

Building Personal Resilience

Voiceover

00:00

Welcome to *The Beat*—a podcast series from the COPS Office at the Department of Justice. Featuring interviews with experts from a varied field of disciplines, *The Beat* provides law enforcement with the latest developments and trending topics in community policing.

Jennifer Donelan

00:16

Hello, everyone. I'm Jennifer Donelan with *The Beat*. Thank you for joining us. Today we're going to be discussing the Madison, Wisconsin, Police Department's Building Personal Resilience project. It focuses on officer wellness and resilience through a structured, evidence-based training system, intended to improve officers' emotional wellbeing, ability to dissipate and cope with stress, and self-regulation. A lot of big words there. These are hot button issues. And at the end of the day the whole point is to get our officers to a place where they have less stress in their lives. So we've got two very important guests with us, who are going to help us manage through all of that intense information and get our officers healthy. So guests joining us over the internet, this is going to be a remote conversation, an important conversation nonetheless. Joining us are Mary Schauf, a retired captain with the Madison Police Department, and Dr. Sandra Ramey from the University of Iowa's College of Nursing. Welcome. Thank you so much for speaking with us today.

Captain Mary Schauf

01:22

Thank you.

Dr. Sandra Ramey

01:23

Thank you.

Donelan

01:24

Captain Schauf, I'm going to start with you. Now you're retired, presumably living that proverbial life of leisure, does it still feel familiar when someone refers to you as Captain? How should I refer to you, are we still Captain?

Schauf

01:36

Well, it feels very familiar, but please call me Mary for today.

Donelan

01:40

Okay, Mary, I can do that. Let's start off with you. Start off by telling us a little bit about yourself and your career.

Schauf

01:47

I'll start with a little bit of when I kind of first became aware of just even the whole the policing profession. When I was in grad school I studied exercise physiology and one of the interesting things at that time—and this is like 30-plus years ago—is that the exercise physiology profession had noted that policing in general and police officers seem to have cardiovascular disease and problems at a greater rate than the rest of the public. And so it was one of the topics of discussion in that learning environment. And I found it fascinating. And at that time I think it was believed that, well, if we just... if they exercised more, ate better, did these physical things, that that would just take care of all these problems. After my education, I joined the police department. I was a police officer for 29 years., went through the ranks, did some of those kinds of things, working in the field, working with the community, et cetera. And then landed in the training team at my department, which was the City of Madison Police. So that's where this project comes into play, is at that point.

And I can tell you that these same questions that were being asked 30, 30-plus years ago, are still being asked today. How do we help cops be healthier? How do we help them improve the, you know, the quality of life? Because we don't want our cops to retire and go into retirement angry or sick, and then have had those shortened life expectancies.

Donelan

03:25

Well, it's a very real, real issue. Because we're talking about a profession that these men and women have chosen that is laden with stress. It's laden with crisis management. It's laden with decisions and time constraints. And everything that really... their whole life becomes focused on policing. So what are the real-world aspects from your 29 years in policing, that makes an officer—that you saw—that makes an officer's ability to manage stress such a critical part of the profession? How important is it that they manage stress?

Schauf

04:04

Oh, it's everything and it starts right away. It's—and you really hit a lot of those in your comments, Jennifer—it's the physical aspects of the work, with maintaining even the fitness levels to do the work itself. The challenges when officers are on calls for service and dealing with people who are really having challenges of their own and having the potential for, you know, being attacked in the workplace and dealing with victims who are suffering greatly that you identify with, so that vicarious trauma. And then there's the whole other side of it that I don't know that the public always sees as much, but the cops will relate to this. It's that vacation that got denied, when your whole family's got this big event going. It's

the missed holidays and the stress that you get from home, because now home is not happy because you're away from your family obligation. Or the call back to duty for emergencies or court, all of that stuff is all real, real world for the cops. They'll understand that it's not just the calls for service, but also their agencies and some of these things that are structured into the work.

Donelan

05:13

I think that's the part that people don't think about. It's the thing that you don't see glamorized in movies and television shows. It's those decisions, those really tough decisions that they have to make, that, "Hey, I'm not going to be at graduation." Or, "Hey, we're going to take two different cars in case mom or dad has to leave the recital, because something has happened and I need to go to work." It's just always being on the phone and not really being present in their everyday lives, even when they're not at work. So managing that stress, as you said, that's a potentially fatal situation for them. We see that quite a bit in first-responder situations where we have officers, even firefighters, who are dying of heart attacks quite literally on the job. So I applaud you for taking this on, because there really is a real need there.

Given those factors at the Madison Police Department, it's like many other departments throughout the country, finding ways to enhance officer safety and wellness, consistently evolving, always evolving. What measures did Madison Police Department have in place prior to working with Dr. Ramey, who we're about to hear from? What measures did you have in place prior to working with her, and what was the impetus for pursuing the program?

Schauf

06:25

Well, so the department's been looking at this for many years. And obviously a lot of focus on the fitness aspects of what's needed for the policing profession. But also we've even started talking to cops about, you know, what are you eating? Are you getting adequate sleep? And all of these kinds of things. So we're talking about those things in our workplace, as well as collaborations with Employee Assistance Programming to add that layer in. And then, even with Madison Police, we were doing some other work in the mindfulness arena with the Center for Healthy Minds, which is at the University. So there are a lot of different things and I think we were looking to be progressive and proactive. Maybe the proactive piece, because we know that we can't just solve these things once the harm is done, it's about prevention.

Donelan

07:16

So there this tipping point? Was there this incident? Or was it just this realization that there was this need, and constantly sort of knowing that, and then trying to come up with different ways to handle that? How did that work out for you guys?

Schauf

07:31

I can tell you from my personal experience, really, in looking at... I have seen people leave the profession and leave angry, where it has really harmed them in their lives. I've seen the—as a captain in my agency—I've seen the devastation of people who have strokes and are having heart problems. And they're young people. They're having these problems and it's really impacting their life and their wellbeing. And so, you see this going on amongst your friends, your colleagues, and so I think that the piece for me—and I think we all see it—it's like, what do we do about this? How do we improve this? So that's why you go looking for these solutions and when we came upon this piece with the HeartMath and Resilience Advantage, which is what we're talking about today, and found that Dr. Ramey is really an expert in the area... And so as we looked to incorporate this in, we reached out to her.

Donelan

08:35

Thanks, Mary. And wasting no more time, let's get straight to Dr. Ramey. Your program of research investigates the relationship between cardiovascular disease risk factors and cardiovascular disease morbidity in law enforcement. And it has extended to more than 17 departments in the United States and Hawaii. Good on you to include the work that you conducted in support of the Madison Police Department. Can you tell our listeners a little bit more about yourself, your area of research, and how you came to work with the Madison Police Department on interventions to modify how officers react to stress?

Ramey

09:10

Sure, I'd be happy to. This intervention that we employed in Madison and in several other police departments recently, including the Milwaukee Police Department, really is the culmination of a couple of decades of research. When I was a graduate student, a long, long time ago, my dissertation was one of the largest ever done in law enforcement, to look at the prevalence of cardiovascular disease in nine Midwestern states. And from then, we pursued other risk factors to better understand them. We looked at the prevalence of retirees, and how prevalent cardiovascular disease was in the retired population. We've looked at biomarkers, those meaning, things like C-reactive protein, hemoglobin A1c, lots of different blood markers that tell us what kind of risk officers are in as they work. We also looked at things like sleep and vital exhaustion, physical activity monitoring, where officers would wear a heart rate monitor for like three days on the job, three days off, and so forth. And it became really clear in about the last five or six years that we do have enough indisputable data that there is a higher prevalence of cardiovascular disease and morbidity in the profession of law enforcement.

But not a lot of people are pursuing research-founded interventions to try to reduce that. We've done things like look at shift work and different patterns of the way the job is. But the truth of it is you really will never be able to control all the aspects of stress that police officers encounter. So about five or six years ago, the Dean of the College of Public Health at the University of Iowa brought me into the forefront of this HeartMath program, that is the Resilience Advantage program that addresses stress

and some new ways to help people mitigate stress. And when I heard about it, I said, "Well, I'll send the research assistant to see about that." And he said, "No, I think you should go personally and get some information on it." So I went to a five- or six-day class about this in Boulder Creek, Colorado—excuse me, California—and came back with a whole new idea about how this might interface with law enforcement, and the things that we already know are risk factors in the profession. So that's kind of how I got connected with the program; as far as connected with Madison, I was asked by their EAP program to speak at a CIB conference about five years ago.

And I kind of surmised that when Mary asked me to be the program evaluator for this particular project, that she probably interfaced with the Employee Assistance Program and maybe even attended that program, as well as my reputation for work in this area. So I served as the program evaluator and consulted on other aspects of the project as well.

Donelan

11:58

So Sandy, let's go back to the beginning about what you said. What was it about law enforcement? I mean, you have been focused on this for a long time, and you're talking about one of the largest studies ever done. Was there something specific about law enforcement? Was it in your family? What was it that drew you to that?

Ramey

12:14

It was very, very serendipitous how it happened. I was having coffee with a good friend at Barnes & Noble one day and her husband is a cardiologist and I was talking to her about, "I have to think of something to do for my dissertation, I really want it to be cardiovascular-focused," because I had worked for years in the coronary department at several different hospitals here in Des Moines. And I would see people come in and we would help them get better, but the recidivism rate of people coming back to the hospital with other health-related issues with cardiovascular disease was really prevalent. She said, "You know, you really should work with Dr. Warren Franke up at Iowa State, because he works with the Iowa State Patrol. And they have a really high prevalence of cardiovascular disease." And I thought that was an interesting suggestion so I interviewed with Dr. Franke and he became my major professor at Iowa State. And the rest is history. I got hooked on this, and it just, it seemed like the perfect profession to try to help and pursue, and help some of these things that we see in the general population not be quite so prevalent in the profession of law enforcement.

Donelan

13:20

When you're in the profession and world of law enforcement, it's really easy to put blinders on. And sort of the rest of the world sort of melts away and you become really highly focused. As someone who sort of came in from the outside, was there something that you noticed because you talked about the shift work? We've talked about some of the different levels and types of stress that police officers face, but in

your work was there something specific that you've sort of seen with police officers? You know nurses do shift work, is there something different though about law enforcement specifically that you've really sort of identified as a real concern with that group of people?

Ramey

14:00

One thing that comes to mind with that is the concept of the hyper-vigilance. I've heard through interviews and personal conversations over the years, many officers have said to me, "When I go out to eat with my family, I still sit so I can see the door at McDonald's. " Or, "I'm constantly on. I have trouble making that transition from my job to my home." And comparing that to nursing and some of the other professions with shift work, I think that it's a lot more heightened in the profession of law enforcement, that people don't stop being a police officer when they pull in the driveway and they go home, that concept of hyper-vigilance. And I think my personal opinion is that I think that lends itself to the stress carrying over. And the stress and the higher heart rates continuing after the workday is over. I can give you an example of—in one of the studies that I did—where the officers wore the heart rate monitors for three days on, three days off, 24 hours. I had one officer in particular I was really concerned about, because during his sleep cycle his heart rate never went below 110, which is considered tachycardic, which is a high heart rate for during the day or sleep.

And I've just seen that over and over, that concept of really being so engaged in the job, that it's hard to turn it off, and it becomes part of the person that they are. And the other thing that I would have to say that I've seen in multiple departments is, officers are not as aware as you might think about the risk factors that they are up against in the profession. And that's why in Milwaukee and some other departments we've tried to start indoctrinating that into the culture of the academy, so that officers understand some of the risk factors that are prevalent in their profession, and can start early to mitigate some of that.

Donelan

15:47

And Mary, listening to Sandy talk just now, 29 years in the profession, that hypervigilance, the basic thought that their job basically... the job never ends. You're on the job. You're on the job to the day you retire. Would you absolutely agree with that?

Schauf

16:01

Oh, I absolutely agree with that. And I'd say that even after the day you retire that there is still a tremendous period where you're still adjusting.

Donelan

16:11

It just never turns off. And that means that's around the clock. You're talking about, you know, heart beats at a 110 while sleeping. You know, there are other jobs that you're not experiencing that with. So that is a large concern. I agree with you that the sort of lack of awareness internally among law enforcement, because—and Mary, I want to ask you about that—the officers themselves, they're so focused on what they're doing, that really they're sort of... themselves is an afterthought?

Schauf

16:39

I think in some cases it is. And I think that's probably a good way to say it. Because, you know, when I think back to even my experience, when I learned... when you're learning to become a cop, and you're, you're learning, "this is how you handle things," but you also have to learn to get yourself into that zone where you're an effective police officer, you're poised, you're ready to respond, you're ready to deal with whatever comes up. And it does... there is a process you go through as you prepare to be an officer, and that's the piece where you've now got thousands and thousands of repetitions in that space.

Donelan

17:15

Let's get to the meat of this. What exactly—and Mary, I'm going to start with you—what exactly does the Building Personal Resilience project involve? What are the components of the program, and then, how was it implemented through your department, Madison Police?

Schauf

17:31

So for this piece of our project we were bringing in the personal resilience. And we used a product we've mentioned a little bit earlier here. It was the HeartMath product. It's called Resilience Advantage. And what we wanted to do... essentially, Resilience Advantage in a nutshell is, it's a series of... it's a physical trained skill. It's usually done through breathing. But there's also an emotional piece where you're trying to connect back to yourself and use what's inherent in you. And I'll let—Sandy can give you the textbook definition a lot better than I can—but it's essentially using those techniques to resolve the emotional step, the physiological state that you go through, as you go through your day as a cop. And so we used this tool because it was something that we could give, it was a deliverable. We could say to our cops, this is what it is. This is how it'll help. This is how you do it. And it's something easy enough that I can have a call for service that really makes me angry, I can go back to my squad car, and I can take a couple of minutes, and I can use these tools to reset. So that when I go to my next call for service, I can come back at them and I can be that professional cop that I'm trained to be and not just respond from an emotional state. Or if the call is something that really was really traumatic for me, for whatever reason, I can use these same techniques to recover from those. It's the whole resilience part, which is that quick-recovery piece.

So with our program, we had initially started with our academy. And we had started training in our police academy as this was one of those core tools. We teach our cops not only how to do the work, but when you're done with the work, this is how you prepare, or prepare to do the work, and then reset after things are triggers for you, so that you can be a resilient person in the workplace. So we had already started our piece in our academy. One of the things that we run into is, you know, we have an agency and you start training your new people, and then your older people are like, "What are you talking about?"

So we thought it was really important to come back and train all of our cops. And that was really what this project and the grant was about, was getting the capacity to train all of our commissioned cops, or at least a big chunk of them. So what we did is that we trained officers to train other cops, or train the trainer model, and then try to incorporate it both as in-service type regular training. So we put a piece of it in that in-service piece, and then another piece where we try to do it in some smaller group work. So that all of our commissioned officers had at least a base exposure to the techniques. Some officers, to the extent possible in the short period of time we had, they got even a more intensive look at the material.

Donelan

20:56

Right now really wanting to know a little bit more about, what exactly is the training? Like, what is the technique? Because what I'm taking from you, it sounds like it's a breathing technique. Mindfulness, perhaps. But I could have that completely wrong. I'm going to turn to Sandy now and ask you—as Mary had alluded to—can you give us sort of the textbook definition, but in layman's terms?

Ramey

21:19

I sure can. And as far as how the training is implemented, as Mary said, usually officers take anywhere from a two- to a six-hour class. And when they take this, they learn about the prevalence of risk factors in the profession. They learn a little bit about the physiology of the heart and the respiratory system. They learn and talk about a lot of the common scenarios that they are involved in, like domestic disputes and so forth, in the profession. And so, it, the course, really involves a lot more than just breathing. And when we say to people that the underpinning of what we're going to ask you to do is to learn to use your breathing better, a lot of times people react like, "Well, I know how to breathe. " Or, "I learned how to breathe in the military, " or whatever. But what this does is, physiologically, it helps to maximize the effects of your breathing. And the techniques that I'm going to tell you about in just a minute, that breathing is not new. When you think about it, when you're some place and you have a crying child, the first thing that you say is, "Stop and breathe." Or when I used to work in the emergency room, when somebody comes in having a panic attack, the first thing we would say is, "Breathe. Look at me and breathe and mirror what I'm doing. "

So nobody disputes the power of breathing, but what this does is it harnesses it in a way that people—if done correctly and practiced, and practice is an extremely important component of this—they can actually stimulate what's called the vagus nerve, which is the part of your parasympathetic nervous

system. Big words, but simple effect: calm you down. The sympathetic part of your nervous system innervates your heart. That's called the fight or flight reaction. When you go to a call or you're afraid about something, or something frightens you, that system is innervated. And then when you start to breathe deeper, the parasympathetic nervous system, the vagal system, starts to take over and slows that heart rate. Now the techniques that I'll go over with, just briefly, are also not new. They've been used for, I think, probably close to five or six years or more now with pre-deployment troops in the Army and Navy. Professional athletes have used these breathing techniques for lots and lots of years. Mary and I talked about, when she was an exercise physiology student, about knowing that athletes use this.

But it has a couple of components that it might help you to kind of understand. And the first one is called heart rate variability. And what that means is, we used to think that to have a perfectly regular heartbeat... when you go to the doctor and he either listens... he or she listens to your heart, or takes your radio pulse... to have a regular interval between your heartbeats. We know now that a little bit of variation in there is really good, because that shows that people have the ability to react to different stimuli that come their way during the course of a certain day. As you age, your heart rate variability changes. It goes down as you age. Young people in their 20s at the academy have very high heart rate variability. But it's something that if you don't protect and practice with, it does deteriorate as you get older, as with many things. The other thing that's important to understand is a concept called coherence. And what coherence is, is an optimal state in which the heart, mind, and emotions are aligned and in sync.

And physiologically the immune system and hormonal and nervous systems also function in a state of energetic coordination. And that sounds very scientific, but what it means is that all of your systems are in harmony. And as human beings we all have that power through practice, again, to be able to do that deep breathing. And to be able to stimulate a physiologic response that calms people down. And Mary mentioned about the prep and sustain reset. That's an important part of the training, is from call to call, to be able to use this type of breathing on the way to a call, sustain it when you're working with people, and then to be able to reset, especially between those calls, so that when you go to the next one, you're not still hyped up and all excited and upset, or whatever, from the last call. And then that carries over to your relationship, and what ensues with the next one. It's also important to be able to do this when you work with people in the community.

One of the recruits in Milwaukee shared with me that one of the first times he used this on the job was with a person that had a mental health disorder. And to help calm that person down he said, "Just look at me, and I want you to look at me and try to breathe with me." And he was able to calm the individual down, just by him using the breathing techniques he had learned in class. And much like a child mirrors a parent, the person he was working with was able to mirror him and calm their breathing down. And the situation was much better handled, that it might not have been otherwise. So understanding those two things that resolved in a true physiologic response, again, are not new, but to be harnessed and put in a package that law enforcement officers can relate to and use that's germane to their job, is what's innovative about this program.

Donelan

26:13

Oh, I'm loving that example, about actually using this tool with others in an effort to calm them down. The one thing that I really think is exciting about this, is that it's offering a possibility to these officers that you can take control back. You're not out of control. You may feel like you're out of control, but you can regain that control of how you're feeling, your heart rate, that you actually have the ability to get yourself back to a place of, you know, I say peace, but just to where you can deal and you're limiting the really negative, dangerous aspects of stress. So let's be real now at this point. We're talking about police officers. We're talking about deep breathing. We're talking about self-awareness. We're talking about, you know, what's the buy-in here? Did you face challenges? And talking to these folks, they're like, you know, they're running towards danger, and you're asking them to breathe. And to breathe in a specific way and to calm themselves down. What was the buy-in like at Madison Police Department, Mary?

Schauf

27:21

I think you've hit it, Jennifer. You hit it, it really varied. So we had some people who said, "What, you want me to breathe? Are you kidding? This is, it's just so stupid." They have other words for it, but you get the general... See, you had some people... you have that whole continuum, those people who say, "I don't want to do this." And we see that in cops. We see that no matter what we train where they're just not going to accept it. "I've been doing it this way so long, I don't need this." And then we have the opposite end of that. And the opposite end of that was we had people who said, "Hey, I'm struggling a bit." Or, "I've had some health problems, this might really help me." Or, "And I can take control over my life. I can take control over my health, and I can own this." And at least start to see, "Hey, this has something to offer me." So they get excited about it. And we did have some people who I know, who say, "Hey, can I use my sensor, because I want to show my spouse how this works because I think we could use this at home." And so you really did see the variations.

Donelan

28:35

How many people got trained in Madison?

Schauf

28:38

The number's up from where we were at the end of the project. We were close to 200 by the end of the project with training them on the entire program, but every new class that comes through is trained. And like many agencies, there's a lot of transition now, so those numbers keep flowing through as well. And then obviously some of them have left. We were able to train, like I said, about 200 of our existing officers. And then now we're training those other ones.

Donelan

29:05

So just for perspective, like, would you say 30 percent of the department eventually got the training? Or, you know, just to, number-wise...

Schauf

29:13

We have about 477 commissioned folks. So we got just under half. It actually is, we had planned that we would get fewer than that, but we were able to get more people trained during that short period of the grant, but the training continues...

Donelan

29:30

And Sandy, you've been a part of, as we discussed, when I was introducing you to the listeners, that this has extended to 17 departments in the United States and Hawaii. So you, Mary, can speak, I'm sure, very, very expertly on Madison, Wisconsin. What has your take been as you've been dealing with law enforcement on this? Has it been pretty much the same? Could you quantify? Is it a 50/50 people, you know, widely accept it? Or people give it the scoff, and they're like, "Yeah, right. Breathing, okay. That's going to help." What's been your experience?

Ramey

30:06

I can't really quantify it percentage-wise, but I would, if I did, it is definitely above 50 percent. But like I said before, and like you said too, it is kind of a generational thing. Because in several departments I've had older officers say, "I really wish I would have had something like this when I was at the academy," and identify the need of it retrospectively. But then, transversely, the new generation of recruits see what happens as an officer progresses in their career, and they don't want that to be them. And they seem to be much more in tune with health concepts and healthy living and healthy eating. And so that goes right along, hand-in-hand, with something else that they can do to try to mitigate some of the risk that they're being educated about. And one comment that you made about being able to do it yourself, you know, really, all you can control is yourself. And I think when people realize that, that you can't control what comes at you during a workday or what happens when you go home, or others' reactions, but that's really all you can do, is control yourself.

But I, when I teach the classes, I usually start out saying just what Mary said about, this is not a silver bullet. It's not for everyone. It may not work the same for everyone, but it is something that you have at your pleasure to use and it doesn't cost you anything to use and it's always with you and there is a ton of research to support that it works.

Donelan

31:33

If you open your mind to this, it really is effective. What are the tactics, best tactics, best practices, in terms of getting this implemented, getting the buy-in? Are you having people who positively, you know, used this in their daily lives, and having them sort of testify to others, like, "This works for me, you need to learn how to do this?" What has worked and what hasn't worked in terms of trying to get those officers to buy into this?

Ramey

32:00

Well, so far what I've heard and seen from the groups that I've worked with over the last five years is they really would like to hear this from police officers. It seems like it's better received if you at least have a police officer in addition to a researcher. Or, have a couple of police officers trained to present this and that's one of the main things that comes out. And then the other thing is upfront to really explain to officers, "Why should I care about this? What will this do for me?" And so that kind of leads into, "You should care about this, because you're at risk for cardiovascular disease. When you retire, you're 70 percent more likely to have a heart attack and have CBD than your counterparts in the general population." And build into the presentation about why you should care about it. Because what I hear from people is they have so many aspects of training that they have to go to this, and they have to go to that, and they're—to use a cliché—a flash in the pan and they're never visited again. And they're somewhat skeptical about, is that what this is? Is this just the idea du jour about how to manage stress? So to try to impart that this is something that needs to be threaded through every aspect of the department. It needs to be on letterhead. It needs to be used to start at the beginning of meetings. It needs to be revisited at in-service. And to try to reassure them that this is not a flash in the pan. And if it is, it won't work for you. It has to be something that you build upon and it's kind of a philosophical concept that everybody that's interested in needs to work together to keep going through the department. Mary and I have talked about that as next steps in Madison, about how to keep the fires burning, now that she's gotten more than 50 percent of the...

Donelan

33:40

Which is phenomenal, Mary, let me ask you, from the command level... and you talked about something very important, the generational gap. There seems to be more of a buy-in from the younger folks who have been more exposed to things like mindfulness and yoga. And, you know, those type of things. Whereas, you know, the older officers who are in command positions, many of them, and in positions where they're making the decisions about what's the training program going to look like. What are we going to focus on as a department moving forward? How are we going to keep our guys healthy, our ladies and gentlemen healthy? So from a command perspective, what sort of organizational, cultural changes do you need to overcome on a commander, supervisory level?

Schauf

34:27

We could spend hours talking about that, the responses. Because as we all know, changing a culture in an organization just takes so much time. Sandy alluded to a lot of these in her response. It's that, you know, keeping the practices in front of people. But from a command level, one of the big, big things is we need executive buy-in. So you need that top level buy-in, and then it's really super important... and we always forget, but our FTOs and our sergeants, so those field training officers and those sergeants, are probably more influential than what your captain thinks, or what your assistant chief thinks. And so, when those people buy in, and see that these tools are useful and can help... and we see that. And I got some examples I'll share with you. But when they see that, hey, maybe I'm this person on the edge saying, "That's stupid, that's stupid," and then all of a sudden I get stuck in this critical incident and I'm having a really bad response to it and now I find that my Employee Assistance folks are coming out and talking to me about the same thing I got trained on. Hey, they're talking to me about the same breathing thing that they trained me on and I left it on the shelf then, but maybe now it's something I can use. Maybe now it's something.

You won't have that built up, that resiliency. But at least it's a time to start. I would prefer as a trainer to see people start right away. It's a physical skill. We want people to build that base, so it becomes routine. If I find myself getting stressed, I've done it now enough, I can just revert back. Hey, I feel what my body is doing, now I can feel what it's like to be coherent. I feel that, and now it's much easier to invoke that state of coherence because I know what it's like. Just like, it's the fitness analogy: If you're physically fit, you can bounce back better from exercise. Same with this. If you've practiced and you understand and you can feel what coherence feels like, when push comes to shove, and I get that call that really pushes all my buttons, I can say, "Okay, now I need to get back to that."

Donelan

36:42

It is a skill that requires practice. So we have a platform right here and now, so let's spread the word. Let's really get into, you know, give me an example, like, what are we talking about? Give me like, okay, you're faced with this, what do I do? I can feel myself, like my blood pressure is rising, I'm facing some sort of stressful situation, I've walked away from a stressful situation, my hands are balled up, and what do I do?

Ramey

37:13

Well, I can answer that question. What you just described is the first step in what we call the quick coherence steps that we impart in the course. So step one is to focus your attention in the area of the heart. To think about how you're feeling in your chest, which is really something that most people don't do on a routine basis. And then imagine your breath is flowing in and out of your chest area and breathe a little more slowly, a little more deeply, than you usually do. And we suggest that people do this over the course of about five seconds and that they do this about five or six times. So you just become aware of how you're feeling. Because most of us don't do that either until after the fact. And then the second

step that we impart to people is to try to attempt to experience some type of regenerative feeling, like appreciation or gratitude. And a lot of research has been done in the last 10 to 15 years that shows that when you think about being appreciative, or you think about things you're thankful for, or gratitude, that innervates that vagus nerve and helps your heart to slow down and also releases endorphins in your bloodstream that have physiologic effects, other, beyond your heart.

So it's the combination of those two things to stop and increase your awareness. Think about your chest. Purposely breathe, and get more oxygen blood flow to your heart. But at the same time, that deep sensation of breathing is innervating that vagus nerve to slow down your heart a little bit, and to improve that heart rate variability that we've talked about a while longer, or a while ago, and then in combination with that, it's not about going to your happy place, or anything like that. It's focusing, psychologically, for just a few seconds, on whatever it is that makes you feel thankful or grateful, or appreciative, and just doing that. You don't even have to close your eyes to do it, nobody even has to know when you're doing it.

Donelan

39:04

And the beautiful thing, I think the thing that people will appreciate is, nobody even needs to know that you're doing it. It's not sitting there with your legs crossed and humming ohms. It's not looking at yourself in the mirror and saying, "I like you." It's literally being self-aware of your body, focusing on your chest. When you talk about that, as you were talking through that, you know, I immediately started thinking about my chest. I felt a... I started thinking about my heart. I started to focus on the breathing. Everything else I've been thinking about went to the wayside for those moments. And I can see where that truly, truly does work. And when you talk about gratitude, you do see more and more of that all over the place. So when you're talking about something that you're grateful for, is that something as simple as, you know, "I love my kids," and you just think about your kids for a second?

Ramey

39:53

Exactly what it is. That's it. It's different for everybody, and again, nobody even knows—needs to know—what it is you're thinking of. But just the simple act of changing your focus for a second or so. And people get in this pattern and they know what it is that they want to think about for a minute. And they know what they express gratitude for and whatever it is that truthfully makes you feel the way it should make you feel when you're thankful or grateful for something.

Donelan

40:20

Mary, can I use you as a before and after? Can you recall sort of how things changed for you once you started really putting this into practice?

Schauf

40:29

So I actually put it into practice before I even had it at the police department. I became aware of it. And it is, it's amazing. And what I think the bigger thing for me is—and thinking about it now in hindsight—there's that time in the moment where you can tap into it, where you're in a situation... and it could be a call for service out in the field, it could be anything. It could be interacting with somebody who's making you angry. And just taking that quick pause between to realize that you're starting to hold your breath. You're starting... that anger is growing in you. And reversing that before it becomes a problem where you lose your temper.

Donelan

41:13

I can speak to you as somebody who, you know, was an officer. There's a before and after in your life. You are going to be our before and after. And what it was like for you before you started employing these techniques while you were on the job, and what it was like for you after you started employing these techniques while you were on the job.

Schauf

41:36

That's a really great question. And it's one of those things that I wish I would have known as a field officer. When I was working in the field with people, I would have loved to have these techniques to tap into at that time. I came into the HeartMath and the Resilience Advantage program further down the road into my career, but it was at a time where frankly I needed it, because the job was starting to show its wear and tear on me from a physical, emotional standpoint. And I was able to use these tools both to build that piece and it brought my resilience back. And actually it enhanced my career in the sense that it... sometimes you get to that point—and cops will understand this, I think everybody does—where you get to that point where you're just kind of like, "Why am I still doing this job? I'm not happy. I have all these concerns and I'm not happy with the job." And then, by using these tools, it brought back the joy for me and it re-motivated me and refocused me... and I think kind of the overall piece for me that I can see. That's why it's so important for a cop.

Donelan

42:48

Listen, I want to also say to you that you mentioned that, you know, while I wasn't in the field anymore, you know, those desk jobs, so to say, they can be sometimes more stressful. So I'm glad that it came into your career and that it brought the joy back. And I think that there are a lot of people who are going to identify with that and want a piece of that. So, can I have you both—and, Sandy, I'll start with you, and then Mary, I'll ask you—Sandy, can you kind of wrap things up? Can you share a few of what you think are the most important lessons learned from your piece of this? And then, what are some of the key points that you think other agencies should consider when they're implementing this type of program?

Ramey

43:32

Well, I think, as I mentioned, when they do this, it is a commitment over the long haul. And to make sure that it's not just something that comes in and is taught once, and then never revisited again. What we found is it seems like everybody is in agreement that starting this at the academy level is a really good idea. That's coming from people that, as I mentioned, say that they wish that they would have had this when they were learning to be a police officer, and sooner in their career. But that's also coming from the recruits about how appreciative they are of having this early in their career.

Donelan

44:07

Mary, what are the lessons that you learned when it came to this program? What are the lessons that are really your big takeaways? And then, really important for our listeners, what are key points for other agencies who are considering—or we hope will consider, now having listened to this podcast—that they will consider when implementing this type of program?

Schauf

44:27

I'm going to, well, I'm going to kind of answer that in reverse order. So the first thing is I think we have an obligation as police leaders and managers to find ways to help our people have the best experience they can in this profession. It's your obligation, it's what you submit time for. And so I don't think it's about... if you're going to find ways, and if it's not this, find something else. So I'll leave that. And then, for lessons learned, there are so many things, but I'm going to pick two, and focus in on two. And the first one has to do with understanding and realizing—and we've alluded to it at different points in our discussion today—but you really need to address before you start any programming like this, how you're going to take care of officer privacy concerns, and what I'm going to refer to... So one of the concerns my folks had at Madison Police was, "Okay, you're going to teach me this, and then I get a device to practice with to see if I'm coherent, but how is that going to be used against me if I... how coherent I am if I have a call for service that goes bad, is this something that's going to be public record kind of thing? An open records kind of thing where I'm not coherent enough?" So you really have to deal with those privacy concerns for officers upfront. So look at your jurisdiction, talk with your people, and address those things right upfront. Because, otherwise, even cops that want to... the fear of it will lead them just kind of wishing they could participate. So that has to be addressed.

The second piece I want to focus in on—and then we talked about this as well already a little bit—but the whole concept of buy-in and agency culture and even the policing profession culture, to the extent that you change your culture over time and repetition. And so finding ways in the intersections are going to be really key and critical. And I'm going to jump a little bit on this right now, is that one of the best partners we've had with our project was our Employee Assistance folks. And so we collaborated with them early on. Sandy alluded to this earlier as well. They are really progressive folks over there. They're innovative, and they share our goal, the department's goal, to improve officer health and wellness.

And so one of the things that our Employee Assistance Program does is that, when we have critical incidents, they become involved and take it to that next level, where now we're looking at counseling services and things like that. More, you know, services to help officers recover. And both of our professional staff that are on our EAP staff, are both trained in the coaching for this program for Resilience Advantage. And what they're doing now is, when they come out and work with officers in the field after critical incidents, they'll use the coaching techniques. So we're bringing those cops that were originally trained, saying here's other professional staff saying, "Let's use these tools now to help you recover." And so that step, repetition, it's the buy-in. People start to say, "Hey, it's good for them in EAP to help them recover, what else can it help me recover from?" So we're seeing that. We're hearing positive responses from those that are getting that coaching. That's really been helpful. And then the second piece that we do with—and this is, again, most of the cultural piece—we have what we call peer support. And that's for those critical incidents or those cases that get to cops, but they don't reach that tipping point where we bring in our professional staff, like the counseling staff and that kind of thing. And what we did with, recently, just did with those folks, is that the peer support folks got retrained on all the Resilience Advantage training and now they carry a tool.

So there is these biofeedback tools that are used in, within the program. And these officers carry that tool with them, and so when they go to deal with other peers, it's peer-to-peer, that peer-to-peer mentoring. And they can say, "Hey, you had this horrible call. I can't imagine. There was another baby death, you know, I have the monitor." And now the monitor is there for the officer to use to get that biofeedback, to help them to try to get them to return to that coherent state. So it's, again, it's culture change over time, and showing cops the places where this can help them recover from those stresses and those traumas. Finding those places in the training situations, those training scenarios, where now we can say, "Okay, hey. You seem to be a little overwhelmed by this training scenario, how can we help you through it?" Maybe we can do some of the coaching in the Resilience Advantage program and that helps you to succeed.

So then they see the benefits of it. They see them real, and then people get that, it gets the buy-in. So the two big things I had for you, obviously, address their privacy concerns. But the culture piece, I can't say enough.

Donelan

49:38

The concern that law enforcement has about privacy and will any of this be used against them? Let's say they get involved in an officer-involved incident, serious incident, and they've got that tool on them, will that data be then used in court? And it will show that my heart rate was X, and therefore I must be guilty of Y. Is that even a reality? Is that something that folks just really don't need to worry about?

Schauf

50:09

They don't need to worry about it. We did spend time talking about with our local, you know, looking at our local laws, looking at our local stuff, and then working with our city attorney to answer those questions for our officers. And I think that was hugely important. It's kind of like if you monitor your heart rate during exercise, you don't necessarily save that and release it. It's your biofeedback, it's your personal data giving you feedback on your training.

Donelan

50:39

That's probably a huge challenge with law enforcement and breaking down those walls. And helping them to understand that, hey, no, this isn't another means to sort of track you and play a game of gotcha. I mean, it essentially sounds like it's a Fitbit. But perhaps a Fitbit might even go into more because it actually tracks where you are at a certain time. So I'm really glad that you addressed that and I think one of the big things—and I don't know if you agree with me here or not—is talking about those things. Because if you don't talk about these things and allay fears, then that's when things get out of control and misinformation starts being shared, when in fact they couldn't be more off-point.

Schauf

51:17

You're spot on right. That's absolutely right.

Donelan

51:21

Overall, so officer safety and wellness in Madison, with the Madison Police Department, you mentioned, Employee Assistance Program, officer safety and wellness, were you incorporating it through there as well, through that medium?

Schauf

51:35

The resilience is... it's very much a part of officer safety and wellness. Because coherent officers—officers who have strong coherence, officers who are resilient—they are healthy, tend to be healthier. They have better emotional responses to the daily challenges of the work, they bounce back better, and overall, they're just kind of healthier, and we also find that they're safer. I think the example, if an officer can use some techniques that keep them from becoming overwhelmed on their way to a call for service, then we get more success there. And a quick example of that, an officer was talking about... and it wasn't actually in a pursuit driving situation, but the person was actually driving their personal car and they had already been trained, and they found themselves in this... it looked like a road rage situation. And the person was getting, really escalating, and so they started to use the technique. And they actually disengaged themselves from the situation, and the officer came back and said, "Hey, this is how I used it. It was my personal car. But I could see that if I was on my way to a call for service and I'm engaging in some either emergency driving or pursuit driving, I could use these same techniques." And

then that started this great discussion with, "Absolutely, you can. And not only that, you probably drive better, drive safer, and arrive at the call more prepared to handle the situation with appropriate responses."

Donelan

53:12

That's a phenomenal example. Everyone, we have been speaking with Dr. Sandy Ramey from the University of Iowa's College of Nursing and Public Health. And Mary Schauf, a retired captain from the Madison Police Department in Wisconsin, about the Madison Police Department's Building Personal Resilience project. I cannot tell you how much I have enjoyed this conversation, Ladies, it has been so insightful and I hope that people listen and they really look at realistically implementing this in their departments. And really, it's a real way to take care of their officers. Well, thank you for joining us. If any of our listeners wanted to learn more, how can they contact you directly or learn more about the programs?

Schauf

54:10

So for the Madison Police Department, what my recommendation is that you call the City of Madison Police Training. And I'm going to give you the main number for the training unit because that person can connect you with the best resource for the question that you have. And that number is 608-266-4190.

Donelan

54:23

Thank you, Captain.

Ramey

54:24

I would be happy to receive any email communication. And my email is Sandra-Ramey@uiowa.edu. And I'll use the letters for that for you, S-A-N-D-R-A dash R-A-M-E-Y at U-I-O-W-A dot E-D-U. And the other way for people to learn more about this too is to go to the HeartMath website. And that is, heartmath.org/responders. H-E-A-R-T-M-A-T-H dot O-R-G forward slash, R-E-S-P-O-N-D-E-R-S.

Donelan

55:03

Well, thank you. And might I just say that I am very grateful for the both of you and to our listeners for listening and joining us on *The Beat*.

Voiceover: *The Beat* Exit

55:12

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Voiceover: Disclaimer

56:12

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