

Axon VR

Community Engagement Training (CET)



Schizophrenia I *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.

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.

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. 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 questions in the [Group Evaluation](#) section to debrief the group. Axon also recommends [screen casting](#) the in-headset experience for the group to observe.

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.

LESSON PLAN

COURSE OVERVIEW	<p>Behaviors exhibited by individuals living with schizophrenia can frequently be mistaken for resistance or aggression.</p> <p>In this scenario, discover effective strategies for identifying these behaviors and resolving situations without resorting to the use of force when interacting with individuals experiencing an acute behavioral health episode.</p>
IN-HEADSET VR EXPERIENCE	<p>Trainees will begin the in-headset experience from the first-person perspective of an individual experiencing an acute episode of schizophrenia. He is hearing voices while his mother is trying to console him. Trainees will experience from the first-person perspective of an individual living with schizophrenia before, and during, officers' arrival on the scene. This experience is intended to demonstrate how certain behaviors exhibited by individuals living with schizophrenia could be mistakenly interpreted by an officer as non-compliance, a direct challenge, active aggression, or defensive resistance behavior.</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	<ul style="list-style-type: none">• Successfully demonstrate proper conduct and situational awareness on a basic call involving a person living with schizophrenia that ends with the best possible outcome for both officers and community members.• Discover what life might be like for a person living with schizophrenia.• Recognize and explain signs that a person might be living with schizophrenia that could be misinterpreted on a call.• Recognize and explain best practices for public safety when encountering community members living with schizophrenia.
INSTRUCTIONAL GOAL	<p>As a responding officer, the trainee will apply agency policy and use available scenario information to properly respond to a community member who is experiencing an acute behavioral health episode related to schizophrenia.</p>
REQUIRED MATERIALS	<ul style="list-style-type: none">• Facilitator's Guide• Sample Course Roster
DATE CET MODULE RELEASED	<p>October 2019</p>

PREREQUISITES	None
COURSE LENGTH	30 minutes (in-person instructor-led training)
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.
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 screencasting 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 MATERIALS	<p>Download the optional Sample Course Roster.</p> <p>Print the roster to collect trainee names and email addresses during training and to track course completion.</p>

ADDITIONAL RESOURCES

- 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
- [IACP - Responding to Persons Experiencing a Mental Health Crisis](#)
- [Increasing Mental Health Literacy in Law Enforcement to Improve Best Practices in Policing—Introduction of an Empirically Derived, Modular, Differentiated, and End-User Driven Training Design](#)

SAMPLE COURSE SCHEDULE

0800-0815	Trainee completes VR scenario in-headset
0815-0845	Trainer conducts a debriefing evaluation with the trainee using the debriefing questions in this Facilitator's Guide

LEARNING OBJECTIVES

Upon completion of this CET module, trainees should be able to do the following:

- Successfully demonstrate proper conduct and situational awareness on a basic call involving a person living with schizophrenia that ends with the best possible outcome for both officers and community members.
- Discover what life might be like for a person living with schizophrenia.
- Recognize and explain signs that a person might be living with schizophrenia that could be misinterpreted on a call.
- Recognize and explain best practices for public safety when encountering community members living with schizophrenia.

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, belt line, 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"/> Active listening & conflict resolution<input type="checkbox"/> Building rapport<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"/> Empathy<input type="checkbox"/> Family intervention<input type="checkbox"/> Indicators of schizophrenia<input type="checkbox"/> Non-verbal communication<input type="checkbox"/> Third party considerations/bias<input type="checkbox"/> Verbal de-escalation
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	
ADMINISTRATIVE <ul style="list-style-type: none"><input type="checkbox"/> Court preparation<input type="checkbox"/> Report writing<input type="checkbox"/> Resource identification	TACTICS & MOVEMENT <ul style="list-style-type: none"><input type="checkbox"/> Interview stance

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.

You can use the [Trainee Evaluation form](#) with the debriefing questions 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 questions in the [Group Evaluation](#) section to conduct a debriefing with the group.

TRAINEE EVALUATION: SCHIZOPHRENIA I

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

DEBRIEFING QUESTIONS (INDIVIDUAL)

INITIAL SCENE ARRIVAL & ASSESSMENT

- What is your first priority when entering the scene?
- How is the individual acting?
- What is he saying?
- What does the mother say about her son?
- What are some indicators that the individual is experiencing a behavioral health crisis?
- What are some verbal and non-verbal indicators that the individual is experiencing a mental health crisis?
- What resources or information can the mother provide to assist the officers?
- Did you have concerns with the mother's presence?
- What is the individual saying that may indicate he may hurt himself or others?

OFFICER-SUBJECT INTERACTION & ESCALATION RISK

- How does the individual respond to you asking him to drop the screwdriver?
- What may the individual intend to do with the screwdriver?
- How is the individual interacting with the officer and his mother?
- How is the individual responding to you, both verbally and nonverbally?
- What is he saying to his mother?
- What might be some factors contributing to the individual's noncompliance?
- What about the situation indicates that more direct action may be needed?

VERBAL ENGAGEMENT & DE-ESCALATION TECHNIQUES

- How does talking to the individual cause his change in demeanor?
- What do you learn from engaging with the individual verbally?
- What are some initial questions you might ask when attempting de-escalation on a behavioral health crisis call?
- Does your calm verbal engagement with the individual change his behavior? How?
- Why might the individual feel safe enough to drop the screwdriver?
- What is your partner doing while you speak to the individual?
- Does your agency have or have access to a mental health response team, and if so, how can they assist with the situation?

FIREARM & TASER ENERGY WEAPON DECISION-MAKING

- The scene will end if you draw your firearm on the man. Why is it suggested to reenter the scene and attempt a different approach?
- What are your concerns with the mother and neighbors?
- What action ultimately causes the individual to drop the screwdriver?
- Why did you choose to draw your TASER energy weapon over your firearm?
- What are some potential consequences of drawing a firearm in this situation?
- How does the individual's attention and demeanor change after you draw your TASER energy weapon?
- What are your considerations before drawing or deploying a TASER energy weapon on someone in crisis?
- What is our agency's policy on drawing or deploying a TASER energy weapon on someone in crisis?

OFFICER COORDINATION & ROLE DESIGNATION

- Does your agency encourage the use of contact/cover roles in behavioral health crises?
- How is your partner supporting the situation while you engage with the individual?
- What sort of language does your partner use to de-escalate?
- How does the individual respond to the language your partner uses?
- How does his demeanor and body language change?

MEDICATION HISTORY & MENTAL HEALTH CONTEXT

- How can you speak to the mother about her son's medication without creating a defensive response from him?
- Why is it important to ask about medication during a mental health-related call?
- What reasons may an individual give for not wanting to take their medication?
- What might be other ways to inquire about medication without triggering stigma or defensiveness?

EMS ACTIVATION & TRANSITION TO CARE

- What language is used that helps the individual agree to accept EMS?
- What words, actions, or behaviors would prompt you to request EMS for mental health transport?
- What information do you try to gather to pass on to EMS when they arrive?
- What experiences do you have responding to similar situations where EMS was involved?

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)

- What about this scenario is similar or dissimilar to your real-life experience with a subject experiencing an acute episode of schizophrenia?
- If you were in the officer's position in this scenario, what would you have done differently or what have you done differently on similar calls?
- What are some lessons learned from this scenario?

TRAINER NOTES

SCENARIO FLOW & DECISION POINTS

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

