

VirTra - Virtual Interactive Coursework Training Academy®

# MENTAL ILLNESS: A PRACTICAL APPROACH

Course Structure & Training Material



#### **DISCLAIMER**

The attached documents, related digital media simulation and related course work material are provided to clients to assist in the training of their employees. Due to the variation in policies from agency to agency and regional differences in applicable laws, clients must ensure the appropriateness of the material for their personnel. VirTra assumes no liability in the use of the associated material that is produced to assist agencies in the training of their personnel.

The Customer shall implement and enforce the safety notices shown below for all users of the VirTra system and accessories.

- Do not attempt to open or service VirTra recoil kits while under pressure. VirTra recoil kits contain high-pressure which can cause severe injury or death. If a problem occurs with a VirTra recoil kit, contact VirTra immediately.
- Absolutely no live weapons or ammunition shall be allowed within the vicinity of the training simulator. Violation of live firearms mixing with non-live firearms could result in injury or death.
- Never activate a laser emitting device towards your eyes or another person's eyes. This equipment contains
  products that emit invisible laser energy that could, if misused, damage the user's eyes. Users must never point a
  training firearm (or any other laser emitting device) at their own eye or another's eye.
- Some VirTra products contain raised or elevated stages. Users shall be warned that falling off the stage could cause injury to person or property.
- Some VirTra products contain V-Threat-Fire® devices. Threat-Fire devices provide an electric impulse of up to 2.5 seconds in duration at the point of contact (do not connect or place Threat-Fire devices over the user's heart). Only VirTra trained instructors are authorized to activate or use Threat-Fire devices, and the use of Threat-Fire devices for punishment or to cause repeated pain to a user is strictly prohibited.

## **TRADEMARKS**

VirTra, the VirTra logo are either registered trademarks or trademarks of VirTra in the United States and/or other countries. Product names used in this manual are ascribed to their respective owners and acknowledged.

## **AUTHOR**

Nicole Florisi, M.S.

## TRAINING COURSE CERTIFICATION

This "Mental Illness: A Practical Approach" training course has been certified by the IADLEST™ National Certification Program on 9/22/2022.

Certification number: 22508-2209





## **TOPIC**

Mental Illness: A Practical Approach

## **CLASS SIZE**

Designed for pairs of officers with maximum class size of 8 (4 pairs). If class size is smaller than 8 (4 pairs), scenarios can be cycled through.

The following training plan and lesson plan is designed to be used with the VirTra simulator. Where as many of the techniques have been used over many years in LE, this training plan maximizes training time and leverages the strengths of the VirTra Training System.

The instructor shall first ensure that students are familiar with the presented material. The outline provides the overview of basic mental illness information and is provided to supplement and provide context to the use of the simulation scenarios. During presentation of the slide show, the first nine slides are nearly identical in detailing introductory concepts of mental health. If presenting each topic one after the other within a short time frame, the instructor may wish to skip these slides.

The simulation scenarios are used as a tool to facilitate the understanding of the concepts. The first scenarios will be provided in a slower tempo with the use of the PLAY/PAUSE feature to elaborate on the training points. Once the first simulation is provided in this format the remaining scenarios will be provided to each pair of officers. The Socratic methodology should be used for event debriefing.

- "What did you know?"
- "What did you see or hear?"
- "What did you do and the reason behind it?"
- "What would you do differently in the future?"

All officers will be allowed to watch the other pairs participate in the exercise. This is done to maximize the benefit of modeling for adult learners.

# **HOURS**

# **Total hours: 15**

#### Breakdown:

- 1. Role of Mental Health 1 hour
- 2. Crisis De-Escalation 2 hours
- 3. Depression 1 hour
- 4. Suicide 1 hour
- 5. Anxiety 1 hour
- 6. Trauma & PTSD 1 hour
- 7. Schizophrenia & Mood Disorders 1 hour
- 8. Dementia & Neurocognitive Disorders 1 hour
- 9. Traumatic Brain Injury 1 hour
- 10. Substance Abuse 1 hour
- 11. Video Review & Discussion 4 hours

Upon finishing the 15 hours of course time and testing materials, students will be rewarded with a certificate of completion.



#### SAMPLE STUDENT GROUP SET UP

Non-test scenarios should be used with the concept of social learning theory and observation. The non-participating students should be watching their peers and be ready to answer what other options may have been available after the initial Socratic debrief. The scenarios should be played after the lesson plan and presentations are complete.

- A. Officer Yackley and Officer Emerson
- B. Officer Danninger and Officer Ashley
- C. Officer Bacon and Officer Adams
- D. Officer Stephens and Officer Marks

**First Scenario** - Executed in "PLAY/PAUSE" methodology for all students - key concepts are applied and discussed **Second Scenario** - Group A participates while Groups B, C, and D watch

Third Scenario - Group B participates while Groups A, C, and D watch

Fourth Scenario - Group C participates while Groups A, B, and D watch

Fifth Scenario - Group D participates while Groups A, B, and C watch

**Sixth Scenario** - (Practical skills test) Class is sequestered with students brought one at a time (not pairs) to evaluate performance.

# **TACTICS, TRAINING AND PROCEDURES (TTP)**

The suggested order of presentation material and scenario usage is as follows:

- Lesson Plan: Role of Mental Health
   Scenario bank: None used here
- Lesson Plan: Crisis De-Escalation
   Scenario bank: None used here
- 3. Lesson Plan: Anxiety

Scenario bank: Office Anxiety

On the Case Party Pooper

**Government Spy Games** 

4. Lesson Plan: Depression

Scenario bank: Misery Mountain

Office Anxiety

Party Pooper

5. Lesson Plan: Suicide

Scenario bank: Misery Mountain

Office Anxiety

Party Pooper

6. Lesson Plan: Schizophrenia & Mood Disorders

Scenario Bank: Government Spy Games

On the Case Party Pooper

Misery Mountain

7. Lesson Plan: Trauma & PTSD

Scenario bank: Misery Mountain



Office Anxiety
On the Case

- 8. Lesson Plan: Traumatic Brain Injury
  Scenario bank: On the Case
  Misery Mountain
  Government Spy
- Lesson Plan: Dementia
   Scenario bank: None used here
- Lesson Plan: Substance Use Scenario bank: Party Pooper Office Anxiety Misery Mountain
- 11. Video Review & Discussion

Upon completing all modules and receiving passing test scores, students will receive a certification acknowledging the completion of Mental Illness: A Practical Approach.

## **VIDEO REVIEW & DISCUSSION**

The following videos contain interviews that will provide further opportunities to understand the people affected by mental illness. The videos can be used individually or as a whole. Each video will take 15-20 min to view and the discussion should take 15-20 min. Students can ask questions at any point during discussion.

Depression Anxiety 1 - 30 min
Depression Anxiety 2 - 30 min
PTSD and Hallucinations - 30 min
PTSD - 30 min
Schizoaffective Disorder - 30 min
Tourette's, Anxiety and Depression - 30 min

Present the following questions to the class during discussion after viewing the videos. There are no perfect answers to the questions provided. They are an opportunity for students to see real world examples of people that have experienced mental illness and give them a chance to relate to them.

- 1. What different symptoms did the interviewees share about their mental illness and what were the various ways their lives were impacted?
- 2. What did you learn about the interviewee that separates the individual from their mental illness? What did you learn about them as a person?
- 3. Suicidal ideation is an experience that many of the interviewees have. What skills have you learned to help you interact with someone feeling suicidal?
- 4. What can you do as an individual to fight the stigma of mental illness?
- 5. What is the biggest take away for you from this class?



STUDE	ENT NAN	1E: DATE:
1.	Mental and ac	health includes our emotional, psychological, and social well-being. It affects how we think, feel, t.
	A. B.	True False
2.	Contac	et professionals can de-escalate all individuals in any situation.
	А. В.	True False
3.	Contac	et professionals should focus on an individual's diagnosis instead of the displayed behavior.
	A. B.	True False
4.	Crisis s	situations are synonymous with having a mental illness.
	A. B.	True False
5.		he majority of people with mental illness are non-violent, there is a percentage of individuals who violent behavior.
	A.	True
	B.	False
6.	Some	people who have a mental illness do not display any signs or symptoms.
	A.	True
	B.	False



- 7. Asking someone if they are having thoughts of suicide or self-harm will cause them to do those behaviors.
  - A. True
  - B. False
- 8. Contact professionals should focus on a safe and effective response for everyone involved.
  - A. True
  - B. False
- 9. When a person is having hallucinations or delusions, the contact professional should reinforce that and tell the person they can also see and hear what they are experiencing.
  - A. True
  - B. False
- 10. Stigma results from harmful attitudes and misunderstandings that fuel fallacies surrounding mental illness.
  - A. True
  - B. False

## PRE-TEST KEY

1. True 2. False 3. False 4. False 5. True 6. True 7. False 8. True 9. False 10. True

Passing Score: 70%

All testing materials must be kept in department records dfor a minimum of 30 years.



STUDI	ENT NAI	ME: DATE:
1.	Menta and ac	I health includes our emotional, psychological, and social well-being. It affects how we think, feel, tt.
	A.	True
	B.	False
2.	Contac	ct professionals can de-escalate all individuals in any situation.
	A.	True
	B.	False
3.	Contac	ct professionals should focus on an individual's diagnosis instead of the displayed behavior.
	A.	True
	B.	False
4.	Crisis	situations are synonymous with having a mental illness.
	A.	True
	B.	False
5.		the majority of people with mental illness are non-violent, there is a percentage of individuals who violent behavior.
	A.	True
	B.	False
6.	Some	people who have a mental illness do not display any signs or symptoms.
	A.	True
	B.	False
7.	Asking	someone if they are having thoughts of suicide or self-harm will cause them to do those behaviors
	A.	True
	B.	False
8.	Contac	ct professionals should focus on a safe and effective response for everyone involved.
	A.	True
	B.	False



9.	When a person is having hallucinations or delusions, the contact professional should reinforce that and tell the person they can also see and hear what they are experiencing.			
	A.	True		
	B.	False		
10.	Stigma	results from harmful attitudes and misunderstandings that fuel fallacies surrounding mental illness.		
	A.	True		
	B.	False		
11.	-	surfaces when feelings of excessive worrying, intense fear, and distress become overwhelming erfere with the daily activities, such as work, school, and relationships.		
	A.	True		
	B.	False		
12.		professionals can tell the difference between a panic attack and heart attack and should not call ergency medical services.		
	A.	True		
	B.	False		
13.	There a	re many medical conditions that mimic mental illness symptoms.		
	A.	True		
	B.	False		
14.	A perso	on in crisis may exhibit many signs of distress and may require medical attention at some point contact.		
	A.	True		
	B.	False		
15.	Threate	ening to die by suicide is not a normal response to stress and shout not be taken lightly.		
	A.	True		
	B.	False		
16.	Suicide	only affects people with mental illness.		
	A.	True		
	B.	False		
17.	Self-harm can be an effective strategy to reduce negative thoughts and emotions, but it is simultaneously unhealthy and harmful.			
	A.	True		
	B.	False		



18.	Psychosis is a symptom of certain mental illness, primarily schizophrenia and bipolar disorder.			
	A. B.	True False		
19.	Certain	illicit and prescription drugs can induce psychosis.		
	A. B.	True False		
20.	Contac	t professionals are more likely to deal with an individual who has bipolar disorder in a manic phase.		
	A. B.	True False		
21.	Trauma respon	can change brain structure as well as physiological, emotional, psychological, and behavioral ses.		
	A. B.	True False		
22.	Everyo	ne who experiences a traumatic event will get Posttraumatic Stress Disorder.		
	A. B.	True False		
23.	Active	istening skills are what underpin an empathic response.		
	A. B.	True False		
24.	Deliriur	n is a medical emergency and requires immediate medical intervention.		
	A. B.	True False		
25.	Some r	esearch shows that cannabis use can lower IQ as well as cause psychosis.		
	A.	True		

# **TEST KEY**

1. True 2. False 3. False 4. False 5. True 6. True 7. False 8. True 9. False 10. True 11. True 12. False 13. True 14. True 15. True 16. False 17. True 18. True 19. True 20. True 21. True 22. False 23. True 24. True 25. True

Passing Score: 70%

All testing materials must be kept in department records dfor a minimum of 30 years.

MENTAL ILLNESS: A PRACTICAL APPROACH



B.

False

STUDENT NAME:	DATE:	
		<u> </u>

SKILL	Exceptional (3 pts)	Average (2 pts)	Needs Improvement (1 pt)			
Demonstrates Active Listening Skills (paraphrasing, emotional labeling, open ended questions, etc.)						
Expresses empathy when dealing with the subject						
Identifies subject behaviors without a focus on mental illness or diagnosis						
Does not reinforce hallucinations or delusions						
Speaks in a calm, clear voice						
Is clear, but non- confrontational						
Uses appropriate amount of force to control the situation						
14 pts needed to pass. If student fails, it will be run again to a successful resolution.						

All testing materials must be kept in department records dfor a minimum of 30 years.



# STUDENT ATTENDANCE ROSTER

|--|

Last	First	Badge	Email	Officer's Initials
<u> </u>				

I certify that each person listed on this roster was present in class for the entire number of training hours reflected, and if not, their training hours have been adjusted and recorded accordingly.

PRINT NAME:	SIGNATURE:	



# **CLASS SURVEY**

TOPIC: MENTAL ILLNESS: A PRACTICAL APPROACH				
INSTRUCTOR:		DATE:		
	COMMEN	тѕ		

CLASS CONTENT	Excellent	Above Average	Good	Below Average	Poor
Class organization					
Class objectives were clearly stated					
Practical activities were relevant to objectives					
All materials/resources were provided					
Topic area was important to Law Enforcement					
CLASS INSTRUCTION					
Instructor was prepared					
Instructor was knowledgeable in the content area					
Manner of presentation of the material was clear					
Effective teaching strategies were used					
Instruction met class objectives					
STUDENT PARTICIPATION					
Level of effort you put into the course					
Your skill/knowledge of the topic at start of course					
Importance of the topic to your assignment					

# **CONTACT VIRTRA**

If you have any questions/issues with any part of this manual, please see contact below:

VirTra Training Department



7970 S. Kyrene Road Tempe, AZ 85284 USA

Office: 480.968.1488 Email: training@virtra.com



7970 S. Kyrene Road Tempe, AZ 85284 USA