



CODE

THE MOVIE

Facilitator's Film Screening Guide



nami.org/code

ABOUT CODE:

The Correctional Officers De-escalation Education (CODE) program was developed and sponsored by NAMI Tennessee in cooperation with the Tennessee Department of Corrections and the Tennessee Department of Mental Health and Substance Abuse Services. CODE was funded in part by grants from the Tennessee Department of Mental Health and Substance Abuse Services and Janssen Pharmaceuticals.

CODE (THE MOVIE) WAS PRODUCED AND DIRECTED BY DIXIE GAMBLE AND INCLUDES:

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THE CODE: FACILITATOR'S FILM SCREENING GUIDE WAS CREATED BY THE NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) WITH THE HELP AND SUPPORT OF:

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PROJECT SCOPE

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Prisons in the U.S. face serious challenges in addressing the needs of inmates who have mental health conditions. At the same time, the number of people with mental illness in prisons has been growing nationally. Inmates experiencing symptoms of mental health conditions present challenges to the safe and efficient operation of a correctional facility, and the correctional environment often exacerbates symptoms of mental illness.

The purpose of the CODE project was to create and distribute a correctional officers' training program (based on the CIT model) with concrete examples of how to respond to challenges involving people incarcerated with mental illness in daily operations, including: effective communication, skillful intervention and monitoring guidelines and successful de-escalation strategies.

STATISTICS*:

2 MILLION

About **2 million times each year**, people with serious mental illness are booked into jails.



66%

66% of women in prison reported having a history of mental illness, almost **2x** the percentage of men in prison.

2 in 5

About **2 in 5 people** who are incarcerated have a history of mental illness. **37%** in state and federal prisons and **44%** held in local jails.



50,000

About **50,000 veterans** are held in local jails. **55%** reported experiencing mental illness.

*Source: nami.org/NAMI/media/NAMI-Media/Infographics/NAMI_CriminalJusticeSystem-v5.pdf

TRAINING GOALS

OVERVIEW FOR FACILITATORS:

Training Goals:

- ◆ Support participants in achieving a deeper understanding of the complex role that mental illness has amongst those who are incarcerated and suffer from mental health conditions.
- ◆ Provide techniques of how to interact with inmates with mental illnesses using **successful de-escalation strategies** while emphasizing officer safety.



Preparation:

- ◆ Prior to facilitating, you should **watch CODE independently** while reviewing this document in order to prepare for training with this film.
- ◆ **Know who your audience is.** Understand the group of people you will be training. The better the information can be presented, the better the information will be received by the group. Keep in mind that every corrections facility is not the same.
- ◆ **Brainstorm objectives** that you would like to accomplish during training that align with your department's mission, vision and values.
- ◆ Understand and be prepared to communicate the **purpose of the training** and the CODE film with trainees.



RECOMMENDATIONS FOR USING CODE TRAINING:

1. Facilitator:

Customize the Conversations – To ensure that this training is delivered in the best way, the key is to have a customized conversation about the material. Each facilitator should take the time to get to know the officers they will be teaching and tailor the content of the training to fit their personalities, the facility they work in and their overall perception of mental illness. This is crucial to securing the “buy-in” for the training.



The suggested facilitator is someone who comes from within the same agency as the trainees, such as a CIT Team Member or an officer that is currently working in a mental health unit. This person will have a better understanding of the group and how to best present the information by leveraging the known dynamics of the facility and sharing experiences that directly relate to the trainees. If possible, pair an internal facilitator with a licensed mental health professional to deliver the training together.

2. Timeframe and Delivery:

This training has benefits at multiple points within a correctional officer’s career:

Option 1 – Provide the training to **new officers** during or immediately following academy training since they will be working with inmates with mental illness from day one on the job. By teaching them CODE’s techniques and information from the beginning, they can use what they learned throughout their careers.



Option 2 – Provide the training to **experienced officers** as a standalone training or integrated with other in-service trainings conducted semi-annually or annually, like de-escalation training or CORE training. The training can also be paired with other relevant training courses like ACA Correctional Behavioral Health Certification and CIT training.

3. Effectiveness:

a. Mindset – For this training to be successful, trainees must understand that success starts with their own mindset. If mental illness is looked upon as something inmates are faking, or acting out for attention, then what is being taught within this training will likely not have much impact. Similarly, if the trainee is simply participating in the training to “check the box” and add it to their qualifications list to get promoted, then the intent of the training becomes marginalized. A good correctional officer needs to be educated and understand the people they are working with, including the facts about mental illness and its prevalence within their job settings.



RECOMMENDATIONS

b. Us vs. Them Mentality – Corrections is a tough field that is understaffed and overworked, but the job can be easier on staff by doing away with the “us versus them” mentality. Correctional officers spend a great deal of time with inmates, so it is vital that patience, empathy, rapport and respect are core characteristics of the relationship between staff and inmates. This can contribute to the change needed to bring about a positive organizational climate, less burnout, decreased tension, fewer incidents and a safer environment for all.



c. De-escalation First When Possible – De-escalation skills and tactics will not always work, and it’s important to be realistic about that. Resolving issues with communication will not be feasible in some situations. There will be times that other strategies and protocols are necessary in order to keep the inmates and the staff safe. However, it is imperative that staff use de-escalation skills first and see if the situation can be resolved without other means.



4. Evaluation and Improvement:

NAMI National has created an evaluation platform to capture anonymous feedback from the facilitator via a brief survey. **Please provide your feedback** of the CODE training after it has concluded. You can scan the QR code on your phone or [click here](#).



5. Helpful Hints:

- a.** Facilitators should be aware that sometimes trainees get triggered by the sensitive subject matter. It is helpful to incorporate self-awareness checks throughout the training and offer debriefs at the end of each day’s training.
- b.** Facilitators should be prepared to communicate before showing the film that, **some scenes within CODE are unrealistic**, but are incorporated to generate dialogue around the subject matter.
- c.** Well-timed breaks are encouraged for every 60 minutes of training to keep participants engaged in the material.



DURING FACILITATION (BEFORE STARTING FILM):



- ◆ **Introduction:** Open training by having each attendee introduce themselves briefly.
- ◆ **Purpose:** Discuss the purpose of the training and why trainees are here today, in order to prepare them for understanding the importance of the film. Emphasize the objectives that align with the department's mission, vision and values, including officer safety. Be direct with trainees and discuss how frequently they will use this type of training in the field on a daily basis, versus other trainings, such as weapons and first aid. In order to maximize the impact of the film, talk about the prevalence of mental illness amongst inmates in corrections settings and the reasons behind it (de-institutionalization, war on drugs, etc.). Use the project scope and statistics to communicate the purpose to trainees.
- ◆ **Audience Engagement Activities:** Audience engagement tools, such as Mentimeter or Slido, are helpful when it comes to generating group discussions and interacting with trainees. Other options include conducting these activities verbally or using a whiteboard, etc.
- ◆ Have participants write down their negative and/or positive thoughts they have due to experiences with mental illness (both in personal life and on the job).
- ◆ Gauge trainees on their awareness of the statistics regarding mental illness in corrections settings. If applicable, incorporate volunteers to share a few real-life experiences of working on the job as a correctional officer and what they have already experienced.

DURING FACILITATION (AFTER FILM):

- ◆ After the screening, open up group discussion using questions outlined on page 12, and ask trainees if or how their initial views were impacted after seeing the film. Have participants think about and/or share experiences that are similar to the ones in the film, what they did at that time and what they will do now after the training.
- ◆ Talk about next steps based on the department's mission, vision and values.
- ◆ Conduct closing and fill out an evaluation.

Note for facilitator: Reminder, the CODE film is 67 minutes long. It will be helpful to schedule 2.5 hours for this training segment in order to screen the film in its entirety and to complete the below agenda activities.

SUGGESTED AGENDA:

- ◆ **Introductions** (5 min.)
- ◆ **Purpose** (5 min.)
 - ❖ Using the points and audience engagement activities outlined on page 7, talk to participants about why they are here today. Provide background about the film, what the purpose of today's film screening and discussion is and what you hope will be accomplished during today's training segment.
- ◆ **Reminders** (2 min.)
 - ❖ Before showing the film, inform participants that **some scenes and dialogue that are depicted in the film may be unrealistic** in some correctional settings. Some scenes and dialogue are exaggerated to generate discussion amongst viewers.
 - ❖ CODE depicts sensitive subject matter, and viewers may have strong reactions. Remind participants that people in the room may have differing opinions from one another — and that's ok. However, it is imperative to respect each other and be professional during discussions.
 - ❖ Encourage participants to imagine themselves not only as the correctional staff, but also as the inmates, while watching the film.
- ◆ **Film screening with stopping points and questions for discussion** (97 min.)
- ◆ **Group Discussion:** Other questions and reactions (20 min.)
- ◆ **Discussion:** Next Steps (15 min.)
- ◆ **Closing** (5 min.)

Note for facilitator: Feel free to use the stopping points as you see fit based on the group you are training. Asking questions or having discussions about the material during the video helps promote active engagement throughout the film.

START FILM

For facilitators: Notable moments to prompt discussion at stopping point

◆ **2:36**

- ❖ Inmate talks about his personal experience with hearing voices and describes the struggle when you can't tell a fellow guard because, "they have a cell for you."

◆ **3:33**

- ❖ Inmate talks about his mental health struggles and says the guards don't want to hear it. "That's not our job, that's not what we're here for."

◆ **4:02**

- ❖ Inmate talks about role of corrections staff. He says, "How can you do the job if you don't really know what is going on with the person you are working with?"

STOP FILM 5:06

Discuss inmate reflections of their actions and struggles and inmate reflections of their perceptions of correctional staff.

START FILM

For facilitators: Notable moments to prompt discussion at stopping point

◆ **6:49**

- ❖ CO approaches woman using a calm voice asking questions to figure out the problem.

◆ **7:03**

- ❖ CO continues prompting questions to build rapport.

◆ **7:17**

- ❖ Note that at 7:17 two other COs are in distance of main CO talking to provide support and security for main CO. Take note of having one staff person doing the talking to inmate and the other staff in proximity for stand-by assistance.

◆ **7:46**

- ❖ Woman CO steps in to assist other CO. Woman CO uses the inmate's name, Sheila, when addressing her in a calm manner.

◆ **8:35**

- ❖ The three COs assure Sheila that no one is keeping her mail from her. Insisting that they are there to help her.

◆ **8:55**

- ❖ COs encourage inmate to go to cell to discuss further. Encouraging Sheila by saying that they want her to get better so she can go back to her daughter Joy.

◆ **9:17**

- ❖ Woman CO continues to build rapport with Sheila using personal approach by telling her how she is a mom too.

◆ **10:30**

- o Female CO sits in cell with Sheila and talks about how she understands the love Sheila has for her daughter. Continues reminding Sheila of her daughter, using the daughter's name, Joy.

◆ **11:52**

- ❖ Sheila picks up a rope and wraps it around her neck. CO calmly asks Sheila for the rope back so she can be there for Joy. She continues encouraging Sheila to take her medicine, reminding Sheila that she is there to help her so she can see her daughter as soon as possible.

◆ **13:49**

- ❖ Woman CO successfully gets Sheila to come with her to take her medicine. "We're doing this together."

STOP FILM 14:02

Discuss the three COs approaches in talking to Sheila and getting her to go back to her cell (speaking softly, maintaining distance, calming techniques)

Discuss the woman COs compassionate approach with talking to Sheila in cell and getting her to give back the rope. Discuss woman CO's actions that led her to get Sheila to come with her to take her medicine. What were some of the de-escalation techniques that led to this success? What are techniques that would not work? What techniques are unrealistic within your department (protocol, rules, staff allocation, medicine procedures)?

START FILM

For facilitators: Notable moments to prompt discussion at stopping point

◆ **15:12**

- ❖ Inmate Michael discusses his self-harm caused by his mental illness.

◆ **17:38**

- ❖ Inmate Rafael discusses how inmates' actions due to mental illness are sometimes perceived by COs as being aggressive or acting out. He goes on to say that inmates know which COs care, and which do not.

STOP FILM 20:08

Discuss inmate reflections of their actions and struggles and inmate reflections of their perceptions of correctional staff.

START FILM

For facilitators: Notable moments to prompt discussion at stopping point

◆ **20:20**

- ❖ CO Sherri talks about the importance of viewing inmates as “people in crisis” rather than “inmates in crisis.”

◆ **20:29**

- ❖ CIT programming discussion.

STOP FILM 24:50

Discuss CIT. Benefits (for both staff and inmates), goals, perceptions, what it takes, etc.

START FILM

For facilitators: Notable moments to prompt discussion at stopping point

◆ **25:00**

- ❖ General narration about mental illness (definition, schizophrenia, bipolar disorder, depression and PTSD).

◆ **26:28**

- ❖ Inmates share what their own diagnoses are.

◆ **25:12**

- ❖ Inmate says, “I know I’m sick, but it feels real.”

STOP FILM 29:48

Discuss de-escalation techniques. Which ones do you use? Which ones are unrealistic? Are there any techniques that were not addressed?

Ask COs what mental illness they encounter most when working with inmates. What are the most common behaviors and symptoms they encounter when working with individuals experiencing a mental health crisis? Which de-escalation techniques are most helpful/successful?

START FILM

For facilitators: Notable moments to prompt discussion at stopping point

◆ **31:00**

- ❖ Differences between criminality and mental illness.

◆ **32:06**

- ❖ Begin Edward scene.

◆ **32:46**

- ❖ Female CO radios for backup.

◆ **32:51**

- ❖ Female CO briefs two other COs that arrive on scene for backup. Female CO expresses her need for assistance in trying to get Edward out of the cell to

see the judge. COs also discuss Edward’s refusal in taking medication. Note how the conversation is right in front of Edward’s cell door. Is that a good idea or bad idea?

◆ **33:29**

- ❖ Male CO approaches cell door with friendly greeting to Edward.

◆ **33:54**

- ❖ Male CO asks for Edward’s perspective in terms of where he thinks the COs are going to take him.

◆ **34:43**

- ❖ Male CO tells Edward “I understand what you are saying,” and explains he understands that Edward is upset.

◆ **34:34**

- ❖ Female CO asks if Edward is hungry. She offers Edward food once he gets in the van. Edward expresses refusal for getting in the van.

◆ **36:06**

- ❖ COs offer different transportation options for Edward. Edward agrees to lunch, riding in the Ford Taurus instead of the van.

STOP FILM 38:13

Discuss the COs approach in talking to Edward and getting him to agree to come out of the cell to go see the judge. What techniques were effective? Which ones were unrealistic?

START FILM

For facilitators: Notable moments to prompt discussion at stopping point

- ◆ **Personal safety**
- ◆ **CO Culture**
- ◆ **Inmates’ thoughts about treatment failure (punishment, COs’ perception of “faking” mental illness, humiliation, COs making fun of inmates)**
- ◆ **Restraints/seclusion and “being in the hole”**

STOP FILM 47:03

Discuss your department’s procedures related to personal safety.
Discuss treatment failure and what inmates had to say.
Discuss your department’s procedures for restraints and seclusion.

START FILM

For facilitators: Notable moments to prompt discussion at stopping point

- ◆ **Medication**

STOP FILM 52:36

Discuss your department’s medication procedures, including medication and treatment refusal.
Discuss “listening without judgment.”

START FILM

For facilitators: Notable moments to prompt discussion at stopping point

- ◆ **Suicide**

STOP FILM 54:59

Discuss your department’s suicide protocol. Discuss suicide statistics for general inmate population versus offenders with mental illness.

START FILM

For facilitators: Notable moments to prompt discussion at stopping point

◆ Safe cell extraction

◆ 55:08

- ❖ Armored COs begin procedure for cell extraction for Sheila. They instruct Sheila to sit on the bed as she threatens suicide.

◆ 55:43

- ❖ Armored COs make entry into Sheila's cell and begin restraint techniques.

◆ 56:20

- ❖ Medical is called into Sheila's cell. Medical staff talks to Sheila in a calm voice and explains what she is there to do (i.e. taking blood pressure). Medical staff talks to Sheila about her daughter while performing medical on Sheila.

◆ 57:40

- ❖ Medical staff rubs Sheila's back trying to calm her down.

STOP FILM 58:24

Discuss your department's safe cell extraction protocol, including the need for medical staff. When is use of force necessary? When are restraints necessary?

-
- ◆ Closing remarks in film (love, kindness, understanding, going the extra mile, following training procedures)

END FILM

GROUP DISCUSSION

GROUP DISCUSSION: Other questions and reactions (20 min.)

Note for facilitator: It is important to ask trainees to “explain” when they answer questions. The goal is to maximize audience engagement and understanding.

1. What impact did the film have on you and your perception of working with inmates with mental health conditions?
2. Why do you think your department wanted you to have this training?
3. Did any moment or scene stand out to you in particular? What was it? And why?
4. What skills do you think are essential for correctional officers to have when working with someone with a mental health condition?
5. What, if any, insights did you gain about working with those who suffer from mental health conditions?
6. Did you learn anything new from the film?
7. What kinds of practices happen in this film that you would want to explore further? Explain.
8. What ideas or moments stayed with you?
9. In relation to today’s training, what do you wish you had known, or been taught, before you started working for the department?
10. Compare and contrast the moments you see in the film and the working experience you have. What are a few important similarities or differences?
11. What kinds of practices in the film are you already doing that you’d like to preserve or strengthen?
12. Did anything in the film “speak truth” to you?
13. If you could change one major aspect of corrections’ staff interactions with inmates that experience mental illness, what would it be? Why?
14. How can our department better integrate the disciplines and skills development our staff need when working with inmates with mental illness?

DISCUSSION: Next Steps (15 min.)

Closing (5 min.)

- ◆ This portion of the training is an opportunity for facilitators to end the training in a way that aligns with their department’s mission, vision and values.
- ◆ Reiterate the importance of this training and how it is a tool that can and should be used daily on the job.
- ◆ Discuss the tie-in to CIT training, if applicable, and how it can help to divert individuals suffering from mental illness to treatment, rather than to jail/prison.

Additional Information and Resources:

1. [NAMI Frontline Wellness](#) (Mental Health Resources for Public Safety Professionals)
2. [CIT International](#)