the caregiver can recite “I find you ready to take the sleeping pills and hit your hand so hard they spill on the ground. Let’s talk about it rather than sleep on it!” (note that this story probably justifies the depressed player to later play an Anger card about the way the caregiver got violent and/or invaded the depressed player’s privacy: thus the narrative can link to all actions, not only cards in the routine). Another example is when playing a mental relapse card, the depressed player can say “After you leave, I can’t stop thinking about how you treated my personal belongings so I’ll go dumpster-diving to find those pills you threw away”. Finally, even discarding your hand can have a little story, e.g. “You know what, I understand that you have problems and while I care for you, sometimes I need to take it easy and spend the day by myself in order to get back the energy to deal with your problems tomorrow.”