

Axon VR

Community Engagement Training (CET)



Substance Use Disorder II

Facilitator's Guide



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FACILITATOR'S GUIDE OVERVIEW & USAGE TIPS

This Facilitator's Guide is customizable, enabling you to adapt it to your specific needs for tracking trainee progress, preparing for and conducting training sessions, and debriefing and assessing trainees after they complete the CET scenario in-headset.

TRAINING SESSION PREPARATION

NOTE: Trainers should complete the scenario in-headset at least once prior to facilitating this CET module with trainees.

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| LESSON PLAN | Review the lesson plan, which provides a comprehensive overview of the CET module, including its purpose, scenario overview, trainer preparation guidance, references, and links to additional resources. |
| LEARNING OBJECTIVES | Review the CET module's learning objectives, identify additional learning objective skills to assess trainees on during the scenario, and add any agency-specific learning objective skills to assess. |
| AGENCY RESOURCES | Add agency-specific notes, including local and state resources, best practices, and pertinent guidelines tailored to your agency and community. |
| TRAINEE PRE-WORK HANDOUT | Provide the trainee with the pre-work handout, which offers an overview of the CET topic. The trainee should review this handout before completing the scenario in headset. |
| SCENARIO FLOW & DECISION POINTS | Refer to the one-page flowchart outlining the scenario's decision points and corresponding branches as needed. |

TRAINEE EVALUATION

Use the [trainee evaluation form](#) to track trainee completion and document notes on their scenario decisions. Conduct a debriefing with the trainee by asking debriefing questions and questions in the [scenario assessment rubric](#). Print copies for each trainee and add the trainee's name, ID, and position at the top of each evaluation form to use as a training record.

NOTE: If facilitating this CET with multiple trainees at once, use the group debriefing and group Scenario Assessment Rubric questions in the [group evaluation](#) section to debrief the group. Axon also recommends [screencasting](#) the in-headset experience for the group to observe.

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| DEBRIEFING QUESTIONS | After the trainee completes the scenario in-headset, conduct a debriefing with them to provide feedback, discuss their choices and the scenario's outcome. Use the provided debriefing questions for guidance and incorporate any agency-specific debriefing questions. |
| SCENARIO ASSESSMENT RUBRIC | Conduct an assessment of the scenario topic with the trainee based on the CET module's learning objectives. Use the provided assessment questions for support as needed. Your assessment should also include a discussion about agency policy and a review of any pertinent local and state resources. |

LESSON PLAN

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| COURSE OVERVIEW | <p>In this CET, the trainee will respond to a call involving a parolee who has run away from court-mandated rehabilitation for opioid use. During this module, the trainee will be provided with curriculum identifying possible indicators of opioid abuse, overdose signs and symptoms, recommended on-scene safety protocols for incidents where opioids may be present, and crisis intervention and rehabilitation resources.</p> <p>After completing the experience, the trainer will conduct a debriefing with the trainee. The trainee must score 100% on the scenario assessment rubric.</p> |
| IN-HEADSET VR EXPERIENCE | <p>Trainees will begin the in-headset experience with the parolee displaying signs of an opioid overdose and must make decisions on how to render aid while minimizing exposure risks using best practices.</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 displaying signs of an opioid overdose, the trainee will make selections to describe how to render aid while minimizing exposure risks and determine best practices in responding to substance use situations with their agency trainer and score 100% on the scenario assessment rubric by doing the following:</p> <ul style="list-style-type: none">• Identify indicators of an opioid crisis and render aid on a call.• Describe on-scene safety protocols for environments where unknown substances may be present to minimize exposure risks and ensure the safety of all parties.• Demonstrate situational awareness during a wellness check conducted per agency policy.• Describe crisis intervention and rehabilitation resources aligned with agency policy to provide appropriate referrals and support to someone in crisis or in need of rehabilitation. |
| 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> |

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| REQUIRED MATERIALS | <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 | June 2024 |
| PREREQUISITES | None |
| COURSE LENGTH | 30 minutes (in-person instructor-led training) |
| COURSE CREDIT HOURS | 30 minutes |
| EQUIPMENT | <ul style="list-style-type: none"> • Axon VR headset • Samsung VR tablet (<i>optional, but recommended for trainer observation through Miracast</i>) |
| FACILITY LOCATION | The Training Space will be identified by the agency and must contain a virtual boundary to keep trainees safe. Training Spaces should be kept clear of objects, pets, live weapons, and other people. |
| TESTING / CERTIFICATION | <p>The trainee must score 100% on the scenario assessment rubric to pass the training.</p> <p>NOTE: This curriculum is certified by the International Association of Directors of Law Enforcement Standards & Training (IADLEST) through the National Certification Program (NCP). This certification may be eligible for POST continuing education hours.</p> <p>To adhere to IADLEST certification requirements, trainers must use a tablet or casting device to enhance their trainee assessment capabilities.</p> <p>For an overview of the required steps for fulfilling the IADLEST certified curriculum requirements, see the IADLEST Overview document.</p> |

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| REFERENCE LIST | <ul style="list-style-type: none"> • National Institute on Drug Abuse. (2021, June 1). <i>Fentanyl Drug Facts</i>. https://nida.nih.gov/publications/drugfacts/fentanyl • <i>Opioid use disorder</i>. Johns Hopkins Medicine. (2022, November 11). https://www.hopkinsmedicine.org/health/conditions-and-diseases/opioid-use-disorder • U.S. Department of Health and Human Services. (n.d.). <i>Search for Treatment</i>. https://findtreatment.gov/locator |
| TARGET GROUP | Public safety and law enforcement officers |
| INSTRUCTORS | Any agency-identified VR trainer |
| GROUP RATIO | <p>This curriculum is designed for a trainer-to-trainee ratio of 1:1.</p> <p>NOTE: If facilitating this module with multiple trainees at the same time, Axon recommends screen casting a trainee's in-headset experience for the group to observe. Use the group debriefing questions to guide your debriefing with the group.</p> |
| 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 this CET or setting up Axon VR equipment, see the Axon VR Training page • For assistance screen casting the in-headset experience, see the Screen cast options – VR article |

ADDITIONAL MATERIALS

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|----------------------------------|---|
| 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. |

SAMPLE COURSE SCHEDULE

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| 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 |

LEARNING OBJECTIVES

Given a scenario depicting an officer responding to a call involving an individual in crisis, the trainee will complete the following with their agency trainer and must achieve a score of 100% on the scenario assessment rubric:

- Identify indicators of an opioid crisis and render aid on a call.
- Describe on-scene safety protocols for environments where unknown substances may be present to minimize exposure risks and ensure the safety of all parties.
- Demonstrate situational awareness during a wellness check conducted per agency policy.
- Describe crisis intervention and rehabilitation resources aligned with agency policy to provide appropriate referrals and support to someone in crisis or in need of rehabilitation.

LEARNING OBJECTIVE SKILLS

Select additional learning objective skills to assess trainees on in this module:

| | |
|---|---|
| SITUATIONAL AWARENESS & OBSERVATION <ul style="list-style-type: none"><input type="checkbox"/> 360° awareness<input type="checkbox"/> Observation: Whole body, hands, beltline, demeanor (immediate area)<input type="checkbox"/> Subject proximity<input type="checkbox"/> Vehicle proximity | DE-ESCALATION & COMMUNICATION <ul style="list-style-type: none"><input type="checkbox"/> Communication with partner<input type="checkbox"/> Communication with subject/individual<input type="checkbox"/> Cuffing under power<input type="checkbox"/> Dispatch disparity (caller perception, bias, etc.)<input type="checkbox"/> Duty to intervene<input type="checkbox"/> Family intervention<input type="checkbox"/> Non-verbal communication<input type="checkbox"/> Third party considerations/bias |
| TASER ENERGY WEAPON DEPLOYMENT <ul style="list-style-type: none"><input type="checkbox"/> Post deployment activity (supervisor; medical; other)<input type="checkbox"/> Probe deployment: Clothing consideration | TACTICS & MOVEMENT <ul style="list-style-type: none"><input type="checkbox"/> Interview stance<input type="checkbox"/> Reactionary gap<input type="checkbox"/> Cover<input type="checkbox"/> Concealment<input type="checkbox"/> Distance management |
| ADMINISTRATIVE <ul style="list-style-type: none"><input type="checkbox"/> Court preparation<input type="checkbox"/> Report writing<input type="checkbox"/> Resource identification | |

AGENCY-SPECIFIC LEARNING OBJECTIVE SKILLS

Add any additional agency-specific learning objective skills you would like to assess trainees on as a part of this scenario:

AGENCY RESOURCES

This training is best augmented with agency-specific resources. Axon does not make any recommendations on agency policies.

In alignment with agency policy, consider creating a supplemental guide (or use the space below to add agency-specific notes) to share with trainees that includes the local and state resources available that are specific to your agency and community, best practices, and agency-specific guidelines.

AGENCY-SPECIFIC NOTES

TRAINEE EVALUATION (INDIVIDUAL)

After the trainee completes the VR scenario in-headset, conduct a debriefing with them to provide feedback and discuss their choices and the scenario outcome using the provided questions as a guide. Then, complete the scenario assessment rubric with the trainee.

You can use the [trainee evaluation form](#) with the debriefing questions and [scenario assessment rubric](#) as a training record to record performance notes and track individual trainee evaluations. Simply print copies for each trainee.

NOTE: If facilitating this CET with multiple trainees at once, use the group debriefing and scenario assessment rubric questions in the [group evaluation](#) section to conduct a debriefing with the group.

TRAINEE EVALUATION: SUBSTANCE USE DISORDER II

| TRAINEE NAME | ID | TYPE |
|--------------|----|--|
| | | <input type="checkbox"/> Recruit <input type="checkbox"/> Officer |

DEBRIEFING QUESTIONS (INDIVIDUAL)

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

AGENCY-SPECIFIC QUESTIONS

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TRAINER NOTES

TRAINEE EVALUATION (GROUP)

If facilitating this CET with multiple trainees at once, use these group questions to conduct a debriefing with the group. Add additional questions as needed.

DEBRIEFING QUESTIONS (GROUP)

- Was [insert trainee name] within policy with their actions/selections? If not, why?
- Was [insert trainee name] able to successfully justify their actions and articulate their use of force?

ADDITIONAL AGENCY DEBRIEFING QUESTIONS

TRAINER NOTES

SCENARIO ASSESSMENT RUBRIC

Given a scenario depicting a subject displaying signs of an opioid overdose, the trainee will now describe how to render aid while minimizing exposure risks and determine best practices in responding to substance use situations with their agency trainer and score 100% on the scenario assessment rubric questions below.

NOTE: As part of the assessment rubric, Axon recommends discussing agency policy and reviewing local and state resources with the trainee.

Q1: You're on scene with a subject with a history of opioid abuse who is confused, having trouble focusing, and unable to carry on a conversation. What signs and symptoms of active opioid use are they displaying?

PASSING RESPONSE

The trainee clearly articulates that the subject may be displaying current signs and symptoms of active opioid use, such as confusion, trouble focusing, and an inability to carry on a conversation (which can be considered disorientation).

FAILING RESPONSE

The trainee fails to recognize that being confused, having trouble focusing, and unable to carry on a conversation may be signs or symptoms of disorientation.

Q2: While out with the subject (from the Q1 scenario) who is confused, having trouble focusing, and unable to carry on a conversation, what are some de-escalation techniques (aligned with your agency policy) that you can try?

PASSING RESPONSE

The trainee clearly articulates at least two of the following de-escalation techniques in their response:

- Speak calmly
- Use softer tones
- Maintain equal eye level (kneel/sit/bend down as needed)
- Present open body language
- Remain calm
- Demonstrate patience
- Approach with empathy
- Avoid using blaming or accusatory tones
- Avoid overloading the subject with information

Example: Due to the subject being confused, I can remain calm and demonstrate patience to help engage the subject in the conversation.

FAILING RESPONSE

The trainee fails to articulate any of the de-escalation techniques listed above or conveys the opposite of the proposed techniques.

Example: Due to the subject being confused, I would speak loudly and firmly to get the subject's attention.

Q3: Upon your initial risk assessment of the scene, you notice drug paraphernalia and an unknown powdery substance on a table. What are some safety protocols you should follow to minimize exposure risks and ensure the safety of all parties on-scene?

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| <input type="checkbox"/> PASSING RESPONSE | <p>The trainee clearly articulates at least two of the following in their response:</p> <ul style="list-style-type: none"> • Use personal protective equipment (PPE) such as latex or vinyl gloves, a mask, and eye protection • Avoid performing tasks or operations that may cause substances to become airborne • Inform Dispatch that you are on scene with unknown substances • Request EMS/medical assistance • Administer CPR/breathing assistance • Call for backup • Increase scene ventilation (open door, window, etc.) • Avoid touching your eyes, nose, or mouth after touching any potentially contaminated surface, even if wearing gloves • Wash your hands with soap and water |
| <input type="checkbox"/> FAILING RESPONSE | <p>The trainee fails to articulate at least two of the recommended safety protocols listed above.</p> |

Q4: While on-scene with a subject, they advise they are addicted to opioids and are unsure of what to do. What are some crisis intervention and rehabilitation resources aligned with agency policy that you can offer to the subject?

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| <input type="checkbox"/> PASSING RESPONSE | <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 |
| <input type="checkbox"/> FAILING RESPONSE | <p>The trainee articulates that they are not required to provide crisis intervention and rehabilitation resources or fail to accurately include one of the resources above.</p> |

TRAINER NOTES

TRAINEE PRE-WORK HANDOUT: SUBSTANCE USE DISORDER II

Purpose: This handout provides an overview of how to identify possible indicators of opioid abuse, overdose, and withdrawal symptoms. It also provides recommended on-scene safety protocols for incidents where unknown substances (such as fentanyl) may be present, and crisis intervention and rehabilitation resources.

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

OPIOID CRISIS INDICATORS

After taking opioids many times, the user's brain adapts to the drug, diminishing its sensitivity, making it hard to feel pleasure from anything besides the drug. When people become addicted, drug seeking and drug use can take over their lives.

ACTIVE OPIOID USE SYMPTOMS

Symptoms of active opioid use may include but are not limited to:

- Euphoria (intense happiness, powerful sense of well-being, excitement)
- Disorientation
- Lethargy, excessive time spent sleeping, or excessive sleepiness
- Dilated pupils
- Bluish tint to lips or nail beds
- Decreased pain perception
- Track marks on arms or feet
- Vein deterioration/not accessible if they inject
- Malnutrition

OPIOID ABUSE IMPACT ON BEHAVIOR & COMMUNICATION

The subject's behavior can range from sporadic to non-responsive, displayed as:

- Extreme happiness
- Drowsiness
- Confusion
- Unconsciousness

DRUG PARAPHERNALIA

Drug paraphernalia that could indicate opioid abuse on the scene includes:

- Syringes
- Powder-like substances
- Tablets or capsules
- Solutions/liquids, nasal sprays, eye drops
- Lighters, spoons, bottlecaps, shoelaces, belts

OPIOID OVERDOSE SYMPTOMS

An overdose occurs when a drug produces serious adverse effects and life-threatening symptoms. When a subject overdoses, their breathing can slow or stop. This can decrease the amount of oxygen that reaches the brain, a condition called hypoxia, which can lead to a coma and permanent brain damage, and even death.

Symptoms of an opioid overdose may include but are not limited to the following:

- Small/constricted/"pinpoint" pupils
- Falling asleep
- Loss of consciousness/non-responsive
- Slow, weak, or absence of respiratory activity
- Choking or gurgling sounds
- Limp body (though may be rigid with fentanyl)
- Cold and/or clammy skin
- Discolored skin (gray, blue, or pale), blue or purple lips and nails

OPIOID WITHDRAWAL SYMPTOMS

Symptoms of opioid withdrawal may include but are not limited to the following:

- Muscle aches/cramping
- Increased tearing
- Insomnia
- Diarrhea
- Dilated pupils
- Nausea
- Vomiting

SITUATIONAL AWARENESS

Follow your agency's policy to demonstrate situational awareness when conducting a call with unknown substances.

NON-CONFRONTATIONAL ENVIRONMENT

Establish a non-confrontational environment to facilitate a conversation with the subject:

- Talk at eye level
- Speak in a calm tone
- Instill confidence for the subject to open up

DE-ESCALATION TECHNIQUES

Use de-escalation techniques based on your agency's policy that have the best chance of resulting in the most beneficial outcome based on behaviors exhibited by a subject abusing opioids:

- Observe the subject's behavior for the following:
 - Little to no communication
 - Deflecting
 - Confusion
- When interacting with the subject, do the following:
 - Speak calmly
 - Use softer tones
 - Maintain equal eye level (kneel/sit/bend down as needed)
 - Present open body language
- Remain calm
- Demonstrate patience with the subject
- Approach the subject with empathy

CRISIS INTERVENTION & REHABILITATION RESOURCES

Refer to the crisis intervention and rehabilitation resources aligned with your agency policy to provide appropriate referrals and support to a subject in crisis or in need of rehabilitation:

- 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 addiction

References:

- National Institute on Drug Abuse. (2021, June 1). *Fentanyl Drug Facts*. <https://nida.nih.gov/publications/drugfacts/fentanyl>
- *Opioid use disorder*. Johns Hopkins Medicine. (2022, November 11). <https://www.hopkinsmedicine.org/health/conditions-and-diseases/opioid-use-disorder>
- U.S. Department of Health and Human Services. (n.d.). *Search for Treatment*. <https://findtreatment.gov/locator>

SAFETY PROTOCOLS

It's important to follow your agency's on-scene safety protocols for environments where unknown substances may be present to minimize exposure risks and ensure the safety of all parties on scene.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Encountering scenes involving unknown substances (and possible fentanyl exposure) demands a heightened commitment to safety. The use of Personal Protective Equipment (PPE) is crucial in these scenarios, serving as a vital defense against potential hazards:

- Latex or vinyl gloves
- Respiratory protection, such as a mask, in case unknown substances become airborne
- Eye protection

RISK ASSESSMENT

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

- Assess the quantity of drugs present
- Assess the quantity of drug paraphernalia
- Avoid performing tasks that may cause substances to become airborne
- Assess physical placement of drugs in the scene (proximity to drugs and paraphernalia)

DISPATCH COMMUNICATION

While on scene, demonstrate clear and accurate communication with Dispatch by doing the following:

- Explain that you are on scene with unknown substances so Dispatch can be aware of the danger and keep tabs on the well-being of all parties present
- Request EMS/medical assistance
- Call for backup (if needed)

FIRST AID & LIFE-SAVING CARE

Use first aid and life-saving care (when needed), including the following:

- Administer Naloxone medication, such as NARCAN, to reverse an overdose
- Administer CPR/breathing assistance
- Increase scene ventilation (open door, window, etc.)
 - Enclosed spaces with fentanyl dust in the air could result in exposure
 - Powdered fentanyl is not absorbed through the skin but can be transferred through mucous membranes
- Do not touch your eyes, nose, or mouth after touching any potentially contaminated surface, even if wearing gloves
- Wash hands with soap and water - **do not use** hand sanitizer or bleach (this can cause a dangerous chemical reaction)