Axon VR

Community Engagement Training (CET)



Substance Use Disorder 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.

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LESSON PLAN

COURSE OVERVIEW	Substance use disorder (SUD) is a complex condition in which there is uncontrolled use of a substance despite harmful consequences. People with SUD have an intense focus on using certain substances such as alcohol, tobacco, or illicit drugs, to the point where the individual's ability to function in day-to-day life becomes impaired. Individuals keep using the substance even when they know it is causing or will cause problems. The most severe SUDs are sometimes called addictions. According to The National Center for Drug Abuse Statistics (NCDAS): • 31.9 million Americans 12 years of age and older regularly engage in illicit drug use or have misused prescription drugs in the last year. • 70% of users who are first-time users of illegal drugs before the age of 13 years will develop a SUD. Public safety is beginning to shift away from criminalizing SUDs and instead see them as the public health issues that they are. After completing the experience, the trainer will conduct a debriefing with the trainee. **NOTE**: The scenes in this scenario are stereotypical and not always the case. Many people who have addictions remain functional, hold down jobs, own homes, and more.
IN-HEADSET VR EXPERIENCE	In the in-headset experience, trainees will be immersed in a world that shows what life might be like for a person dependent on substances and the circumstances that contributed to their situation. They will then be placed in a public safety professional's perspective that guides them through an effective interaction to help connect the person in crisis with the community resources that are available to them. 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. See the scenario flow and decision points flowchart for an overview of the VR scenario and decision points branching.

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CHARACTER PROFILES	• **Rachel Grey**: Rachel Grey came from a good family and had a promising future but all of that changed when she was hit by a drunk driver one night while driving home. During her hospital stay, she received morphine for the pain and was then sent home with a prescription for Oxycontin. An addiction to narcotics followed and Rachel spent the next few years succumbing to it, eventually losing everything, including her own young son, Noah. Ashamed, living on the streets, and looking for her next score, Rachel desperately needs someone to reach out and offer her help. • **Officer Matt Reed**: Officer Matt Reed is a seasoned public safety officer who has seen it all, and he has lost a lot of his faith in humanity. More times than not, he has seen people make terrible decisions and turn away from offers of assistance. Jaded and frustrated by problems in the community, Officer Reed just wants to get through his calls and go home at the end of the shift. • **Officer Avery Moore** (Trainee POV): Officer Avery Moore is a thoughtful public safety officer who sees possibilities for everyone. He understands that sometimes people who are in trouble simply need direction and reassurance that someone cares about them. Officer Moore believes that everyone has the potential to overcome their addictions and damaging behaviors to build a productive and meaningful life. • **Sesi Joseph**: Sesi Joseph makes a living on the streets, doing whatever he can to get by. Whether he's selling drugs or stealing from people, Sesi will take advantage of anyone without batting an eye if it serves his purpose. • **Susan Grey**: Rachel's mother, Susan Grey, is always ready to forgive her daughter's mistakes and welcome her home to try again. Being the peacekeeper between her daughter and her husband, Susan has always turned a blind eye to signs that Rachel might be using and hoped that everything would turn out all right. • **Mark Grey**: Mark Grey, Rachel's stern father, is sorely disappointed in the way her daughter has been living. He does not hesitate to express his displeasure and will not allow Rachel back into their home unless she is clean and sober. • **Tyler Martin**: Tyler Martin, Rachel's ex-boyfriend and father to her child, was an abusive partner struggling with drug addiction who brought Rachel further into substance use, endangering her life and her emotional health.
LEARNING OBJECTIVES	• Discover what life might be like for someone living with a SUD. • Recognize and explain the signs and symptoms that someone might have a SUD while on a call. • Recognize and explain best practices for assisting someone experiencing a SUD on the scene that results in the best possible outcome for everyone involved. • Demonstrate proper conduct and situational awareness on a call where the subject is experiencing a SUD.

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INSTRUCTIONAL GOAL	As a responding officer, the trainee will apply agency policy and use available scenario information to apply effective strategies for interacting with individuals dependent on substances and connect them with available community resources.
REQUIRED MATERIALS	• Facilitator's Guide • Sample Course Roster
DATE CET MODULE RELEASED	March 2022
PREREQUISITES	None
COURSE LENGTH	30 minutes (in-person instructor-led training)
EQUIPMENT	• Axon VR headset • Samsung VR tablet *(optional, but recommended for trainer observation through Miracast)*
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	This curriculum is designed for a trainer-to-trainee ratio of 1:1. **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 group debriefing.
TRAINER PRE-WORK	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.

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ADDITIONAL MATERIALS	Download the optional Sample Course Roster. Print the roster to collect trainee names and email addresses during training and to track course completion.
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 article • CDC Resources on SUD: Learn more from the CDC about Substance Use Disorder (SUD) • Michigan Alcohol Screening Test (MAST): Test yourself and your own use or abuse of alcohol with this 22-question quiz • Drug Abuse Screening Test (DAST): With 20 questions, this simple self-test may help you identify aspects of your drug use which could be problematic

SAMPLE COURSE SCHEDULE

0800-0815	Trainee completes VR scenario in-headset.
0815-0830	Trainer conducts a debriefing evaluation with the trainee using the debriefing questions in this Facilitator's Guide

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LEARNING OBJECTIVES

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

- Discover what life might be like for someone living with a SUD.
- Recognize and explain the signs and symptoms that someone might have a SUD while on a call.
- Recognize and explain best practices for assisting someone experiencing a SUD on the scene that results in the best possible outcome for everyone involved.
- Demonstrate proper conduct and situational awareness on a call where the subject is experiencing a SUD.

LEARNING OBJECTIVE SKILLS

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

SITUATIONAL AWARENESS & OBSERVATION

- ☐ 360º awareness
- ☐ Observation: Whole body, hands, belt line, demeanor (immediate area)
- ☐ Subject proximity
- ☐ Vehicle proximity

TASER ENERGY WEAPON DEPLOYMENT

- ☐ Post deployment activity (supervisor; medical; other)
- ☐ Probe deployment: Clothing consideration

ADMINISTRATIVE

- ☐ Court preparation
- ☐ Report writing
- ☐ Resource identification

DE-ESCALATION & COMMUNICATION

- ☐ Active listening & conflict resolution
- ☐ Building rapport
- ☐ Communication with partner
- ☐ Communication with subject/individual
- ☐ Cuffing under power
- ☐ Dispatch disparity (caller perception, bias, etc.)
- ☐ Duty to intervene
- ☐ Empathy
- ☐ Family intervention
- ☐ Indicators of a substance use disorder
- ☐ Non-verbal communication
- ☐ Third party considerations/bias
- ☐ Verbal de-escalation

TACTICS & MOVEMENT

- ☐ 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:

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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.

When provided with adequate resources, individuals can see options and may begin to envision a future where they are sober and free from substances. These resources may also encourage them to take the steps they need to get healthy again.

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.

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TRAINEE EVALUATION: SUBSTANCE USE DISORDER I

TRAINEE NAME	ID	TYPE
		☐ Recruit ☐ Officer

DEBRIEFING QUESTIONS (INDIVIDUAL)

SCENE INTRODUCTION & LOCATION RELEVANCE

- ☐ Describe the importance of this location.
- ☐ How does this location differ from a private residence or a school park?
- ☐ How is this location related to possibly seeing this as a different type of crisis? What indicators stood out to you that suggested the subject was likely not a threat? (Audible cues, environmental factors, immediate surroundings, body language, etc.)

INITIAL OBSERVATIONS (BEHAVIORAL CLUES & SUD INDICATORS)

- ☐ What intel did you gather in this scene?
- ☐ What did you learn about Rachel?
- ☐ What did you learn about Sesi?
- ☐ What did you notice about Rachel's body movements? What are some possible reasons for this behavior?
- ☐ What did you observe that could signal Rachel is suffering from SUD?
- ☐ Are there other behavioral health conditions you commonly encounter that resemble Rachel's symptoms?
- ☐ Describe how someone suffering from SUD can become a victim of crime.
- ☐ Explain our agency's reporting process and victim assistance for the crime Rachel was a victim of in this scene.

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RACHEL IN THE ALLEY: ENVIRONMENTAL STRESSORS & PERCEPTUAL SHIFTS

- [ ] What is the significance of Rachel naming stores that know her?
- [ ] Could this be misinterpreted? How?
- [ ] Describe the visual and auditory distortions Rachel is experiencing. Why do you think this is happening?
- [ ] Explain the mental and physiological changes you observe in Rachel. How do these changes impact her interactions with public safety?
- [ ] How does her rationalization reflect her level of addiction?
- [ ] What crimes are often committed by individuals in this state?
- [ ] How has this experience changed your perspective on SUD?

ARRIVAL OF PUBLIC SAFETY: SCENE CONTROL & OBSERVATIONAL CUES

- [ ] What can you learn from Rachel's hands?
- [ ] What did you observe about her physical appearance, and why might that be important?
- [ ] Is this the best position in the alley for each officer? Why or why not?
- [ ] What are the advantages and disadvantages of the current positioning? How would you modify it?

UNDERSTANDING SUD FROM BEHAVIOR & DIALOGUE

- [ ] What is the importance of Rachel's story in this scene?
- [ ] What clues in her conversation suggest SUD?
- [ ] What types of low-level or non-person crimes are often associated with SUD?
- [ ] Based on Dispatch information, is there enough to perform a Terry stop? Why or why not?
- [ ] What clues come from her bodily movements here?

HEALTH & VICTIMIZATION QUESTIONS: GATHERING INSIGHT

- [ ] What concerns does your partner have? Why?
- [ ] What do you learn from Rachel's body movements and positioning?
- [ ] What evidence is found on the scene?
- [ ] Why are the items on the ground significant?
- [ ] How does the scene show signs of SUD?
- [ ] Why do you think she is referencing a previous crime?
- [ ] Based on our policy, should a report be taken for the previous crime? Why or why not?
- [ ] What can you ask Rachel to help verify her identity?

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INVESTIGATING RACHEL'S CRIME REPORT: STAYING CALM & PRODUCTIVE

- [ ] Why is it important to keep Rachel calm and focused?
- [ ] What strategies can help her stay calm?
- [ ] Why is this interview useful in understanding SUD?
- [ ] What else could you ask instead?
- [ ] How can SUD hinder investigations?
- [ ] Have the Miranda requirements been met?
- [ ] Should EMS be summoned? Why or why not?

DISPOSITION OPTIONS: WARNINGS, CITATIONS, & DISCRETION

(1) Give Rachel a Warning Scene

- [ ] How is Rachel feeling as she leaves?
- [ ] What are the chances you'll see her again?
- [ ] Why is Dispatch information important here?
- [ ] What are the disadvantages of viewing this only as a low-level crime?
- [ ] How can you build rapport in this moment?
- [ ] How does your partner feel about the outcome? Did it influence your decision?
- [ ] What other influences shaped your choice?
- [ ] What legal/civil risks exist in allowing her to leave?
- [ ] How was the opportunity to intervene missed?

(2) Issue Rachel a Citation Scene

- [ ] How would you describe your partner's approach? Who did it help?
- [ ] Would you feel comfortable with the interaction?
- [ ] Why is Rachel scratching/picking her skin?
- [ ] What's significant about her hair?
- [ ] What's our agency policy on discretion and store-involved arrests?
- [ ] How can you explain Rachel's options?
- [ ] What visible changes in Rachel's appearance matter?
- [ ] Is citation or arrest helpful or harmful?
- [ ] What alternatives could be used?

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DEEPER SUPPORT & INTERVENTION: TALKING WITH RACHEL

- [ ] How does the officer work to improve their interaction with Rachel?
- [ ] How does your partner's demeanor help or hurt the situation?
- [ ] Do these actions change Rachel's behavior?
- [ ] How does this help the officers understand her needs?
- [ ] Why is family important here?
- [ ] Why is avoiding arrest critical in this moment?
- [ ] What resources could be offered?
- [ ] Why might Rachel avoid describing her suspect?
- [ ] What happens when the officers leave Rachel for another call?
- [ ] Has "incarceration first" worked in your experience? How do diversion programs help?

CLEAR THE CALL: RISK OF MISSED OPPORTUNITIES

- [ ] What physical signs of SUD are visible?
- [ ] Was this interaction productive in getting Rachel help?
- [ ] Why shouldn't she be left in her condition?
- [ ] Did the officer's behavior influence your response?
- [ ] What SUD resources exist in your jurisdiction?
- [ ] What alternative resources exist?
- [ ] How could releasing her place her in danger?
- [ ] How could the officer have been more assertive?

OVERDOSE RESPONSE: DISPATCHED BACK TO THE SCENE

- [ ] What emotions are the officers experiencing?
- [ ] What info can be learned from the overdose scene?
- [ ] What signs would you look for?
- [ ] Should you check for vitals? Why or why not?
- [ ] Could this have been prevented? How?
- [ ] Would you check for physical injuries? Why?
- [ ] What are officer risks if medical care is provided?

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PARTNER DEBRIEF – CAR TALK SCENE

- [ ] Could outside help have changed the outcome?
- [ ] Could a supervisor have prevented this?
- [ ] How does this strain partner trust?
- [ ] What can restore that trust?
- [ ] How could trust have been preserved to begin with?
- [ ] Why is “there’s nothing we could’ve done” a common response?
- [ ] How would you approach this knowing what you know now?

SUPPORT & RECOVERY: BUILDING RELATIONSHIPS & UNDERSTANDING SUD

- [ ] Is your partner’s presence helping or hurting?
- [ ] What could you do if your partner isn’t supportive?
- [ ] Can Rachel understand your partner’s promise?
- [ ] How do you build a working relationship with Rachel?
- [ ] Which officer do you identify with more? Why?
- [ ] How does this influence your view of SUD?
- [ ] Is it okay to disagree with your partner’s SUD approach? When?
- [ ] Why is rapport so crucial here?
- [ ] Why is it important to offer Rachel options?
- [ ] Why do you need to ask about drugs of choice and usage history?
- [ ] Why shouldn't officers assume how far Rachel’s addiction has progressed?

UNDERSTANDING RACHEL’S SUD ORIGIN & FAMILY IMPACT

- [ ] Does her mother understand Rachel’s dependency? Why or why not?
- [ ] How does SUD affect Rachel’s family?
- [ ] Why is Oxycodone so addictive?
- [ ] Describe Rachel’s SUD pathway. Why is this pathway common?
- [ ] How could Rachel’s family have recognized the signs earlier?
- [ ] Why isn’t early prevention always possible?
- [ ] Why does SUD affect people from all backgrounds?

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THE CARD: SYMBOL OF HOPE & CONNECTION

- [ ] What does the card represent to Rachel?
- [ ] What clues show you might be the first person to offer support?
- [ ] What helps Rachel regain belief in herself?
- [ ] Why is this card so important to her?
- [ ] Why might this encounter spark successful intervention?
- [ ] Why was she using more drugs? Is relapse normal after stabilization?
- [ ] What risks does her SUD pose to her child?
- [ ] Why is withdrawal difficult to manage?
- [ ] Why are repeated contacts needed for recovery support?
- [ ] How does the officer's persistence bring hope?
- [ ] Why is the officer's outsider role a strength?
- [ ] Did the visualization of a better life motivate Rachel?

RACHEL RETURNS: LONG-TERM CHANGE AND REFLECTION

- [ ] Describe the physical changes in Rachel.
- [ ] How does she talk to you now?
- [ ] How has her body language changed?
- [ ] Why was it important that the officer kept his word?
- [ ] What could have happened if he didn't?
- [ ] Why is your partner acting differently?
- [ ] What can you do to help your partner process the event?
- [ ] How many times did Rachel try to get better?
- [ ] What positive changes are visible in her life?
- [ ] How can the officer continue motivating her?
- [ ] Why is family support vital?
- [ ] How has this affected Noah and Rachel's parents?
- [ ] How does the community benefit when SUD is treated?

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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)

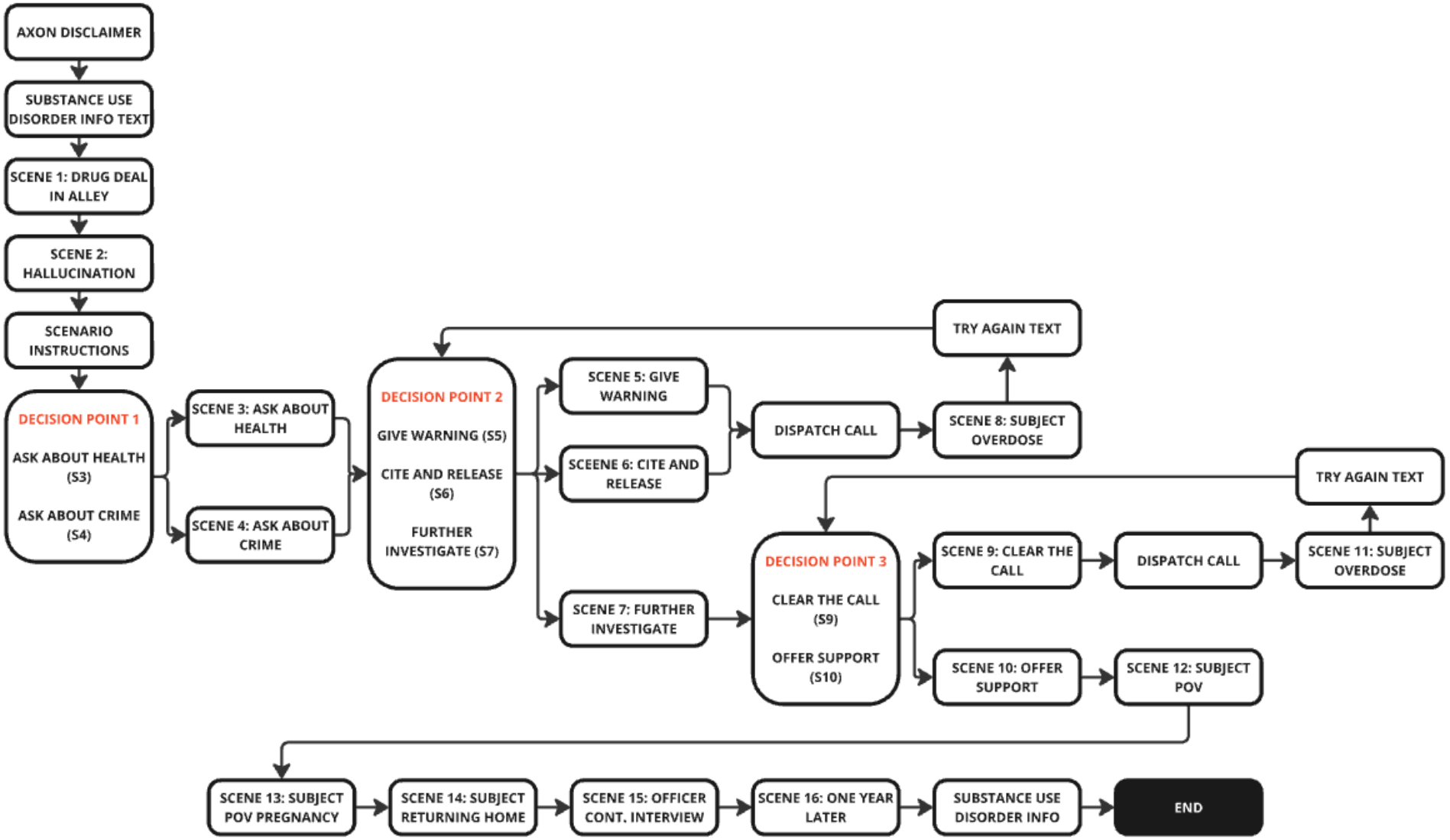
- [ ] If you were in the officer's position in this scenario, what would you have done differently, or what have you done differently on similar calls?
- [ ] What are some lessons learned from this scenario?
- [ ] How has your perception of SUD changed?
- [ ] How might this experience inspire your future efforts?

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SCENARIO FLOW & DECISION POINTS

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



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