

BALTIMORE POLICE DEPARTMENT – EDUCATION AND TRAINING SECTION

LESSON PLAN

COURSE TITLE: C.I.T.

LESSON TITLE: Virtual Voices

PREPARED BY: Jaime Ebersole Clark
NAMI Metropolitan Baltimore

DATE: 12/30/20

TIME FRAME	PARAMETERS
PERFORMANCE OBJECTIVES <ol style="list-style-type: none">1. Through facilitated discussion, trainees will recall prior knowledge and experience of mental illness to demonstrate an understanding of how mental health conditions affect the overall functioning of an individual.2. Given various virtual voices scenarios, trainees will analyze and develop skills to better assist individuals experiencing a mental health condition or crisis and their families to the	ASSESSMENT TECHNIQUE <ol style="list-style-type: none">1. Facilitated Group Discussion2. Experiential Workshop

<p>satisfaction of the facilitator.</p> <p>3. Given an overview of NAMI Metropolitan Baltimore services, trainees will assess situations and identify how NAMI Metropolitan Baltimore resources would be helpful to the satisfaction of the facilitator.</p>	
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INSTRUCTOR MATERIALS

- PowerPoint – *Virtual Voices*
- Introduction Notes (*Appendix A*)
- Consent Forms (*Appendix B*)
- Reading Comprehension Article (*Appendix C*)
- Reading Comprehension Test (*Appendix D*)
- Reading Comprehension Test Answer Key (*Appendix E*)
- Visual Memory Test (*Appendix F*)
- Scenario Memory Test (*Appendix G*)
- Scenario Memory Test Answer Sheet (*Appendix H*)
- Interview Exercise Answer Sheet (*Appendix I*)
- Debriefing Questions/Notes (*Appendix J*)
- Visual Memory Test Assorted Items

EQUIPMENT/SUPPLIES NEEDED

- iPod Shuffles with pre-loaded “Hearing Distressing Voices” audio track
- Headphones
- Assorted items for Visual Memory Exercise
- Worksheets for Reading Comprehension Exercise, Scenario Memory Exercise, Visual Memory Exercise, Interview Exercise
- Signs for each workstation: Reading Comprehension Exercise, Scenario Memory Exercise, Visual Memory Exercise, Interview Exercise

STUDENT HANDOUTS

Needed: 1 copy for each student

Title(s):

- Consent Form (*Appendix B*)
- Reading Comprehension Article (*Appendix C*)

- Reading Comprehension Test (*Appendix D*)
- Visual Memory Exercise Answer Sheet (*Appendix F*)
- Scenario Memory Exercise Answer Sheet (*Appendix H*)
- Interview Exercise Answer Sheet (*Appendix I*)

METHODS/TECHNIQUES

Virtual Voices is an experiential workshop that uses a 45-minute “Hearing Distressing Voices” audio track and four workstations, followed by a facilitated group discussion. Participants will start in one large group for an introduction to the program, where they will begin listening to the distressing voices. Once all participants are “hearing voices”, NAMI volunteers will prompt them to complete the Reading Comprehension Test. This requires table space, chairs, and pens for all participants. Written materials for this workstation will already be on the tables in front of participants. After the test, participants will split into three equally-sized groups to rotate through the rest of the workstations. The Scenario Memory Exercise, Visual Memory Exercise, and Interview Exercise workstations should have enough table space and chairs for up to 15 participants. The Scenario Memory Test answer sheets will be placed at the workstation at the beginning of the session. The Visual Memory Exercise items and answer sheets will be placed at the workstation at the beginning of the session. The Interview Exercise answer sheets will be placed at the workstation at the beginning of the session. Once the three groups have rotated through each workstation, they will return to their original seats. NAMI staff and volunteers will lead a thorough debriefing.

REFERENCES


Hearing Distressing Voices audio track: <https://www.commongroundprogram.com/hearing-voices>
 NAMI Metropolitan Baltimore services: <https://www.namibaltimore.org/>

GENERAL COMMENTS

This lesson plan should only be utilized by an authorized representative of NAMI Metropolitan Baltimore, which includes trained staff members and volunteers. Each session will require 3-4 NAMI volunteers in addition to a NAMI staff member, who will act as the facilitator. Volunteers will assist with managing workstations and tasks throughout the session. They will also assist with the debriefing at the end of the session and will share their personal or family experiences with mental health when appropriate.

LESSON PLAN

TITLE: Virtual Voices

PRESENTATION GUIDE	TRAINER NOTES
<p>I. ANTICIPATORY SET <i>Instructor should introduce themselves and provide overview of NAMI and Virtual Voices program. In addition, the instructor should provide an explanation of the workshop and things trainees should consider throughout the training.</i></p> <p>Welcome to the Virtual Voices program! This program is unique to our local affiliate, NAMI Metropolitan Baltimore, and is run by staff and volunteers.</p> <p>ASK: Have any of you heard of NAMI? What does NAMI stand for and who does NAMI support?</p> <p>EXPLAIN: NAMI is the nation’s largest grassroots mental health organization and we are dedicated to improving the lives of individuals with mental health conditions and their families. NAMI National is located in Arlington, Virginia. They create the curricula for our national Signature Programs and focus on nationwide advocacy for mental health. NAMI Maryland is located in Columbia, Maryland. They oversee statewide Signature Program trainings for our volunteers and statewide advocacy.</p> <p>NAMI Metropolitan Baltimore serves Baltimore City and Baltimore County. NAMI Metropolitan Baltimore offers free support groups and education classes for individuals living with mental health conditions and their family members. We also implement public</p>	<p>Time: 10 minutes</p> <p>Slide 1</p>  <p><i>NAMI staff member in charge of Virtual Voices will share their name and how long they’ve worked with NAMI. NAMI volunteers will introduce themselves at the end of the session.</i></p> <p>Anticipated Response: NAMI supports individuals with mental illness.</p>

education programs, like the one you are about to experience, to dispel the stigma surrounding mental health. Our HelpLine, which operates Monday through Friday from 9am – 5pm, provides referrals to community resources related to mental health.

Volunteers lead the majority of our programs in the community, using their lived experience to support and educate others who have mental health conditions or care for someone who does. We currently have over 9,500 touch points of service each year.

This program, Virtual Voices, is a simulation exercise that gives you a glimpse of what it might be like to live with a serious mental health condition. The program is centered around a 45-minute audio track that you will listen to while moving throughout the room to different workstations. Dr. Patricia Deegan, who experienced auditory hallucinations as a teenager and developed this program as an education and advocacy tool, donated this program to us in 1997. We have been using it ever since with law enforcement, mental health professionals, and students entering helping professions.

Some of you may have experienced Virtual Voices in a previous training. As you participate in today's session, consider how this experience is different than your first experience with the program. We will talk about those differences during the debriefing.

PERFORMANCE OBJECTIVES

Throughout this training, you will engage in the following:

1. Through facilitated discussion, trainees will recall prior knowledge and experience of mental illness to demonstrate an understanding of how mental health conditions affect the overall functioning of an individual.
2. Given various virtual voices scenarios, trainees will analyze and develop skills to better assist individuals experiencing a mental health condition or crisis and their families to the

Slide 2

Objectives



Through facilitated discussion, trainees will recall prior knowledge and experience of mental illness to demonstrate an understanding of how mental health conditions affect the overall functioning of an individual.



Given various virtual voices scenarios, trainees will analyze and develop skills to better assist individuals experiencing a mental health condition or crisis and their families.



Given an overview of NAMI Helpline services, trainees will assess situations and identify how NAMI Helpline Helpline services would be helpful.

satisfaction of the facilitator.

3. Given an overview of NAMI Metropolitan Baltimore services, trainees will assess situations and identify how NAMI Metropolitan Baltimore resources would be helpful to the satisfaction of the facilitator.

For this workshop to run successfully, please keep the following things in mind:

- When you start the audio track, Dr. Patricia Deegan will give an overview of the program. At the end of her opening, she will tell you to turn off the audio track. *Do not listen to that. Let the audio track continue into the distressing voices.* When you hear the voices begin, please raise your hand so we can begin the first activity.
- The first activity will take place at your seats, and then you will break into three groups and cycle through workstations in this room. You will listen to the auditory hallucinations for the duration of the workstations.
- These auditory hallucinations are intended to be distressing. If you find yourself feeling overwhelmed or unable to listen to the audio track, please turn off your iPod and continue through the workstations with your group.
- Do not adjust the volume of your iPod during this exercise. Throughout the track, the voices get louder and softer and will sometimes disappear completely. If you do not hear voices for more than 3 minutes, please let a staff member or volunteer know.
- This training requires your full attention. Please do not use your cell phones during this exercise unless there is an emergency.

Now, let's get your iPods set up. Take the device and headphones out of the bag. Turn the device on and attach the headphones, but do not press "play" yet. First, read and sign the Consent Forms in front of you. This Consent Form reminds you that this is a voluntary experience, and that you may turn off the MP3 players if

An iPod shuffle and headphones will be in a small bag in front of each officer. A 3-page stapled packet will be underneath those. The Consent Form is on the top of this packet, followed by the Reading Comprehension Test Materials for the first activity. Officers will press "play" on the iPod after every consent form is collected.

Some participants will not know how to operate the iPod Shuffles. NAMI staff and volunteers should help participants, as needed, and encourage neighbors to help one another.

<p>you become distressed during the session. Once you sign the Consent Form, tear it from the packet and turn it in to a NAMI volunteer circulating the room. Put the two pages under the Consent Form face down. These pages will be your first activity, but we don't want you to get started yet.</p> <p>You can now press "play" on your iPod. Remember to ignore Dr. Patricia's Deegan instruction to press "stop" at the end of her introduction. If you need help or do not hear Dr. Deegan right away, please alert a staff member or volunteer. Please raise your hand when you start hearing the distressing voices.</p>	<p><i>Once participants press "play", check in 1-2 times to make sure all participants are hearing Dr. Deegan's introduction to the program. After Dr. Deegan finishes her introduction, there will be 2 minutes of silence before the distressing voices begin. Ensure that participants do not press "stop" when Dr. Deegan tells them to on the audio track.</i></p>
<p>II. INSTRUCTIONAL INPUT</p> <p>Now that you are all hearing the voices through the iPods, we will get started with the first activity. You will keep your headphones in the entire time, unless you become overly distressed by what you are hearing.</p> <p>The first activity will be a Reading Comprehension Test led by a NAMI volunteer. You will have five minutes to read the article in front of you. Then, you will have five minutes to answer questions about what you have read without looking back to the article. After those five minutes, we will read the answers aloud so that you can</p>	<p>Time: 50 minutes <i>Workstations during audio track A few minutes will pass before participants raise their hands to indicate they are hearing the distressing voices. When the majority of participants have their hands raised, one NAMI volunteer will begin the Reading Comprehension Test. Participants will have 5 minutes to read the article and 5 minutes to answer the questions without looking back to the article. The NAMI volunteer will give participants a countdown each section.</i></p> <p>Slide 3</p>

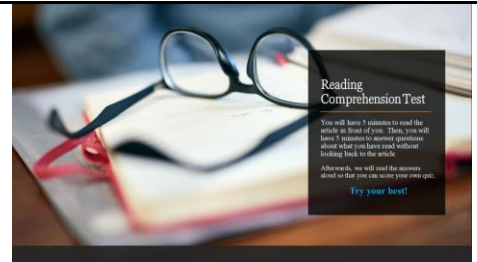
score your own quiz. Do the best that you can do.

Let's go over the answers to the quiz. Grade your own paper.

ASK: How many of you got all of the answers correct? More than 7? More than 5? How many of you got less than 5 answers correct?

Thank you all for trying your best on that examination. Now, we will break you into three groups for the next three workstations, which you will cycle through with your groupmates.

Group 1 will start with the Visual Memory Exercise workstation. Group 2 will start at the Scenario Memory Exercise workstation. Group 3 will start at the Interview Exercise workstation.



The same NAMI volunteer will read the answers to the Reading Comprehension Test (Appendix E) for the participants to score their own quiz. Click to reveal each answer.

Reading Comprehension - ANSWERS

- | | |
|-----------|--|
| 1. 25% | 5. Can bring conflict to a situation rather than escalation. Diverts individuals with mental illness from criminal justice system. Redirects one of force towards people with mental illnesses; Builds bridges between police, community, and other agencies. Helps connect people with mental illness to various community resources. |
| 2. 1988 | 6. 15,000 |
| 3. False | 7. If police officers aren't trained to identify mental health issues, they will treat people who need help as criminals. |
| 4. 15-17% | 8. Psychiatric emergency admissions decreased by 20%. |

The volunteer will also ask participants to raise their hand if they achieved a certain score on the test.

Desired Response:

Participants will most likely state how difficult the quiz was to complete.

The instructor will begin dividing the class up into 3 equal groups by counting each student (1, 2, 3, and then repeat). This will form students into Group 1, Group 2, and Group 3 according to their assigned number.

Slide 5

Visual Memory Exercise Workstation (Volunteer #1)

At this station, you will undergo a visual memory test. Please take an answer sheet and prepare for the test to begin.

Twenty items have been covered on the table. When I am finished reading these instructions to you, I will uncover the items for a limited time. When the items have been covered again, you will complete the answer sheets by listing each item that you can remember. Include three brief descriptors of each item. This is a timed event. Time begins once the items are uncovered

Scenario Memory Exercise Workstation (Volunteer #2)

At this station, you will undergo a scenario memory test. Please take an answer sheet and prepare for the test to begin.

I will read a scenario to you. The scenario will contain descriptions of suspects, a residence, vehicles, and other important information. Once the scenario has been read, you will be required to write down as much of the descriptions and information that you can remember. Do not start writing until you are told to do so. This is a timed event and you will have 5 minutes to write your response. You will submit your responses to me for grading.

Interview Exercise Workstation (Volunteers #3)

At this workstation, you'll be role playing in pairs. Please split up into pairs. You will each take a turn at being a "suspect", making up a crime and providing details to the interviewer as they ask questions. The interviewer should ask questions of the "suspect" to get as much information about the crime as possible. The interviewer should write down this information on the answer sheet. After 4 minutes, you will switch roles.

We will now rotate you to your next stations. Group 1 will go to the Scenario Memory Exercise workstation. Group 2 will go to the Interview Exercise workstation. Group 3 will go to the Visual Memory Exercise



GROUP 1: VISUAL MEMORY EXERCISE



GROUP 2: SCENARIO MEMORY EXERCISE



GROUP 3: INTERVIEW EXERCISE

Workstation Exercises

After participants have counted off, all NAMI volunteers will help guide Groups 1, 2, and 3 to their workstations. Then, the 4-5 NAMI volunteers will position themselves at each workstation to read the instructions. The groups will rotate after approximately 10 minutes in each workstation.

One NAMI volunteer will pass out Visual Memory Exercise Answer Sheets to participants at this station for all 3 group rotations (Appendix F).

One NAMI volunteer will pass out Scenario Memory Exercise Answer Sheets to participants at this station for all 3 group rotations (Appendix H).

One NAMI volunteer will pass out Interview Exercise Answer Sheets to participants at this station for all 3 group rotations (Appendix I).

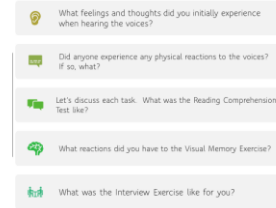
<p>workstation.</p> <p>We will now rotate you to your final stations. Group 1 will go to the Interview Exercise workstation. Group 2 will go to the Visual Memory Exercise workstation. Group 3 will go to the Scenario Memory Exercise workstation.</p> <p>Now that you have completed each workstation, please return to your original seats. When you get there, please turn off your iPods and put them, as well as the headphones, back in their bags. If there are papers that have been written on at your table, please pass them to a NAMI volunteer so that we can shred or recycle accordingly. Then, we will do a thorough debriefing using a facilitated discussion.</p>	<p><i>NAMI volunteers at each workstation will repeat the instructions for each activity.</i></p> <p><i>NAMI volunteers at each workstation will repeat the instructions for each activity for this final round.</i></p> <p><i>NAMI volunteers will collect bags (with iPods and headphones) and materials that have been written on once participants return to their original seats.</i></p>
<p>III. EVALUATION/CLOSURE</p> <p>Thank you all for participating in this session of Virtual Voices. We want to wrap up this session by talking about what you just experienced, and how you can apply what you learned to your work. Let's start by talking about your experience of listening to auditory hallucinations.</p>	<p>Time: 30 minutes</p> <p><i>If participants do not volunteer anticipated responses, facilitators should use leading questions to encourage responses. Participants should raise their hands to answer questions. Participants will respond differently in each session, but these are the most common answers.</i></p> <p>Slides 6 and 7 <i>These slides have orange rectangles covering the questions. The instructor should click to</i></p>

ASK:

1. What feelings and thoughts did you initially experience when hearing the voices?
2. Did anyone experience any physical reactions to the voices? If so, what?
3. Let's chat briefly about each task. What was the Reading Comprehension Test like?
4. What reactions did you have to the Visual Memory Exercise?
5. What was the Interview Exercise like for you?

reveal and discuss each question, one-by-one. The full slides are shown below.

Debriefing



Anticipated Responses: scary, weird, sounded like Lord of the Rings/Harry Potter, sounded like my children/the police scanner or radio

Anticipated Responses: headache, rapid heartbeat, dizziness, sweating, confusion, frustration

Anticipated Responses: difficult, could not concentrate or focus because of the voices, was unable to answer the questions without looking back at the article

Anticipated Responses: difficult to focus on objects, didn't have enough time to memorize them, remembered objects that weren't there/forgot details about objects

Anticipated Responses: was helpful to talk to someone else during the experience/helped to distract -or- more challenging to hear and understand what partner was asking and saying, felt distracted

Slide 7

ASK:

6. What did you notice about the Scenario Memory Exercise?





7. The voices disappeared for a brief time during the audio track. What was that like for you?

8. What did you notice about the different voices that you heard?

EXPLAIN: Individuals who experienced auditory hallucinations recorded these voices to reflect their real-life experiences. While society often associates auditory hallucinations with schizophrenia, it is important to remember that auditory hallucinations are a symptom that can be present with any mental health condition.

You knew this experience would only last 45 minutes. You had a clear start and end time to “your” auditory hallucinations. Imagine what it would be like to live with this symptom 24/7, with no end in sight. Imagine how desperate someone with this symptom or others associated with mental health conditions might feel over time if their symptoms did not improve. If you look at it from this point-of-view, self-medicating with alcohol or drugs can seem reasonable and understandable.

Debriefing

-  What did you notice about the Scenario Memory Exercise?
-  What was it like for you to interact with people around you during this exercise?
-  The voices disappeared for a brief time during the audio track. What was that like for you?
-  What did you notice about the different voices you heard?

Anticipated Responses: couldn't hear or understand the scenario's details, details were muddy and confused in my mind, wasn't able to remember many key details about the scene

Anticipated Responses: made me anxious because I knew they would come back, felt relieved that they were gone

Anticipated Responses: a woman's voice was very kind and uplifting in the beginning, followed by whispers/creepy sounds, followed by a man's voice that was rude and demeaning

Now, we want to take time to have all of our volunteers introduce themselves.

To wrap up this experience for you all today, our final questions will focus on how this experience has affected you and the work you do in the community as a police officer.

ASK: What insight have you gained about serious mental illness by participating in this activity?


ASK: If you have experienced this workshop before, how was this experience different for you?

3-4 NAMI volunteers will share their name, number of years volunteering with NAMI, and current volunteer roles. If they have a personal or family experience with mental health, they will give a brief synopsis of those experiences.

***Slides 8-10**

After discussing each question, the instructor should click to reveal desired responses and discuss as necessary.

Slide 8

Reflection 

<p>What insights have you gained about serious mental illness by participating in this activity?</p> <ul style="list-style-type: none">• It can be scary• It's not a joking matter• Important to have respect and compassion for people who live with these symptoms• Active interaction and comments made about mental health• Think about previous experiences on the job with people who were symptomatic	<p>If you have experienced this workshop before, how was this experience different?</p> <ul style="list-style-type: none">• Context was related to work• Provided a reminder of the need for patience and empathy
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Desired Responses: can be scary, should not joke about it, respect and compassion for people who live with these symptoms, rethinking interactions or comments I've made about mental health, thinking about previous experiences on the job with people who were symptomatic

Desired Responses: understood the experience more in the context

of our work, felt like the experience sunk in more during this second time, reminded me of the need for patience and empathy

Slide 9

Reflection

What tactics and strategies should you use to interact with people you encounter who have, or appear to have, a mental health condition?

- Show empathy and be patient with individuals who seem to be displaying symptoms
- Question slowly
- Deliver commands in a patient manner
- Try to reduce the distractions in the area to help the individual focus
- Refer individuals and their family members to the appropriate resources, when possible
- Enter situations looking to assist individuals rather than use force or arrest
- Demonstrate compassion in the community

What services does NAMI Metropolitan Baltimore provide?

- Free education classes
- Support groups for individuals with mental health conditions and their family members
- HelpLine (operates Monday - Friday, 9am - 5pm) to provide community resources related to mental health
- Local and statewide advocacy

ASK: Thinking of what you just experienced, what tactics and strategies should you use to interact with people you encounter who have, or appear to have, a mental health condition?

ASK: What services does NAMI Metropolitan Baltimore provide?

ASK: Who should you refer to NAMI Metropolitan Baltimore for support?

Desired Responses: show empathy and be patient with individuals who seem to be displaying symptoms, take questioning more slowly, will deliver commands patiently, will try to reduce distractions in the area to help the individual focus, will refer individuals and their family members to appropriate resources when possible, will enter situations looking to assist individuals with mental health conditions rather than use force or arrest, will demonstrate compassion in the community

Desired Responses: free education classes and support groups for individuals with mental health conditions and their family members, HelpLine that operates Monday – Friday 9am – 5pm to provide community resources related to mental health, local and statewide advocacy

Slide 10

EXPLAIN: Family members are often just as stressed and overwhelmed as their loved one who lives with a mental health condition. They can also be a wealth of information if you are called to a scene involving behavioral health. NAMI offers free support groups and education classes for family members to help them cope with their loved one's illness.

Please remember what a valuable resource NAMI Metropolitan Baltimore can be for people who are living with mental health conditions and their family members.

We operate a HelpLine Monday through Friday, 9am – 5pm, where community members can get information about mental health services. This HelpLine is not a crisis line, but rather a warm hand-off to community resources related to mental health. Our phone number is in the Resources section of your mobile app. Thank you for participating in this exercise.

ASK: Do you have any additional questions for us about this session or the work NAMI does in the community?

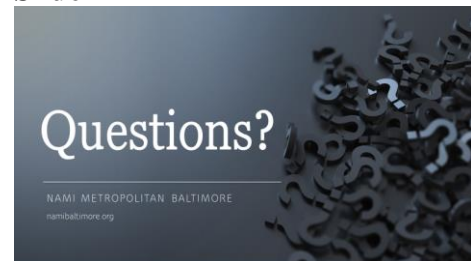
Reflection

Who should you refer to NAMI Metropolitan Baltimore for support?

- Individuals with mental health conditions **and** their family members
- Family members are often just as stressed and overwhelmed as their loved one who lives with a mental health condition
- NAMI offers free support groups and education classes for family members to help them cope with their loved one's illness

Desired Responses: individuals with mental health conditions *and their family members*

Slide 11



Desired Responses: thoughtful questions about mental health, the session, or NAMI Metropolitan Baltimore services

NAMI staff and volunteers should

stay for 10-15 minutes after the program to answer any additional questions. Participants may share personal or family stories about mental health. It is important to remind them that NAMI support groups and education classes are intended for all community members, including first responders.

APPENDIX

- Appendix A: Introduction Notes
- Appendix B: Consent Forms
- Appendix C: Reading Comprehension Article
- Appendix D: Reading Comprehension Test
- Appendix E: Reading Comprehension Test Answer Key
- Appendix F: Visual Memory Exercise Answer Sheet
- Appendix G: Scenario Memory Exercise
- Appendix H: Scenario Memory Exercise Answer Sheet
- Appendix I: Interview Exercise Answer Sheet
- Appendix J: Debriefing Questions/Notes

APPENDIX A: INTRODUCTION NOTES

- Welcome participants to program, NAMI staff introduction
- NAMI is the nation's largest grassroots mental health organization. National in Arlington, Maryland in Columbia, and Metropolitan Baltimore serves Baltimore City & County
- We provide education, advocacy, and support for individuals living with mental health conditions and their family members
- Volunteers lead the majority of our programs. We had 9,500 points of service last year.
- Virtual Voices is a simulation exercise that gives you a glimpse of what it might be like to live with a serious mental health condition. The program is centered around a 45-minute audiotrack that you'll listen to while moving throughout the room to workstations.
 - Program was developed by Dr. Patricia Deegan – began having auditory hallucinations as a teenager & developed this as an education/advocacy tool
 - Gifted to NAMI Metro in 1997 – have used with mental health professionals, police, and students ever since
- During this training session, you will build upon previous knowledge and experience to further understand how mental health conditions affect an individual's functioning, improve your skills to work with individuals experiencing a mental health condition or crisis, and assess situations where NAMI Metropolitan Baltimore resources would be useful.
- For this workshop to be successful, keep in mind: Dr. Deegan will give intro to program and tell you to “pause” – do not do this; First activity will take place at your seats then cycle through 3 workstations; Intended to be distressing – turn off if overly distressed; Do not adjust volume; Requires your full attention – no cell phones
- Now we can set up your MP3 players. Turn the device on by sliding the small tab until you see green and attach your headphones – wait to push play. Read and sign Consent Form in front of you, then put papers underneath face down (first activity). Turn in Consent Form to a volunteer.
- Go ahead and press “play” on your iPod. Ignore Dr. Deegan's instruction to pause the audio track at the end of her introduction. Raise your hand halfway when you hear voices, and we will get started with the first activity.

APPENDIX B: CONSENT FORM



CONSENT TO PARTICIPATE

I (give name) _____ understand that the training titled, “Virtual Voices” is a voluntary experience that I choose to participate in. I understand that it is recommended that people with a history of auditory hallucinations not participate in this workshop. I understand that it is my responsibility to turn my MP3 player off if I am feeling distressed or for any other reason that I may have. I understand that I may continue to participate at the workstations and in the discussion even if I choose to turn the audio track off. I understand that no questions will be asked regarding my decision to turn the audio track off.

(Participant’s Signature)

(Date)

APPENDIX C: READING COMPREHENSION ARTICLE

Amid calls for police reform, better training needed to address mental health emergencies

By Ivan Pereira, ABC News

It's a scenario that you've likely heard about from time to time. Police are sent to respond to a call of a mental health emergency and in some cases, there are tragic results.

While some departments have implemented protocols to address these situations, sending in teams of experienced officers with special training, using police in these scenarios been called into question in recent years. Some mental health experts warn that sending officers to calls involving severe suicidal thoughts or a person experiencing a violent psychological episode is not always the best solution.

Although officers are trained to handle tense situations, foiling a robbery or assault is not the same as someone who is in deep mental distress, according to Dr. Adwoa Akhu, a clinical psychologist and an adjunct professor at John Jay College of Criminal Justice. "It can be terrifying and depending on how the police person shows up, it could escalate things or it can comfort it. It depends on how police officers present themselves," she told ABC News.

A report issued this month by The Journal of the American Academy of Psychiatry and the Law found of the nearly 1,000 people shot by police officers in 2018, a quarter had a mental illness.

Akhu and other experts say some police departments are making progress with new training and specialized teams that are deployed to mental health emergencies, but there is still a way to go.

Ajima Olaghere, an assistant professor of criminal justice at Temple University, said a major roadblock for effective responses to mental health emergencies is the fact that there is no uniform policy across the nearly 18,000 police departments across the country.

"We can safely assume that there is a lot of variation in how police academies and police departments may train officers to respond to individuals in crisis," she said in an email to ABC News. "Across this variation, there are differences in how crisis intervention training may be prioritized and institutionalized as an aspect of police services."

Olaghere said that there has been some progress over the last couple of decades as some major police departments have been enacting reforms to better prepare their officers and other first responders to mental health emergencies.

In 1988, the Memphis Police Department unveiled a model known as the Crisis Intervention Team. Under CIT training, select officers receive a 40-hour preparation from mental health workers on how to handle persons with mental illness, dispatch operators are given training on how to spot an emergency call involving a person with mental illness and officers drop off the person at a centralized mental health facility instead of jail.

There are currently 2,700 CIT programs in use throughout the country, which represent about 15 to 17% of the nation's police forces, according to the JAAPL report.

One of the departments that use CIT is the NYPD, which receives an average of 175,000 911 calls a year for "emotionally disturbed persons," or EDPs, according to an NYPD spokesman. EDPs are defined by the NYPD as "persons who appear to be mentally ill or temporarily deranged and are conducting themselves in a manner in which a uniformed member of the service reasonably believes is likely to result in serious injury to themselves or others," according to the department's 2018 use of force report, the latest available.

The NYPD spokesman said that 15,000 officers have been certified through its CIT program since it started in 2015, and during emergencies involving an EDP, highly trained Emergency Service Unit (ESU) officers are deployed. If the situation involves a person who has isolated themselves and refused to comply with officers, the Hostage Negotiation Team (HNT) will be requested, according to the NYPD spokesman.

In 2018, the NYPD used force in 1,400 EDP calls (about 0.8%), and in 80% of those instances, officers used the "lowest level of physical force," according to the 2018 use of force report. A stun gun was used in 0.1% of the encounters, according to the report.

"Our patrol officers and supervisors work in tandem with our elite units to deescalate and offer quick and effective aid to those with behavioral health concerns," the spokesman said in a statement to ABC News.

The NYPD spokesman added the department is always evolving and adapting its mental health response training and recruits are given training on de-escalation tactics.

Akhu, who helps the NYPD train its ESU and HNT units, said there is still a problem when it comes to other officers, who she said only receive a day of exercises about mental health issues. She said their basic training for emergencies might supersede the limited understanding of a mental health emergency. Officers in the ESU and HNT units, by comparison, get five days of training on mental health issues, she said.

"Police officers who are trained as paramilitary may not recognize a mental health crisis and treat it as something else," Akhu said.

Dr. Jennifer Skeem, a professor of psychology at the Goldman School of Public Policy at UC Berkeley, who has researched police mental health reforms, agreed and said this stems from the general stigma against mental illness in the country.

Although CIT training has shown some successes, Skeem said it should not be sole solution to improving mental health emergency responses.

"It's been reduced to this idea that you give 40 hours of training to this team and they're ready to answer mental health calls," she told ABC News.

Skeem said police departments should come up with new tactics and strategies to address these problems. Most importantly, they should expand the use of programs that have been established in some precincts where psychology professionals are deployed to handle those emergency calls that involve mental health.

The NYPD has Co-Response Teams, which pair two officers with a city Department of Health & Mental Hygiene clinician to emergency calls that involve a person with mental health issues.

Two years ago, the Dallas Police Department, Dallas Fire-Rescue Department and Parkland Hospital created the Rapid Integrated Group Healthcare Team or RIGHT Care where specially trained paramedics, police officers, and mental health professionals are deployed to emergency mental health calls in four ZIP codes.

A mental health clinician is staffed in the city's 911-call center and coordinates with the team.

Jason Evans, a spokesman for Dallas Fire-Rescue, said last year RIGHT Care received over 4,000 calls and the unit helped 3,377 patients connect to appropriate care. Parkland's psychiatric emergency room admissions from those ZIP codes decreased by 20% after the program's first year, according to the hospital.

The departments are making a push with the city council to expand the program to other parts of the city, according to Evans.

“In the first two years we feel the program has been doing great,” he told ABC News.

Skeem said researchers are currently studying the effectiveness of this program, but in general, having cooperation between trained mental health professionals and law enforcement is a step in the right direction.

“That will help build a bridge between the police, community and other agencies,” she said.

In the meantime, Skeem said it is vital that law enforcement agencies focus training on mental health problems and the use of effective de-escalation tactics to crack down on the stigma and avoid any use of force.

“A lot of these reforms or model programs have been developing already. I hope this creates the human, political and agency ‘will’ to implement the strategies that are quite different,” she said.

APPENDIX D: READING COMPREHENSION TEST

Name: _____

1. In 2018, what percentage of people shot by police officers lived with a mental illness?

2. In what year did the Memphis Police Department unveil the Crisis Intervention Team model?

3. There are uniform requirements for trainings and procedures related to mental health across all police departments in the United States.
____ True ____ False
4. Approximately what percentage of police departments in the United States have adopted the Crisis Intervention Team model?

5. What are some of the benefits of the CIT program, as detailed in this article?

6. How many New York Police Department officers have been trained in CIT since 2015?

7. According to this article, why is it important for all police officers to receive training about mental health?

8. What was the primary outcome of the Dallas Police Department, Dallas Fire-Rescue, and Parkland Hospital's RIGHT Care pilot project in the four target ZIP codes?

SCORE: _____

APPENDIX E: READING COMPREHENSION TEST ANSWER KEY

1. 25%
2. 1988
3. False
4. 15-17%
5. Can bring comfort to a situation rather than escalation; Diverts individuals with mental illness from criminal justice system; Reduces use of force towards people with mental illnesses; Builds bridges between police, community, and other agencies; Helps connect people with mental illness to various community resources
6. 15,000
7. If police officers aren't trained to identify mental health issues, they will treat people who need help as criminals
8. Psychiatric emergency admissions decreased by 20%

APPENDIX F: VISUAL MEMORY EXERCISE ANSWER SHEET

- 1) _____
a. _____
b. _____
c. _____
- 2) _____
a. _____
b. _____
c. _____
- 3) _____
a. _____
b. _____
c. _____
- 4) _____
a. _____
b. _____
c. _____
- 5) _____
a. _____
b. _____
c. _____
- 6) _____
a. _____
b. _____
c. _____
- 7) _____
a. _____
b. _____
c. _____
- 8) _____
a. _____
b. _____
c. _____
- 9) _____
a. _____
b. _____
c. _____
- 10) _____
a. _____
b. _____
c. _____

- 11) _____
a. _____
b. _____
c. _____
- 12) _____
a. _____
b. _____
c. _____
- 13) _____
a. _____
b. _____
c. _____
- 14) _____
a. _____
b. _____
c. _____
- 15) _____
a. _____
b. _____
c. _____
- 16) _____
a. _____
b. _____
c. _____
- 17) _____
a. _____
b. _____
c. _____
- 18) _____
a. _____
b. _____
c. _____
- 19) _____
a. _____
b. _____
c. _____
- 20) _____
a. _____
b. _____
c. _____

APPENDIX G: SCENARIO MEMORY EXERCISE

Scenario: Suspects in a robbery were seen entering a residence. The residence has been contained. You have been dispatched to report to a command post whereupon you receive a briefing. The briefing is as follows—

Suspects are believed to be inside of a blue and gray house with white trim. The address of the house is 2248 South Lincoln Street. The house is situated on the west side of the street, facing east. The front door is accessible by a raised front porch. The front of the house has two windows, one on each side of the door. There are several windows on the north and south sides of the house. The west side of the house contains one large window, south of a backdoor. No basement windows have been seen.

There is a chain-link fence enclosing the front yard. A large German Shepherd dog is inside the front yard and barks at any noise. The backyard of the property is also enclosed by a chain-link fence. A driveway runs along the north side of the property. There is a blue and white, single car, detached garage adjacent to the northwest corner of the house. The garage door is closed. There are no windows on the garage, but there is a walk-through door on the south side. This door is also closed.

In front of the garage, parked in the driveway, is an older model silver Pontiac Firebird. This vehicle does not appear to run. Behind the Firebird is the suspect vehicle. The suspect vehicle is a gold Jeep Cherokee. The plate on the Jeep is 147 Kilo Bravo November. A records check of this license plate number comes back to a 1979 Ford F-150 pickup.

The first suspect, who was the driver of the vehicle, was described as male, white, five feet six to five feet eight inches tall, medium build with black hair, small moustache and a few days growth of a beard. He was seen wearing blue baggy pants, black sweatshirt, black tennis shoes, and a white baseball style hat with an Orioles emblem on the front.

The second suspect was described as male, white, approximately five feet ten inches tall. One hundred and sixty to one hundred and eighty pounds, brown hair with a brown goatee. He was seen wearing black baggy pants, orange t-shirt, and white tennis shoes.

No weapons were ever seen, although both suspects intimated that they had handguns inside of the waistbands of their pants.

APPENDIX J: DEBRIEFING QUESTIONS/NOTES

1. What feelings and thoughts did you initially experience when hearing the voices?
2. Did anyone experience any physical reactions to the voices? If so, what?
3. Let's chat briefly about each task. What was the Reading Comprehension Test like?
4. What reactions did you have to the Visual Memory Exercise?
5. What was the Interview Exercise like for you?
6. What did you notice about the Scenario Memory Exercise?
7. What was it like for you to interact with people around you during this experience?
8. The voices disappeared for a brief time during the audio track. What was that like for you?
9. What did you notice about the different voices you heard?

Now, the NAMI volunteers you interacted with throughout the session will introduce themselves.

1. What insights have you gained about serious mental illness by participating in this activity?
2. If you have experienced this workshop before, how was this experience different?
3. Thinking of what you just experienced, what tactics and strategies should you use to interact with people you encounter who have, or appear to have, a mental health condition?
4. What services does NAMI Metropolitan Baltimore provide?
5. Who should you refer to NAMI Metropolitan Baltimore for support?
6. Do you have any additional questions for us about this session or the work NAMI does in the community?