

Axon VR

Community Engagement Training (CET)



BIPOLAR DISORDER

Facilitator's Guide



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LESSON PLAN

Course Overview	<p>Through a curriculum that emphasizes holistic learning, trainees will gain a comprehensive understanding of bipolar disorder by identifying indicators of both manic and depressive episodes, while focusing on effective communication and de-escalation techniques to assist with the safety and well-being of community members and law enforcement officers.</p> <p>Trainees will also learn to apply crisis intervention strategies and connect individuals to appropriate rehabilitation resources, enhancing their preparedness to handle mental health crises with empathy and professionalism.</p>
In-Headset VR Experience NOTE: Trainers should complete the module in-headset at least once prior to facilitating this CET.	<p>Trainees will begin the in-headset experience as a responding officer to a public disturbance call where they encounter a subject having a mental health crisis and displaying signs of a manic bipolar episode. In the next scene a few weeks later, trainees respond to a wellness check call involving the same subject now displaying signs of a depressive bipolar episode.</p> <p>Trainees will be asked to make decisions in real time by selecting from multiple on-screen options. The trainees will see the scenario play out based on their selections. No VR Controllers are required. Trainees will use head movements to aim a crosshair and make selections.</p> <p>See the scenario flow and decision points flowchart for an overview of the VR scenario and decision points branching.</p>
Learning Objectives	<p>Given a scenario depicting a subject experiencing a mental health crisis, the trainee will complete the following with their agency trainer and must achieve a score of 100% on the scenario assessment rubric:</p> <ul style="list-style-type: none">• Identify indicators of both manic and depressive episodes associated with bipolar disorder when encountering a subject having a mental health crisis on a call.• Identify de-escalation techniques aligned with agency policy that have the best chance of resulting in a favorable outcome based on behaviors exhibited by a subject with bipolar disorder.• Explain how to use a trauma-informed approach aligned with agency policy during interactions.• Describe crisis intervention resources aligned with agency policy to provide appropriate referrals and support.
Instructional Goal	<p>As a responding officer, the trainee will make decisions based on agency policy, and proceed with the information available in the scenario.</p>
Required Materials (available on MyAxon)	<ul style="list-style-type: none">• Facilitator’s Guide (with lesson plan, trainee pre-work handout, and scenario assessment rubric)• Sample course roster• Certificate of completion
Date Released	August 27, 2024
Date Updated	August 27, 2024

Prerequisites (if any)	None
Course Length	30 minutes (in-person instructor-led training)
Course Credit Hours	30 minutes
Equipment	Axon VR equipment
Facility Location	The Training Space will be identified by the agency and must contain a virtual boundary to keep participants safe. Training Spaces should be kept clear of objects, pets, live weapons, and other people.
Testing / Certification	Score 100% on the scenario assessment rubric
Reference List	<ul style="list-style-type: none"> • U.S. Department of Health and Human Services. (n.d.). <i>Search for Treatment</i>. https://findtreatment.gov/locator • National Institute of Mental Health. (n.d.). <i>Bipolar disorder</i>. https://www.nimh.nih.gov/health/topics/bipolar-disorder • American Psychiatric Association. (n.d.). <i>What are bipolar disorders?</i> https://www.psychiatry.org/patients-families/bipolar-disorders/what-are-bipolar-disorders
Target Group	Public safety and law enforcement officers
Instructors	Any agency-identified VR trainer
Group Ratio	Trainer: Trainee = 1/1
Trainer Pre-work	<ol style="list-style-type: none"> 1. Create a VR Training Space. This is a 360° video experience that is best viewed while seated. 2. Open the CET application and download the module to the Library if it's not already present. 3. Once downloaded, complete the module in-headset at least once prior to facilitating this CET. View the scenario more than once to experience the different possible outcomes.
Additional Resources	<ul style="list-style-type: none"> • For assistance facilitating CET training in VR, see the Running A Community Engagement Training (CET) Session course on Axon Academy • For any technical difficulties, visit the MyAxon Help Center

ADDITIONAL MATERIALS

Download the following materials from the *Instructional Content* page in [MyAxon](#).

Sample course roster	Print the sample course roster to use while facilitating a training to collect the names and email addresses of trainees and track attendance.
Certificate of completion	Print and provide the trainee with the certificate of completion upon successfully completing the training requirements. Based on agency policy, inform the trainee to provide a copy of the certificate to the training department for possible in-service credit.

AGENCY RESOURCES

This training is best augmented with agency-specific resources. Axon does not make any recommendations on agency policies. Per agency policy, consider making a supplemental guide to share with trainees that includes the resources available that are specific to the facilitating agency and community.

SAMPLE COURSE SCHEDULE

0800-0810	Trainee reviews the pre-work handout
0810-0820	Trainee completes VR scenario in-headset
0820-0830	Trainer conducts assessment debriefing with the trainee using the debriefing questions and scenario assessment rubric

IADLEST CERTIFIED CURRICULUM

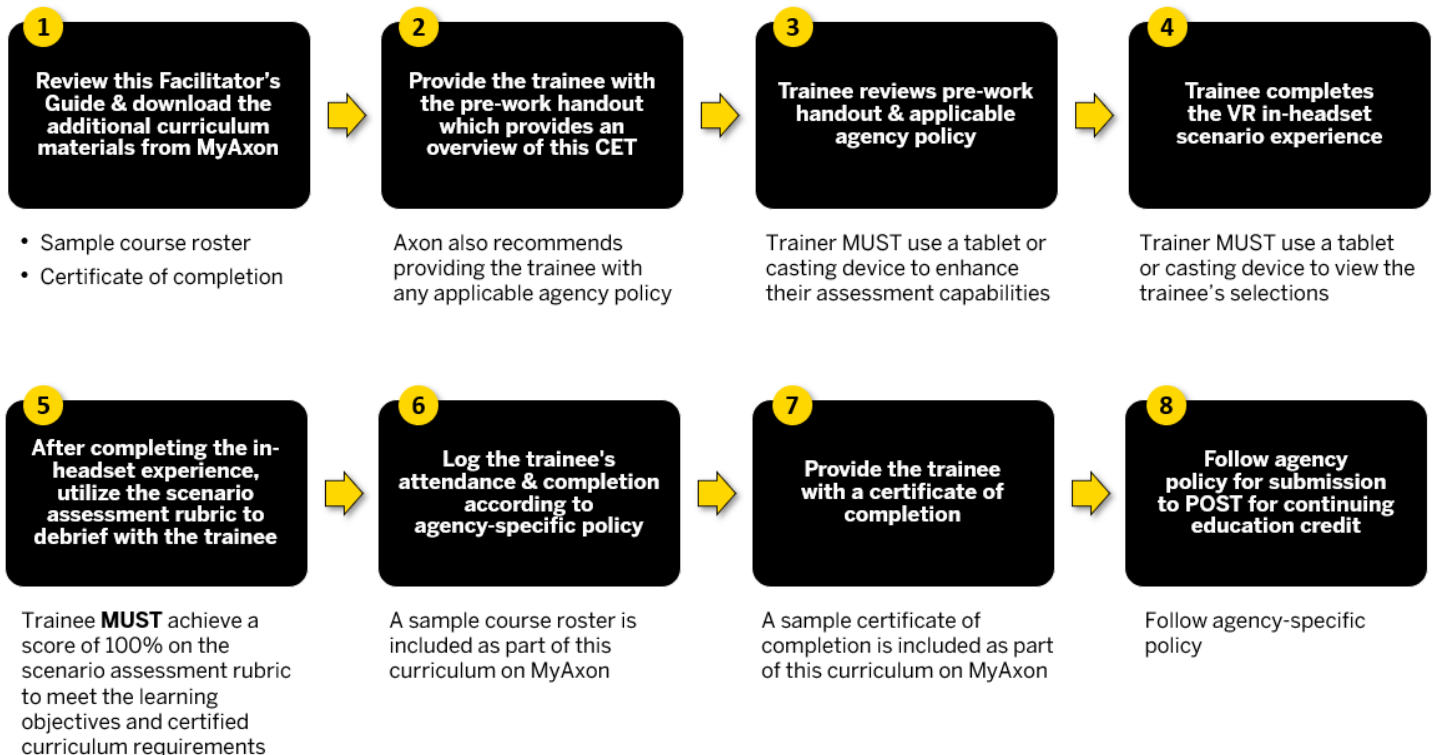
The curriculum for this CET is certified by the International Association of Directors of Law Enforcement Standards & Training (IADLEST) through the National Certification Program (NCP).



The certification is automatically accepted by 36 states and may be eligible for POST continuing education hours. Learn more about IADLEST at iadlest-ncp.org.

CURRICULUM REQUIREMENTS

To fulfill the certified curriculum requirements, the following steps must be completed:



DEBRIEFING QUESTIONS

After the trainee completes the VR scenario in-headset, debrief with them to discuss their results. Use the following debriefing questions to support you.

Additionally, supplement this experience with agency resources, policies, best practices, and guidelines.

1. What factors influenced your on-scene actions/decisions?
2. What choices seemed the least effective in de-escalating the situation? Which were most effective?
3. Did any of the consequences of certain choices come as a surprise? If so, which one(s)? Why?
4. Would you change any of your choices after viewing the outcome of the scenario? What actions would you take?
5. What is our agency's policy in responding to situations similar to this scenario?

SCENARIO ASSESSMENT RUBRIC

Given a scenario depicting a subject experiencing a mental health crisis, the trainee will complete the following with their agency trainer and must achieve a score of 100% on the scenario assessment rubric questions below.

NOTE: As part of the rubric, Axon recommends that the trainer discuss their agency policy with the trainee to provide agency-specific direction.

Q1: You're on-scene with an aggressive subject who is irritable and wired, talking very excitedly and loudly. The subject admits that they haven't slept in several days and they can't stop thinking about the bugs all over their body that are laying eggs inside their skin.

What signs and symptoms of bipolar disorder is the subject displaying?

Passing Response	The trainee clearly articulates that the subject may be displaying current signs and symptoms of a bipolar I manic episode, such as irritable elevated energy, separation from reality, aggressiveness, and decreased need for sleep.
Failing Response	<p>The trainee fails to recognize that irritability can be a response to a state of extremely high energy during a bipolar I disorder manic episode.</p> <p>The trainee fails to articulate any of the signs and symptoms above or conveys the opposite of the proposed signs and symptoms.</p>

Q2: While on-scene with the subject from Q1 who is irritable and talking very excitedly and loudly, what are some de-escalation techniques aligned with agency policy that you can try?

<p>Passing Response</p>	<p>The trainee clearly articulates at least two of the following de-escalation techniques to establish a non-confrontational environment to facilitate a conversation in their response:</p> <ul style="list-style-type: none"> • Demonstrate patience • Maintain equal eye level (kneel/sit/bend down as needed) • Present open body language • Respect subject’s personal space (but set boundaries) • Approach with empathy • Instill confidence for the subject to open up • Avoid overloading the subject with information or questions until they’re more coherent • Allow time for the subject to process information • Do not question any illusions • Offer water or snack (if available) • When speaking to the subject: <ul style="list-style-type: none"> ○ Speak calmly ○ Use softer tones ○ Avoid using blaming or accusatory tones ○ Use clear and simple language and instructions <p>Example: <i>“Due to the subject’s aggression and irritability, I can remain calm, speak softly, and demonstrate patience to help engage them in the conversation.”</i></p>
<p>Failing Response</p>	<p>The trainee fails to articulate any of the de-escalation techniques listed above or conveys the opposite of the proposed techniques.</p> <p>Example: <i>“Due to the subject’s concerns about the bugs laying eggs under their skin, I would first reassure them that their delusions of bugs all over their body is not real.”</i></p>

Q3: Suppose you are on-scene with a subject who tells you that they were diagnosed with bipolar disorder when they were a teenager, but haven't taken medication for it in many years. They are unsure of what to do now that they don't have medical insurance.

What are some crisis intervention resources aligned with agency policy that you can offer to the subject?

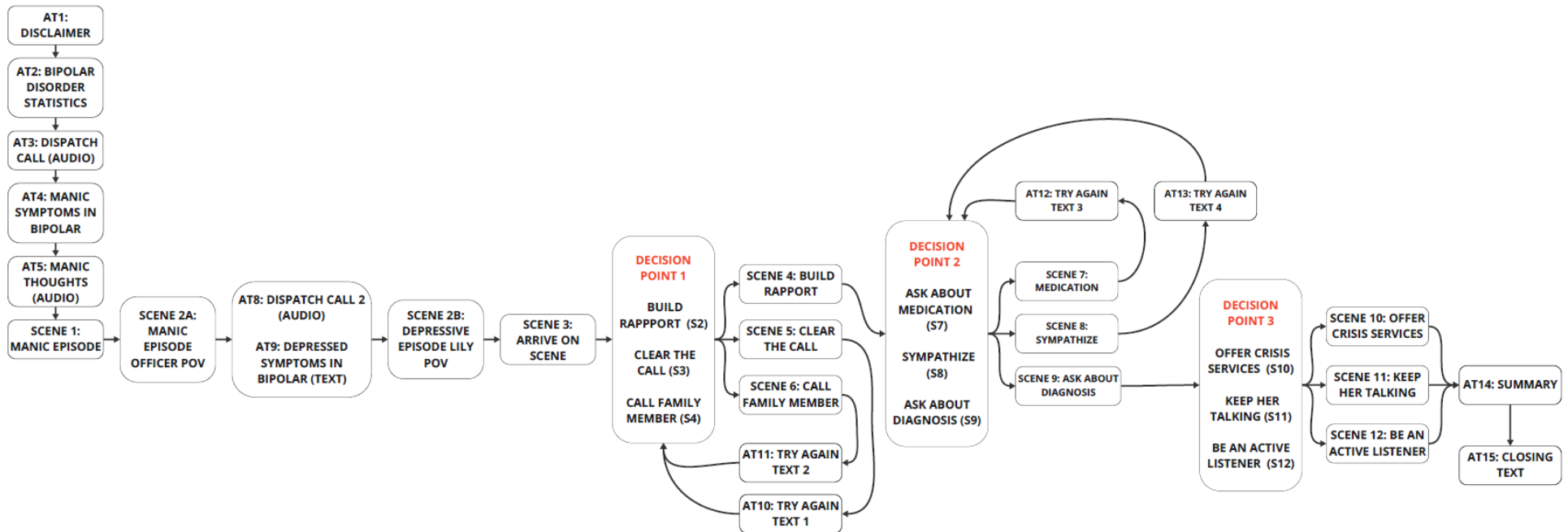
<p>Passing Response</p>	<p>The trainee clearly articulates at least one of the following in their response:</p> <ul style="list-style-type: none"> • Local support resources, treatment facilities, and programs • Different types of treatments available in the subject's area • National-level support systems for subjects seeking treatment, such as findtreatment.gov.
<p>Failing Response</p>	<p>The trainee articulates that they are not required to provide crisis intervention resources or fail to accurately include one of the resources above.</p>

Q4: When interacting with a subject displaying signs of bipolar disorder, what are some ways you can be considerate of the potential impact of trauma history on the subject (and potential triggers) and use a trauma-informed approach aligned with agency policy?

<p>Passing Response</p>	<p>The trainee clearly articulates using at least two of the following trauma-informed techniques:</p> <ul style="list-style-type: none"> • Safety: Focus on the subject's physical, emotional, and psychological safety. Create an environment where the subject feels secure, and their boundaries are respected unless these actions might escalate risks. • Trustworthiness and transparency: Establish trust by being transparent, maintaining clear communication, and demonstrating consistency, predictability, and reliability in interactions. • Cultural, historical, and gender sensitivity: Recognize the impact of culture, history, and gender on trauma experiences and recovery. Be sensitive and responsive to diverse cultural backgrounds. • Recognize the impact of trauma: Recognize the prevalence and effects of trauma to cultivate empathy, understanding, and reasonable responses to trauma-related behaviors and reactions.
<p>Failing Response</p>	<p>The trainee fails to articulate any of the trauma-informed techniques listed above or conveys the opposite of the proposed techniques.</p> <p>Example: Violating the subject's boundaries by pressing them to disclose basic personal information they are uncomfortable sharing.</p>

SCENARIO FLOW AND DECISION POINTS

The flowchart below shows the trainee decision points and their respective branches in the scenario.



TRAINEE PRE-WORK HANDOUT: BIPOLAR DISORDER

Purpose: This handout provides an overview of bipolar disorder, emphasizing effective communication and de-escalation techniques aligned with agency policy. It also includes information on crisis intervention resources.

By integrating these components into training, trainees can enhance their preparedness to handle encounters with subjects with bipolar disorder in a more empathetic, effective, and safe manner.

Review this handout prior to completing the VR scenario in-headset

What is Bipolar Disorder?

Formerly called manic depression, bipolar disorder is a mental health condition that causes extreme mood swings that include emotional highs (mania or hypomania) and lows (depression). There are several different types of bipolar disorder, including **bipolar I disorder**, **bipolar II disorder**, and **cyclothymic disorder**.

Types & Characteristics

Bipolar I Disorder

There are three types of bipolar I disorder episodes:

- Manic
- Depressive
- Hypomanic

Manic Episodes	
Length	At least one week
Effect	Can be disruptive and lead to significant impairment in personal, social, and occupational functioning
Common Symptoms & Behaviors	<ul style="list-style-type: none"> • Heightened levels of euphoria • Intense irritability • Feeling jumpy or more energized than usual • Insomnia • Racing thoughts • Impulsivity • Risky behavior • Hypersexual • Separated from reality • Wanting to do things all at once without feeling tired • Feeling empowered and confident • Excessive appetite for food • Paranoia • Aggressiveness • Lack of awareness in consequences • Psychosis

Depressive Episodes	
Length	At least two consecutive weeks
Effect	Can significantly affect the subject's well-being and daily life
Common Symptoms & Behaviors	<ul style="list-style-type: none"> • Feeling anxious • Persistent sadness • Feeling restless • Low energy • Feeling worthless • Trouble falling asleep or sleeping too much • Difficulty concentrating • Trouble remembering things • Talking slowly • Lack of interest • Changes in sleep and appetite • Thoughts of death or suicide
Hypomanic Episodes	
Length	At least four consecutive days
Effect	Typically do not severely disrupt daily functioning
Common Symptoms & Behaviors	<p>Less severe than manic episodes but still involve elevated mood, increased energy, and other manic symptoms including:</p> <ul style="list-style-type: none"> • Intense irritability • Feeling jumpy or more energized than usual • Insomnia • Racing thoughts • Wanting to do things all at once without feeling tired • Feeling empowered and confident

Types & Characteristics, cont.

Bipolar II Disorder

There are two types of bipolar II disorder episodes:

- Depressive
- Hypomanic

Depressive Episodes	
Length	Weeks, months, or, rarely, years
Effect	Significantly disrupt the subject's well-being and daily life
Common Symptoms & Behaviors	<ul style="list-style-type: none">• Low energy• Persistent sadness• Feelings of worthlessness• Changes in sleep and appetite• Difficulty concentrating• Thoughts of death or suicide
Hypomanic Episodes	
Length	A few days to several months
Effect	Typically do not severely disrupt daily functioning
Common Symptoms & Behaviors	Less severe than manic episodes but still involve: <ul style="list-style-type: none">• Elevated mood• Increased energy• Other manic symptoms

Cyclothymic Disorder

Cyclothymic disorder is diagnosed when an individual experiences many periods of hypomanic symptoms with periods of depressive symptoms over at least two years (or one year in children and teenagers), with the depressive episodes generally being less severe.

Possible Causes

Some of the possible causes of bipolar disorder include the following:

- Chemical imbalance
- Genetics
- Dysfunction in parts of the brain (amygdala and anterior cingulate)
- Triggers of significant life stressors or childhood trauma

De-Escalation Techniques

Use de-escalation techniques aligned with agency policy that have the best chance of resulting in a favorable outcome based on behaviors exhibited by a subject with bipolar disorder.

Risk Assessment

Adjust navigation of the scene based on an ongoing risk assessment of the subject and scene.

Non-Confrontational Environment

Establish a non-confrontational environment to facilitate a conversation with the subject by using effective communication techniques:

- Demonstrate patience
- Maintain equal eye level (kneel/sit/bend down as needed)
- Present open body language
- Respect subject's personal space (but set boundaries)
- Approach with empathy
- Instill confidence for the subject to open up
- Avoid overloading the subject with information until they're more coherent
- Allow time for the subject to process information
- Do not question any illusions
- Offer water or snack (if available)

When speaking to the subject:

- Speak calmly
- Use softer tones
- Avoid using blaming or accusatory tones
- Use clear and simple language and instructions

De-Escalation Strategies

Use de-escalation strategies to defuse potentially confrontational situations:

- Demonstrate active listening
- Use non-confrontational language
- Avoid confrontational body language
- Offer reassurance

Symptom Variability & Unpredictability

Bipolar disorder symptoms can fluctuate in mood, energy levels, and behavior. The unpredictable nature of bipolar disorder lies in the cyclical and often abrupt shifts between the extreme contrasting mood states of depressive episodes and manic or hypomanic episodes.

Duration Variability

Episodes of depression and mania can occur suddenly, without an obvious trigger, and their duration can vary, lasting for days, weeks, or even months.

- **Rapid cycling:** Some subjects may experience rapid cycling, characterized by four or more mood episodes (manic, hypomanic, depressive) within a year. This heightened frequency intensifies the unpredictability and disrupts stability.
- **Mixed episodes:** Individuals can also experience mixed episodes, where symptoms of depression and mania or hypomania occur simultaneously or in quick succession, adding another layer of unpredictability and complexity to the disorder.

Impact on Daily Life

The variability and unpredictability of symptoms significantly impact a subject's daily life, relationships, and overall functioning.

- **Interference with relationships:** Variability in mood can strain relationships, as subjects may exhibit erratic behaviors and emotional swings, making it challenging for loved ones to understand and respond reasonably
- **Employment and stability:** Maintaining employment and a stable routine becomes difficult due to the unexpected mood shifts, potentially leading to absenteeism, reduced productivity, or job instability

Crisis Intervention Resources

Refer to the crisis intervention aligned with agency policy to provide appropriate referrals and support.

- Identify local support resources, treatment facilities, and programs
- Identify different types of treatments available in the subject's area
- Identify national-level support systems for subjects seeking treatment for mental health and substance use disorders, such as findtreatment.gov
- Aim to remove/avoid the stigma of bipolar disorder

References:

- U.S. Department of Health and Human Services. (n.d.). *Search for Treatment*. <https://findtreatment.gov/locator>
- National Institute of Mental Health. (n.d.). *Bipolar disorder*. <https://www.nimh.nih.gov/health/topics/bipolar-disorder>
- American Psychiatric Association. (n.d.). *What are bipolar disorders?* <https://www.psychiatry.org/patients-families/bipolar-disorders/what-are-bipolar-disorders>

Common Co-Occurring Conditions or Disorders

- Anxiety disorders (generalized anxiety disorder, panic disorder, social anxiety disorder, or specific phobias)
- Attention-deficit/hyperactivity disorder (ADHD)
- Substance use disorders
- Post-traumatic stress disorder (PTSD)
- Borderline personality disorder (BPD)
- Eating disorders (anorexia nervosa, bulimia nervosa, or binge-eating disorder)
- Obsessive-compulsive disorder (OCD)
- Sleep disorders (sleep disturbances, insomnia, or irregular sleep pattern)
- Cardiovascular conditions (hypertension, heart disease, and obesity)
- Diabetes (higher risk of developing type 2 diabetes due to lifestyle factors, weight gain from medication, and the biological effects of the disorder)
- Chronic pain conditions (fibromyalgia, migraines, or chronic back pain)

Trauma-Informed Approach

Use a trauma-informed approach aligned with agency policy during interactions by considering the potential impact of trauma history on behavior and reactions in subjects with bipolar disorder. Consider the subject's past experiences and potential triggers.

- **Safety:** Focus on the subject's physical, emotional, and psychological safety. Create an environment where the subject feels secure, and their boundaries are respected unless these actions might escalate risks for the officer.
- **Trustworthiness and transparency:** Establish trust by being transparent, maintaining clear communication, and demonstrating consistency, predictability, and reliability in interactions.
- **Cultural, historical, and gender sensitivity:** Recognize the impact of culture, history, and gender on trauma experiences and recovery. Be sensitive and responsive to diverse cultural backgrounds.
- **Recognize the impact of trauma:** Recognize the prevalence and effects of trauma to cultivate empathy, understanding, and reasonable responses to trauma-related behaviors and reactions.