On The Other Side of Broken

One Cop's Battle With the Demons of PTSD

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"To Cathy, Jack, and Brady. You will always be my heroes."

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Preface

“Post-traumatic stress disorder (**PTSD**) is a mental health condition that's triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event. “– From Mayo Clinic Online

I have Post Traumatic Stress.

I know that doesn’t seem to be an especially earth-shaking revelation. When you consider today's culture of self-worship, reality shows, and social media confessionals, it is hard to imagine there are millions of people either won’t or can’t share their story. In the first response world, the world I inhabit, the letters PTS are, for the most part, verboten. It is becoming slightly more acceptable, but there is still a very strong stigma attached to PTS. It limits your career potential. It means you are weak or can’t cut it. You’re emotionally fragile, a broken toy and should be banished.

It has only been after much deliberation, soul-searching and ‘test writing’ that I’ve decided that the time has come to do this.

(As a note right off the bat, I know the more commonly used term is Post Traumatic Stress **Disorder**. I won't be using that term in this book, as I don't believe that the word 'disorder' adds anything to the concept. At any rate, there is considerable disagreement in the medical / psychiatric fields whether it is an actual disorder or not. So, in the spirit of progressiveness, I'm simply going to use the terms Post Traumatic Stress or PTS.)

I was diagnosed with PTS in January 2012, at the end of what was the lowest point of my life. As this book unfolds, I'll describe all this in gory detail – suffice to say, before my diagnosis I was a fucked-up mess. (There will be the occasional use of colourful language in this work. That is one of the hallmarks of working in the emergency responder world – language and black humour are one of the release valves we have at our disposal.)

It's been just over eleven years in getting to this point – starting back on the 13th of October, 2004. It was a night that changed my life. I'd had a few of those up till that point – the first time I had sex, the night I found out I was accepted to law school, my wedding night, the night I found out I was going to be a cop, and the nights that my two sons were born. Unfortunately, it wasn't as pleasant as any of those. It was much more traumatic, terrifying, and depressing.

Come to think of it, the first time I had sex was somewhat those things too. But I digress.

When I first got promoted to Staff, I was the youngest person at that rank in a police service of 6000 personnel. I was proud of what I had accomplished in a short time. I was driven and dedicated to my police service. I lived for that uniform.

And it was slowly killing me from the inside. It was killing me because I tried to use the uniform to make up for and mitigate an illness that I didn't even know I had.

In hindsight, all of those feelings, that attitude, were a mask. It was covering for what I now know was PTS. It was covering fear. Guilt. Anger. Doubt. Sadness. Blackness.

Now, for the whole world, I'm going to be writing about it. I want people to know what PTS is. What it can do even to someone who sees death, chaos, and the worst society has to offer on a regular basis.

And I want to let my brothers and sisters in uniform know that they are not alone. There are lots of us out there. Some of us, like me, feel like we have nothing to lose by being up front and public about what is an often misunderstood and misinterpreted operational stress injury (OSI). Others still feel like they have to lurk in the shadows for fear of what those around them will think.

It's time to start, to quote Bruce Cockburn, kicking at the darkness 'till it bleeds daylight.

I want to share my story with anyone who cares to read it. It will be as much healing for me as it is informing the world. In these pages I will tell my tale and give you as much insight into this condition, and my thoughts, as I can.

It will be an interesting journey, I think.

A note to readers: while I've written this from a cop's perspective, the experiences and (hopefully) lessons contained here are applicable to anyone in the emergency response field. Much of it also applies to people who work in areas like child welfare, health, or substance abuse treatment. To a lesser extent, it will apply to people who are victims of crimes, disaster, or other crises.

I will likely refer to myself in very unflattering terms sometimes – I don't think I could tell this story without doing so. There are moments over the last decade when I have hated myself and the person I was. It would be a disservice to sugar-coat that. Sometimes the comment will be self-deprecating, sometimes it will be serious.

Self-reflection is a bitch.

"I don't plan for this to be a scholarly work, not at all. I want to simply tell my tale, including the mistakes I made, so that other people

who find themselves in the same boat don't suffer in silence for eight years like I did. It won't be in chronological order, and will jump around a bit as I write.

A few thank yous before we get rolling:

To my grandfather Jack Knowler and father-in-law Frank DeBresser, who showed me that a career in law enforcement can be rewarding, frustrating, AND a hell of a lot of fun, and helped steer me towards a career in uniform.

To the Hoffman spring 2013 class and the May 2014 HELP program at Tranquil Acres – thank you for getting it.

To Ontario Police College Basic Constable 9909 – you were my first exposure to the brotherhood of the uniform and helped set me down the path to being a cop instead of a recruit.

To Syd Gravel, Bill Rusk, Dean Walker, Gary Rubie, and all the other ‘old dogs’ who shared their stories, experience, and support with me. You are all warriors.

To PK Smith, for kicking my ass when I needed it and for not letting me feel sorry for myself.

To Alysson Storey, Todd Humber, Leigh Anne Closs-Smith, and Jason MacKenzie, all of whom read early ‘final’ drafts of the book and

convinced me that I had something worth keeping, polishing, and publishing.

To Marc Morgenstern, who reached out to a budding author and offered his expertise in layout, formatting, cover design, online submission, pricing, and basically the whole process of self-publishing. Marc is a busy and successful director, producer, and author in his own right (check out his IMDB page!), so the time he spent coaching this rookie through his first publication is appreciated beyond measure.

To the people who asked questions and commented on social media postings, and who told me I should write out my story, both loved ones and complete strangers.

Most of all, thank you to my wife Cathy. You have been more to me than I could ever express. You have been through hell with me, and, now, after more than a decade, we're back on track. I don't know how many sleepless nights you had or how many tears you wept because of things I said and did. I will never have that time with you and our boys back and I can only hope that I've gone a long way towards repairing the rift that was there for so many years.

But we survived, and we did it together. I love you."

Chapter 1

I never set out to write a book about my battle with PTS. In fact, at first, I just wanted it to go away. The problem was that I had tried the 'go away' approach for many years, and ignoring the problem pretty much backfired on me.

I've been a police officer for just about 17 years. I started out working in a small town in southwestern Ontario, then after two years there, I was hired by a large service that covered both rural and urban parts of the province. I spent a couple years on the road and a couple years as a community services officer. After five years, I got promoted to Sergeant, which took my family and me north. Two years after that came a promotion to Staff Sergeant. Two years ago, I voluntarily took a reduction in rank to Sergeant, which came with a move back closer to home.

I am also a fully licensed lawyer for the province of Ontario, which is a pretty unique combination. I'm one of only seven lawyers in my police service; a very rare specimen indeed.

Unfortunately, that uniqueness didn't stop me from becoming traumatized by things I saw and felt and having it impact my life on every level.

The process of sorting through all of these feelings led to a lot of very poor choices on my part. In the last few years I almost lost my family and ended up on my own. I lost a promotion. I alienated people. I turned to alcohol to cope. I burned bridges. I broke down physically and mentally. And one dark night I thought about killing myself when everything else around me was going to hell.

In the last four years, I've learned what I'm up against. I work with a fantastic doctor who knows her stuff. I've let my family in. I've come out of the PTS 'closet' and have told fellow officers exactly what happened to me and where I am at. I've spoken to student and service groups about it and have started speaking professionally to first responder and human services organizations. I have confronted my demons, if not yet totally defeated them.

A few people close to me have asked me if this is something I really want to do. To talk about what I've been through. To air my dirty laundry in public. To potentially have my peers start to wonder if I'm still capable of working and whether or not I've got what it takes to be a police leader.

The short answer is yes. I tucked all this away for far too long. My wife and kids know what I'm writing about. My extended family knows at least the basics – but I'm sure they're going to read some things that make them raise an eyebrow. The officers I work with know what I'm coping with and have shown me nothing but support, understanding, and respect. If any of them are questioning my leadership, they're doing so silently.

And I think that being so honest and upfront about what I'm coping with is a big part of that. In so many ways over the last eleven years, I wasn't honest with myself or the people around me. It's time to reverse that. In my mind, I've shown my peers that I trust them by sharing something that is so personal to me in various arenas. I believe I am showing them that dealing with a traumatic incident doesn't have to be career-ending. It can show that leadership means stepping up to admit when you have made mistakes and been hypocritical in not practicing what you preach. The hypocrisy in my case meant recognizing trauma in others and counselling other officers on traumatic incidents and how to cope, yet never taking my own advice.

There was a clear path to how this written work came about, a series of signposts, if you will.

First, in November of 2012, the Ombudsman of Ontario released an investigative report on how the Ontario Provincial Police handles operational stress injuries. One of the key points of the report was the

pervasive culture of silence in the policing world meant that officers couldn't talk about the experiences they had that led to their PTS. Things were very much hush-hush and 'suck it up.' As a result of this kind of culture, the report stated, suicide was more prevalent in the policing world as a result of PTS than formerly thought. Untold other emergency responders and military veterans have done the same. There's no way of knowing how many of them were suffering with PTS. I think it is a fair guess that many of them were, and simply couldn't see any other way out of the darkness.

Second, in April 2013, at a business training day, my wife and I were asked to take the stage and talk about our experiences. I talked about having post-traumatic stress and how in focusing on a business, I had something to think about aside from what had caused my PTS; as well as the nightmares, flashbacks, and sleeplessness associated with it.

After Cathy and I finished our time on the stage at that training session, I was approached over and over by people who wanted to talk about my remarks. They wanted to share their own trauma, or ask questions about what happened to me and how I was dealing with it. Or just to say thank you for opening up about something that is still, in many ways, a forbidden topic. Not many people will address the fact that they are dealing with a mental illness, much less a police officer who is surrounded by the culture of silence and 'suck it up.'

Hearing all these questions, ranging from general to specific, made me realize that the concept of post-traumatic stress is still foreign to many people, but that the will to learn and curiosity is there.

Third, also in April 2013, I successfully completed the Hoffman Process along with 22 others (I'll talk much more about Hoffman too). During that week, I faced down some of my demons, beat them, and came away a changed person. While Hoffman primarily addresses issues from childhood, I found over and over that issues surrounding my trauma were unearthed, and I came to realize that the traumatic thoughts were intermingled with all the other mental clutter that I started to scrub away. I was able to talk openly about my experience, both the event itself and the aftermath, with people who weren't judging, simply supporting and listening. My week culminated with standing on stage in front of 40 or so people and pouring out my heart about the guilt and pain I had carried for so long. I cried tears that were both tragic and healing, as 22 new brothers and sisters wept with me. It was, quite possibly, the most cathartic event I had ever experienced.

Last, but certainly not least, in October 2014 I made a video detailing my experience with PTS. It wasn’t very long, maybe four minutes, and was simple words set to ‘Demons’ by Imagine Dragons. It was another bit of catharsis, a simple way to express myself in a different media from writing. To my delight, it had a very positive response and as of January 2016 has around 30,000 views.

The response to that video showed me that there was a huge appetite among first responders, their families and spouses, and the public about PTS and trauma. That led to the founding of Project Healthy Heroes.

This response, coupled with progressing in my treatment to a point where I can stand in front of even the largest crowd and tell my story, was the last bit of incentive to create a written work to go with the presentations and training I've begun to offer.

And the net result of all that feedback and positivity is the book you're scrolling through on your device, or flipping the pages of.

Chapter 2

The evening of October 13, 2004 is indelibly lodged in my memory. That was the night that changed my life irrevocably. That

night, between 6 PM and midnight, I became a different person, one that, in years to come, I wouldn't even recognize.

At the time I was in charge of a group of officers. Well, in an 'acting' capacity, anyway. I was told that taking on an acting supervisory role would be good for career development. If I had the decision to accept that offer over again, I may very well have made a different decision. Leadership has its perks and its privileges....but it also, unfortunately, had its way with me that night. I was lucky in that the officers I was working with were excellent, and I respected them all immensely.

Regardless of how I got there, that night I was working. Call it fate. Call it karma. Call it bad luck. Whatever you call it, it happened. I was still trying to pick up the subtleties of being a shift leader at this time, as I was looking to get promoted to a full Sergeant position, and doing whatever I could to get experience in all aspects of the care and feeding of a shift.

That night would prove to be a harsh lesson in what wearing a badge meant, let alone the meaning of leadership.

The event in question happened on, to be terribly clichéd, a dark and stormy night. It had been quiet since we started our shift at 18:00 (I'll be using standard military time throughout the book. If you don't understand military time, here's a quick primer. Midnight starts at

00:00, noon is 12:00, 1 PM is 13:00, 2 PM is 14:00, and so on until you run all the way up to 23:59 then start over again at 00:00.)

It was cold and a steady rain fell. I remember that lots of Halloween decorations had gone up the previous weekend, awaiting the arrival of wee costumed folk dressed as…well, what were the popular characters then? According to a bit of research, hot costumes that year were Shrek, Harry Potter, Spider-Man, and anything that made fun of George Bush. Oh, and women could pick from a variety of sexy versions of any occupation or monster. Nothing hotter than a slutty zombie.

But I digress. And I will digress often in this book, most likely, because these little digressions, both in life and in writing, are what keep me sane.

Around 20:00, the radio chirped for me. It was our dispatcher, telling me that we had received multiple 911 calls about a very bad MVC (a collision – I will try to keep the cop-speak to a minimum and will provide clarification where needed) on a rural road in our area. A pickup and a minivan had collided and the van, after rolling over, was now in the ditch on the north side of the road. There appeared to be someone in the van and the driver of the pickup was out on the road with minor injuries. One of the callers told the communications centre to tell the officers attending to be careful as the roads were very slick.

I happened to be the closest officer to the scene, on top of being in charge. I hadn't been the acting supervisor for very long at this point, and I remember running endlessly over the mental checklists I had for major incidents. Who to call, what to do at the scene, how to protect evidence, all that good stuff. Plus trying to coordinate the response of other officers and trying to get there without killing myself.

For those of you who aren't police officers, right from day one, they teach us one of the golden rules: if you don't make it to the call, you're no help to anyone. A wounded guardian is of no aid. Still, even with this in mind, but knowing that someone was possibly trapped in that van, I pushed the cruiser more than I should have. A couple times on the way, I felt the rear end of the cruiser start to slide, had that horrible lurch you get in the stomach (the pucker factor, we call it) but managed to keep it all on the road.

I don't know how many of you have ever come up to a collision scene on a dark night, but it is a very surreal sight. There were no streetlights where this happened, so all the light came from vehicle lights. There were hazard lights flashing and headlights pointing both ways up and down the highway. I didn't see any other red or blue lights, which meant I had the first emergency vehicle on scene. That meant first aid, maybe CPR.

I pulled up to the scene, more quickly than I really had to. I stopped pretty far back from the scene of the collision, conscious of the debris

field that may be present (the debris field is the collection of plastic, glass, and fluids that are left after vehicles collide.) In hindsight, I realized that I stopped much further away than I had to, so I ended up running to the actual scene.

I jumped out of the cruiser, basically while it was still moving, and started towards where a cluster of people were standing on the road around a pickup with front end damage. I could see heads turning towards me; I represented some authority, someone who could start to run the show.

Which, really, is what we get paid for. To bring peace of mind to the public, to take charge of scenes of chaos and death. To roam the streets while they sleep. To take control of collision scenes.

Before I got to the crowd, people started pointing to the van in the ditch and I could hear the driver of the pickup yell that he was fine but to check on the guy in the van.

That was the first time I really saw the other vehicle. It was a Chrysler minivan, or at least it had been. Now it was a wreck. It had been battered in the rollover, the metal bent and every piece of glass blown out or broken. It had landed more or less on its wheels and was lying in a large ditch. I couldn't see any lights or any signs of movement around the van.

This is where I started to make mistakes. Which happens – mistakes are part of being human. All we can hope as cops is that the mistakes we make can be minimized and that they don't kill someone.

Even though it was pitch black, I didn't have a flashlight with me. Nor did I grab a first aid kit from the cruiser. All I could focus on was getting to that van to help whoever was in there. Those were my first errors.

My next one was to ignore another golden rule: look before you leap. In this case, literally, as I jumped off the bank into the ditch to find that it was full of waist deep (and I'm six-five, so that's a pretty tall waist) water. Cold water. Like, just above freezing water. And the bottom was mud, so I sunk a bit.

All in all, I ended up stomach deep in water, mud, and slime. When everything was done later that night, I had to strip down and clean all my use of force options and order a new radio. Everything I was wearing was soaked through and would eventually be close to frozen.

For now, that may as well have been years down the road instead of a few hours. As I approached the van, I was also approaching a moment that would change my life. Had I known that, I would have prepared myself a little more carefully. You generally don't see things that are going to change the course of your life coming at you. But, really, that's the point of all this. You're not prepared, you're not expecting it, and

your particular critical incident, whatever it may be, slams into you much like a freight train would slam into a compact car.

As I got closer to the van, I could see a hand in the open doorway. A non-moving hand, which is never a good thing. It stood out against the darkness of the ditch and the shattered van, white and pale. But, at least it was my first indication that someone was indeed in there. At this point, I was just hoping it was one someone, and not multiple. Multiple casualty MVCs make things much more interesting than when you're dealing with one victim. Who do you tend to first? How do you sort out injuries when everyone is screaming in pain? Do you take care of the crying baby who may have internal injuries first, or the adult who is gasping for air? There are some things they can't teach you at any school or in any seminar; some of the hardest lessons in emergency response have to come from awful, terrible experience.

When I got to the van, I immediately grabbed the hand and felt for a pulse. It was there, but weak. At least it gave me hope. I could see a little better by this point, but it was still very dark. The open side door of the van yawned much like the mouth of a cave. God only knew what was in there waiting….but I had to find out. So in I went.

I'm a nerd when it comes to comic books, movies, things like that. I'm going to use a Star Wars allusion here. In The Empire Strikes Back, there's a scene where Luke is training with Yoda. He comes across a huge tree with a massive opening that leads into an underground cave

– the Cave of Evil. Not the most original, but, hey, George Lucas is a billionaire who created Star Wars so he gets a pass for this.

Luke can sense that there is something not right with the tree, but Yoda tells him that he must enter it as part of his training and that all that is in the cave is whatever Luke takes with him. When Luke goes in, he sees Darth Vader, engages him in combat, and beats him. After the duel, however, Vader's helmet cracks open and Luke sees his own face. In other words, he was presented with his worst nightmare – that he would fall to the dark side and become that which he most feared and hated.

The door of that van was about to become my Cave of Evil. And with that dramatic setup, let's continue.

Chapter 3

The van was in chaos. CDs were lying on the floor, reflecting bits of red emergency lights – the lights from my cruiser, alternating red-black red-black. Safety glass from the windows covered everything. Papers were everywhere, some dry, some soaking wet and already dissolving into pulp. It really is amazing what gets thrown around a car

during a collision. That's why there are actually multiple collisions: the vehicles hitting each other or a fixed object, the occupants colliding with things in the vehicle, and things in the vehicle colliding with the occupants. When you think about how much stuff is in a car, you can see how that could be extremely dangerous – tools, coffee cups, groceries, kids toys – all of them become projectiles when you're talking two or three times the force of gravity during a rollover.

In the middle of this, there was a guy lying on his back, the owner of the hand out the door. He wasn't answering my calls to him and didn't move when I touched him. I started to get scared at what I was going to find out. It's one of those awful 'oh shit' moments that happen all too often in policing.

I took his hand. It was cold and damp, like touching a fish. My hands were shaking as I put two fingers on his wrist for a pulse and found one. Slow. Weak. Fading.

I climbed into the shell of the van, if it could even be called that anymore. I had to crouch to do it and when I knelt I could feel glass poking into my legs. I would find out later that I cut both knees open, my weight on the safety glass and bent metal cutting right through the wet fabric of the pants I was wearing. They were ruined and I threw them out after the night was over because of the cuts and the blood on them. I didn’t need any more reminders.

The driver's face was covered in blood and wet hair and splinters of glass. He was gasping for air, trying to talk, but couldn't because his jugular was jetting blood across the van. Some of it landed on my coat and I stared at it for a moment, completely detached, fascinated by how it beaded on the Gore-Tex of my jacket. In hindsight, it seems ridiculous that I was transfixed by something so simple, that the smallest, most minor detail took on a major significance for me. I suppose it was something to completely distract me from what was around me, even just for a few seconds.

I pulled on my leather gloves, glad I had them on me, aware of the risk of infection or worse. Like I said, it was drummed into us from day one that you take care of yourself first; that you make it home safe no matter what. I started going over the basics of first aid in my head. Direct pressure. Stop the bleeding. Maintain the airway. Don't stop till someone more trained arrives.

Which reminded me. Where the fuck was the ambulance? I had requested an ambulance be sent as I was rolling up to the scene. My radio was going off in my ear, and someone was probably telling me that very thing, but I was zoned out and all I was aware of was me and the blood and the dying driver in front of me. All I could think was that I was mad at the paramedics for not getting here faster.

I needed something to stop the bleeding and I had nothing with me like a bandage. Another foolish mistake. I looked frantically around the

van, scrambling for something I could apply direct pressure with. The driver's clothing caught my eye. I pulled off his tie as quickly as I could without worsening the wound and wrapped it around my hand. It was blue with red stripes, a nice tie. I was sorry for ruining it, but I didn't think he'd mind. I jammed the whole thing against his neck, trying to stem the blood, with my arm around his neck for more leverage.

Our faces were inches apart. The blood stopped jetting, but I could still feel the pulse and see dark blood squeezing out from behind his tie, which was now blue with red stripes and red blotches. The fact was, I was watching someone die in front of me. No amount of training on earth ever got you ready for that, and you can never un-see it.

My other hand took his almost lifeless one and I started talking to him. "If you can hear me, buddy, squeeze. I'm a police officer. Stay with me. Help will be here soon. Come on, squeeze my hand."

A weak squeeze gave me some hope. I looked into his face, trying to smile. His eyes were so white. I wished that I knew what he was looking at, what he was seeing as his life drained away.

It was then that I saw. I really saw.

I went into shock a bit. I knew this guy.

It was Mike. Mike from high school student conferences. Mike from university orientation. Mike from Canadian History in second year. Mike from the gym. Mike from beers during hockey games at the 1994 Olympics. My friend Mike, almost unrecognizable because of all the damage to his body and face.

I was hyperventilating now and finding it hard to breathe. I forced myself to slow down and take deep breaths. I started using his name. My hope was to create some recognition, to spark something in Mike that would make him want to fight. That kind of inspiration is key in survival situations. I've sat in the back of crashed cars or with people ready to commit suicide for hours, talking to them, trying to keep them grounded until they were out of harm's way. I had a pretty good track record up to that point; just a few weeks before I had talked to a suicidal woman for almost half an hour until we had been able to get her knife away from her. Despite all the stuff we carry on our belt, a cop's best tool is still ears and mouth.

“Mike. It’s Knowler. Brian Knowler. Come on buddy, stay with me. We’ll do this.” I spoke these, and other words that are false, because I knew the truth was that he was dying. My friend Mike was dying here in my arms in the crushed remains of his minivan while I knelt on broken glass and wet carpet, shivering and with hypothermia probably starting to set in.

I finally heard sirens in the distance. Many sirens. A cop's best friend when he's in trouble. Sirens meant other people in uniform, brothers and sisters to help do the heavy lifting.

(Another side note - I found out later that I had been yelling into my radio for help, but don't remember doing it. We learned about this phenomenon in Police College – it's called auditory exclusion. When you are confronted with an event that demands all your attention, your brain takes over and automatically focuses your senses on the event. Everything outside of that event gets pushed to the side. Auditory exclusion, tunnel vision, slowing down of time. I went through all of those things that night. In an intellectual way, it's actually quite fascinating to see how your body and brain will work together to keep you safe and preserve your sanity.)

When all was said and done, I wouldn't remember much about the call immediately after; it would take a few days for details to come back and become a story in my head.

I couldn't call what Mike was doing now breathing. He was gurgling, shallow and fast, his lungs probably full of blood. I realized that I was about to watch someone die. Someone I knew and had laughed with and partied with and shared time with. To that point in my life, I had never watched anyone I was familiar with die. When you're a cop, death becomes a reasonably routine yet abstract part of your life. It's never

easy, and is always tragic, but it’s even more surreal and even more tragic when you know the person who is losing their life in front of you.

I heard an ambulance arrive and I started yelling for the paramedics to get the fuck over here. After what seemed like a few more hours, I could hear them running towards me with a stretcher and bags and lights. At the time I remember thinking 'It took them long enough,' but with the gift of time since then, I can see that they really didn't take any longer than they would for any other call. Having that tunnel vision and time stretched out around me just seemed to make the time it took feel like eternity.

Even as they moved into the van around me, part of my brain, the cop part, was saying that it wouldn’t matter what they did, he had lost too much blood and he was going to die. I started to move out of the way to let them get to work on Mike.

And then he died. He exhaled once and was still. Nothing dramatic, no death rattle, just stillness. His eyes stayed open. His hand went limp in mine; one minute there was still a bit of a grip, the next, nothing.

“Male is VSA!” a voice said. I didn’t recognize it at first because it was so high-pitched, almost screamy, but it was mine. I really didn't need to say that, because the paramedics could clearly see for themselves what was happening, but I was panicked and not making a whole lot of sense at that point.

One of the medics pushed me aside, and I took the hint. I jumped out into the water again, this time soaking myself up to the chest. The cold was incredibly shocking, but was probably a good thing to snap me back a bit. I watched for a bit as the paramedics moved in and I could hear that they resuscitated him, pumped life into him while throwing medical jargon around. I got about half of it as I climbed the bank of the ditch, blinded by the dozens of red lights that were now on the road in front of me.

Not that any of it really mattered, because someone I knew just died in my arms.

Other officers arrived and were ready to help, coming towards me. I was their Sergeant and they needed direction. Problem was, I didn't feel like giving any. I just wanted to sit in my car where it was warm and close my eyes and hope that maybe through some miracle Mike would live.

But I had a job to do. Still a cop, right? I went through the mental checklist, covering off what had to be done. With no enthusiasm at all, I went through the motions, pointing to where to block the road. I told someone to take statements. I told two more to protect the evidence at the scene – skid marks, broken glass, pieces of car parts. I called for traffic investigators and road sanders and a tow truck and I called my

boss and told him that we had what was likely to be a fatal. I didn't tell him that I know the victim.

Everyone left to do the tasks I'd given them and suddenly, I was all by myself. I was surrounded by people and noise and light but I was absolutely alone. I started to shake, but it was nothing to do with the cold – and it was extremely cold. My pants and shirt and coat were starting to freeze because they had gotten wet in the ditch. I was freezing and wet and lost.

As I stood there, a paramedic saw Mike's blood on my coat and pants and face and walked over to me.

"Are you okay?" She could clearly see that I wasn't.

I managed to focus enough to look at her. "Actually, no, I'm pretty fucking far from okay. My friend's in there." I tilted my head towards Mike's van.

She raised her eyebrows a bit and looked me up and down.

"You have blood on your face."

"Oh." That was all I could manage.

She took my hand and gently walked me to her ambulance.

(A funny little note here – for the longest time I could have sworn that the paramedic had brown hair. But when I was telling my story to a group of students a couple of years ago, I said 'blonde.' The professor in charge of the class, a friend of ours and also a therapist, was sitting with my wife. Having heard the story before, she said to Cathy “The last time the paramedic was a brunette.” Cathy asked what that meant and Michelle, in her loving yet blunt way, answered 'It means he's still pretty fucked up.” To this day, I couldn't tell you what colour her hair really was.)

I let her lead me like a zombie, with no direction of my own. I probably looked similar to one too, considering the blood and ditch slime all over me. You could have plunked me into the middle of a Walking Dead episode and I would have been right at home, save for the whole eating flesh thing. I didn’t even know for sure how I got blood on my face – I could only assume that it dripped off the ceiling of the van; Mike’s blood had actually been hitting the ceiling.

She sat me down on a bench in the back of the truck and cranked the heat. She used a warm cloth and washed the blood off my face and cleaned and bandaged my cut knees. I tried to keep it together, but failed. I started to cry, silent tears of anger and sadness and frustration. Without a word, she sat down next to me and let me rest my head on her shoulder. I cried for a few minutes, venting emotion until I could get myself composed again.

When I was ready, we stood up and I popped the back door open. As far as I knew, she didn't tell anyone that I cried because I just watched a friend die. She hugged me before she left. I never even got her name, but I wish I had, because I would love to tell her that her simple act of kindness that night may have very well saved my sanity. What she did was her job, but also so much more than that. Her actions were a very simple, very human gesture, but right then I needed something, someone to reach out to me and connect with me. The fact that both of us were emergency responders no doubt helped – there are definitely times when it is good to be part of a brotherhood.

I went to my cruiser to sit and take notes. But I couldn't. Every time I looked at the page all I saw was paper strewn around Mike's van. A van that was now empty because an ambulance took Mike away.

I would later find out that even though the paramedics managed to revive him, and he technically lived until he got to the hospital in London, he died without regaining consciousness a day later.

For all intents and purposes, though, he breathed his last with me in that van.

Eventually, a more senior officer showed up. He walked up to my car and knocked on the window and asked what happened. I told him in clinical cop-speak, very dry, because right then that was about all I

could manage. When I got to the end of the briefing, I decided to gamble and I added “I knew the guy. He was a friend.” I waited for him to say something that would make me feel better. He’d been doing this a lot longer than me so I was pretty sure that he would have something to say that will make the feeling of wanting to cry go away.

This senior cop, who is supposed to be mentoring and coaching me, with my whole psyche in his hands, says ‘Yeah? Life sucks. Toughen the fuck up.”

Huh. Not exactly what I had been expecting in terms of support and understanding. But, what else could I do? I toughened the fuck up. I blinked back the tears that were welling behind my eyes. I swallowed the lump in my throat and buried the scream rising in my chest and the desire to punch that officer in the throat so he could feel the same lump and feel some of my pain. But that's not acceptable or professional or useful, so I didn't do any of it. I just tucked it all away and went on.

I worked at the scene for a few more hours and didn’t tell anyone else that I knew the driver, much less that we were close friends. I had tried that route once already with no luck and wasn't keen to get slapped all over again. I had no proof that any other officer would respond the same way as that senior officer had, but I was in a very defensive place and didn’t want to risk it.

There was one job I was dreading, but one that I saw as my responsibility as the officer in charge of the platoon. And as Mike's friend. Before too much time goes by, I had to call his wife Sandra. I kept saying 'widow' in my mind, and then correcting it to 'wife', because in my mind he was already dead...but not legally dead. Until a doctor says so, a person isn't dead. In fact, there are only a few times we as police officers can say that a person is dead without a doctor or coroner saying so : decapitation, immolation (completely burnt), decomposition, and trans-section (the person is cut in half. And even then, it's still not a sure thing. I used to work with a paramedic who attended a scene one time where a guy attempted suicide by laying on train tracks. His body was cut in half at the waist. When the medic took his arm to put him into a body bag, he opened his eyes and began screaming. Turns out that the pressure of the train wheels had sealed the wound perfectly, kind of like a sandwich baggie closure. His top half was still 'alive'. The victim didn't live long, but it was long enough to make that his last night as a paramedic. And people wonder why there is alcohol abuse among emergency responders.)

I had asked the Windsor Police to go to their house, so she knew Mike had been in a bad collision, but she would obviously want details. She would need to know where Mike was and where his belongings were and what happened.

She answered the phone, sounding like she was in a daze. I could understand that – not only was she living through a nightmare, she was also very, very pregnant. I felt pretty dazed myself.

After telling her who I was, I gave her the story, or at least as much as I could. I didn't tell her about the jetting blood or the blood that rolled down my coat or the mess in the van. She didn't need to know that. I didn't think Cathy would want to know those things right away if I was in a collision and on death's doorstep.

But she wanted details over and over. I repeated them to her three times until I finally had to put my head down on the desk and tell her that every time I told the story I kept seeing the scene all over again and that I couldn't keep reliving it. I think she understood, but I know I left her with questions. I promised her that I would drive into Windsor the next night to sit with her and answer any questions I could.

For a long time I saw that as weakness, that I couldn't keep telling the story and that I couldn't be more help to her, but I know now that it wasn't weakness at all. It was my mind trying to shield me from repeatedly hammering myself with what had just happened. Your subconscious does a lot to protect you, if you let it.

I finished my shift off sitting at my desk, doing nothing, watching the minutes pass until I could go off shift. When 6 AM rolled around, I

was gone. No joking around with the shift coming in, no small talk with my shift, and I'm sure they wondered what the hell was wrong with me.

When I got home, I stripped off my uniform shirt. The house was quiet. My oldest son Jack was 3 and a bit and my younger son Brady was about 8 months old at the time. I remember going into both of their rooms and watching them sleep for a few minutes, then kissing both of them on the forehead. Cathy was still sleeping as well, and she got the same kiss on the forehead. I'm sure she was expecting me to slip into bed next to her like I always did after night shift. Not that morning.

Even though it was cold, I went out onto the deck wearing only my uniform pants and a t-shirt. The chill felt good. I had a glass full of ice and a bottle of scotch with me. I poured the first glass full and drank it all in one shot, letting the booze burn my throat and stomach. That burn was ok. That burn meant I was alive. I poured another glass and sipped this one while more tears came and I started to wonder what I could have done differently that maybe would have saved Mike. Less than twelve hours in and I was already second guessing myself. At the same time, I felt guilty for worrying about myself and how I felt when Mike's family had just been left without him. There was no self-care, no debriefing, no quiet reflection. Just booze, the traumatized copper's best friend.

I remembered times with Mike, his laugh and his dry sense of humour, cutting class with him to watch hockey and football games at

the pub, doing group work with him and commenting on classmates. Usually female classmates. The emails we still sent back and forth occasionally and the last time I had met him for a beer. I would never meet him for a beer again.

I was also thinking of another Mike. My best friend Mike. He also died far too young. He had a heart attack the year before and died by himself on a gurney at a hospital in Windsor. His family couldn't even get in to see him because it was during the SARS outbreak and anyone in hospital was considered quarantined. I did the eulogy at Mike's funeral, helped his parents plan the funeral and get the paperwork for his death in order. But I had never shed a tear, not once during the six days of his death and funeral arrangements. I remember thinking that I must have become inured to death, cold to it, because if I couldn't shed tears for my best friend, who could I shed tears for?

Yet here I was a year and a half later, mourning another friend, crying uncontrollably in the darkness of an early October morning. It was confusing. I was scared and sad and mad and angry and lost all at the same time, with thoughts of the deaths of two friends swirling together like the water and the scotch in my glass. If you're not a scotch drinker, scotch looks almost oily or cloudy in water – it doesn't mix cleanly, but that's always been part of the appeal for me.

At some point, Cathy came out holding Brady and asked what I was doing. I don't remember exactly what I said, something about a bad

night and thinking about Mike dying last year and needing a few drinks before bed. She took that at face value and went back inside.

I can't tell you how many times I have wished that I had told her what was going on, what I was thinking. It would have saved us so much pain and heartbreak.

I finally drank enough that I could fall asleep. It wouldn't be the last time in the next seven years I would do so.

Chapter 4

A few days later, I went to visit Sandra. I didn't have to, but I felt it was necessary to be some closure for both of us. I answered the questions I could for her, shared some memories with her of Mike, and asked her to pass my condolences on to Mike's parents. I didn't mention the fact to her that I was flashing back to the incident already, replaying things in my head, and that my sleep had been disturbed, even with the alcohol in my system. I didn't do any of that, because in my mind it wasn't for me to share my own issues; no, a cop's job is to take care of other people, and that's what I did.

I decided that I needed more closure, both psychologically and physically, so at least I did that much right. I went to Mike's funeral, where I was able to see Sandra again, and re-introduced myself to his family, who I had met a few times while we were in university.

Funerals are inherently sad, but when you're dealing with someone who was in the prime of life, with no illnesses or diagnoses that were going to lead to death, it is even more so. Mike's wife told me when we talked that she was pregnant, but I had no idea just how pregnant – the baby had been born on October 16, the day after Mike died. I saw a

certain comforting analogy to the cycle of life in that, which made it a bit easier to cope with. Mike died, but in his place was born a new daughter who would grow up without her father, but would hear stories about what a wonderful daddy he was, and, when she got older, what a great, fun, and life-loving guy he was.

Both Sandra and Mike's parents made a fuss over me, telling people that I tried to save 'their Mike' and that I was a 'hero.' I got lots of hugs from extended members of the family and they wrote a wonderful letter for my personnel file. I never did get any acknowledgement from my employer about what happened; which would not happen today AT ALL. Granted, in hindsight that was as much a combination of my not telling anyone about what was going on in my head and the arrogance and detachment of the peer that I told about having lost a friend, as it was corporate culture. I suppose I was a bit jaded too, in terms of it being a particularly difficult event for me and then seeing it as no one around me caring about what I went through. That's a pretty typical reaction when in the grip of PTS. Every little hurt, every little wound, is magnified a hundred fold or a thousand fold.

After the funeral was over, I had bad dreams and sleepless nights for a few weeks. I found it easier to get to sleep most nights after a drink 'to take the edge off' and went through a bottle or two of scotch more than I should have.

When all was said and done, I pushed the mental debris and fallout to the back of my head. As it does, life moved on and I thought that I had put the beast in its cage, with the door closed. And the key thrown away. For a long time I never thought about it, at least consciously. I know now that on some level it was always whirring around in my mind.

I use an analogy that PTS and the effects that come from it are akin to a demon. Vicious. Sly. Misleading. Hopefully, after a traumatic event, you can put it into the cage, lock the door, and then push the cage way to the back of your mind. Sometimes, the demon becomes enraged and bashes against the door of the cage, and you have a flashback or a nightmare or a vision of the incident, then the beast goes back to sleep for a bit. Sometimes, it's sneakier, just rattling the bars a bit, reminding you that even though it may be out of sight, it's not out of mind.

And sometimes, it gets loose and goes on a rampage and you have a complete meltdown. That's when you may do drastic things, like put your service weapon to your head and pull the trigger or swallow a handful of pills washed down with a bottle of scotch. That's when the demon has taken control and you simply see no way to put it back in its cage.

Ultimately I went through all of those episodes. I don't think you can ever really kill the demon, though, after it gets into your head. About

all you can do is try to tranquilize it, calm it down so it stops running around and straining to get out of its cage.

The key, though, is how you go about tranquilizing it. There are lots of ways to do it, some really good, some really bad. I believe I dabbled in most of them.

In the years after Mike's death, things moved along quickly for me. About a year after Mike died, I was promoted to Sergeant, a promotion which involved a move and uprooting my family. We settled into life in northern Ontario, an environment that was completely foreign to us. In hindsight, while it was a fantastic career move, it was not the best move for someone who was dealing with PTS. I took us away from our support network of friends and family and to an area with fewer professionals like psychologists and counsellors who could have been of help to me. Living in the north meant beautiful scenery, cheap housing, a much slower pace of policing than I was used to, and a chance for the boys to grow up away from pollution and in small-town Ontario. It was, however, also the start of a slow downward spiral for me. For us.

Chapter 5

I was extremely driven. I always have been, even as a kid. At work, I was very hard on myself and pushed myself endlessly to move up the chain. I was a young Sergeant, younger than most, but all I could see was the next level. I had a very good shift where I worked, good guys who were small-town cops and knew everyone in the towns we policed. I had come from a busy location with several multi-lane highways and urban centres to take care of; I had quite a period of adjustment to working in the north. I remember the first weekend I worked, the radio didn't go off once; that's when I started to wonder if I had made a mistake. After I got used to the rhythm of working in a northern area, it didn't take too long, though, to get into the swing of things. Within a few months of being there, I was already making plans to move to the next rank.

However, at the same time, I was starting to move into a spiral. Cathy was occupied with a new job, two young kids, and adjusting to life in the north. I felt neglected and ignored. In reality, I wasn't, but that's another insidious side to PTS – it makes things look and feel worse than they really are. The reality is that I should have been reaching out to her, helping her make what was, for her, a bigger

adjustment than I was making. She had picked up her life and moved north for my career, yet I saw myself as the victim.

Two years after that, I was promoted again, to Staff Sergeant. This was great for the bank account and career planning, but in hindsight, not so good for someone struggling with what I was beginning to suspect was some kind of issue. I had no idea at this point that I had PTS, it never even crossed my mind. My demon was sometimes rattling the cage, and I thought it was just bad memories. Turns out, it was a lot more.

I took on massive new responsibilities, going from supervising about a dozen officers to overseeing a whole work location of officers and civilian staff. This would end up being an entirely new set of factors that added to the load of stress and trauma that I was already carrying around.

Yet, at the same time, it was also an escape, because I could focus on work, focus on my responsibilities, and lose myself in my uniform and rank. It was a hollow escape, but an escape nonetheless.

There were many times in the intervening years that I relived the incident. Usually, it was tied to experiencing something similar - another collision, a nasty death, a highly emotional crime scene. Sometimes, it was as simple as seeing a van the same as the one that

Mike had been driving on the road. Bang! Instant trigger and it was like I was right there again, in that van, watching Mike die.

All this time, I knew that something wasn't 'right'. I knew that having adverse reactions occasionally was not normal, but I never put two and two together. Worse yet, in the intervening years I had joined my police service's Peer Support Team. As part of that team, my role was to debrief officers who went through a traumatic incident. It was never mandatory to go through these debriefings, but we always suggested to officers that they take part. Even if they didn't want to talk, at the very least we could tell them what to expect in the days after the incident and that the feelings they were having were normal, reasonable, and completely understandable.

Many, many times I sat in a room full of officers, usually gathered in a circle, and told them what may happen to them - flashbacks to the incident, nightmares, disrupted sleep, poor appetite, loss of focus and concentration, gaps in their memory, even full blown recreations in their head of what they had been through. Then we would offer them tips on dealing with these things - maintain a regular schedule, sleep as they could, eat healthy and hearty food, exercise, and don't rely on alcohol or drugs to numb the pain. Above all, talk to somebody they trusted. Holding it in was the killer.

Unfortunately, for as good as I was at pointing these things out to other officers, I never looked in the mirror and saw that my advice and

compassion was not going to the one person it should have. Myself. I was looking right through the mirror, not at it.

When I really thought about it, I felt many things because of being involved in this incident. I felt sadness at Mike's death because I lost a friend. I felt guilt and remorse because I was the one there, I took the first actions, and I was the one in a position to save his life. I felt anger at the whole thing – at Mike for dying, at the other driver for being there at that time, at my fellow supervisor for not responding when I reached out to him, and my police service for putting me in this position in the first place.

I had so many 'ifs'. If I had gotten to the scene more quickly. If I had been carrying proper first aid equipment. If I had grabbed my flashlight. If I hadn't stopped to watch the blood running down my coat. If only, if only.

That's one of the things I had to learn very quickly when I started treatment – you can 'What if' and 'If only' yourself to death. It is the human condition to question oneself. Done in small doses, it can be very helpful. You hopefully learn from your mistakes, see where you went wrong and fix it for the future. But when you hammer away at yourself over and over, constantly second guessing yourself and your actions, it is extremely harmful. It leads to extensive self-doubt and shakes your self-confidence to its core. I put on a good face, but there were many times that I wondered if a course I was taking while on a

call, or, worse yet, leading others through a call, was the right one. Policing is NOT an area where you should be repeatedly questioning your own actions.

(This doesn't fit here chronologically, but it fits perfectly in the narrative at this point. When I started treatment, my doctor suggested that I needed to kill these 'what ifs' and associated guilt. Part of this was to tackle the guilt that I had over 'failing' Mike. So, I came up with a plan to do so. I dug back into the file about his collision and dug up the medical info that I could. What was in there was pretty reassuring that there's nothing I could have done, but I wanted to be sure. I called the hospital where Mike had been treated and spoke to a physician in the ER. I explained what I was trying to accomplish, and he told me he would look at Mike's records and tell me what he could. I figured that was a polite "go away", but, to my surprise, an hour or so later the doctor called me back. He definitively told me that there was nothing I could have done; in fact, he said that if he was at the scene himself, with a full OR at his disposal, there was nothing he could have done either. Mike's injuries were simply too severe. That went a long way towards helping me soothe the guilt I'd been carrying around for almost ten years.)

A couple times, I attempted to tell someone what I was dealing with. But I soon found out that PTS was NOT, at the time, even just ten or so years ago, something that was frequently spoken about in policing circles. It has gotten better even in the last few years, but before that, it

was very much verboten. Cops generally didn't talk about the experiences they went through. The formation of peer support teams, the availability of Employee Assistance Programs (EAP) and media attention has started to make the subjects of stress, trauma, and mental health issues in the workplace more accessible. However there are still many cops who choose to find refuge from their memories at the bottom of a bottle. Or in repressing their memories. Or not dealing with it at all.

But I digress.

Like I said, a few times I attempted to tell someone in a position to do something what happened to me. One was an officer a rank higher than me, my supervisor at the time. He listened very politely, told me that we all have our stories and issues, and then moved on to my work for the day. That was that. In looking back, I realize now that I was looking for a lifeline, again, just like I did the night Mike died. And, again, I was denied it. I guess I was looking at it from how I felt - if an officer came to me, regardless of rank, and told me that they were having nightmares and flashbacks and trouble coming in to work some days, I would sit them down and start getting them some help. I suppose my mistake was assuming that others would be the same way and not coming right out and asking for help.

Another time, and this one was a little more fruitful, I sat down with the psychologist that my police service retained. I had been on our peer

support team for about a year at the time, and he wanted to see how I was doing. Debriefing the debriefer, as such. During the conversation, the talk turned to my experience. He was appalled that no one had ever offered me any kind of assistance after I had told people that someone I knew well had died right in front of me. What was supposed to be a quick half hour over coffee turned into an intense two hour discussion and some suggestions as to what I could do to help myself.

I was grateful at the time, but, with life and work getting in the way, I did a couple of the things he said and let the rest go. It was just another mistake I made in a whole series of them.

Chapter 6

So, I promised that this wasn't going to be a scholarly work. However, I suppose before I go on, I need to define exactly what post-traumatic stress is, give some details about it, and talk about how I was able to check off the tick boxes.

Stress is pretty simple - it’s a reaction to some event or demand on us that creates an elevated state of arousal or readiness. A bigger event equals bigger stress reaction. A moderate amount of stress is necessary, integral even, to being an emergency responder. That moderate stress is what keeps us alert to something that's just 'not right', (what I call our “Spidey sense”. If you don't get that reference, Spider-Man has a 'spider sense' that gives him warning when something big is going to happen. In the old 60s cartoon, he would say 'My Spidey senses are tingling' and these little cartoon lightning bolts flashed around his head. It's a fairly common cop expression.) It's what keeps us looking around when we go for lunch or coffee, what makes us pick out a certain licence plate or car, what makes us put our hands on our guns when we get a certain vibe. Basically, it helps us protect ourselves and our partners.

Extreme prolonged stress can be destructive to a person both physically and mentally. That's not good for anyone; it’s especially bad for someone who has to rely on their wits and bodies for work. You can actually reach a point where you are *too* alert, *too* aware. People who work in emergency response don't like feeling stress that we can't control or change.

When discussing stress, there are basically four ways to explain it:

-Normal stress from the routine of everyday life and work. Usually, it's manageable and everyone lives with it.

-If normal stress builds up too much, it can become cumulative stress. It's what often is termed 'burnout' or ‘compassion fatigue’ (which are not exactly cumulative stress, but are associated conditions.) I experienced this before being diagnosed with full PTS. Basically, smaller incidents stacked on top of the first big one just kept adding fuel to the fire. My doctor put it a perfect way - the initial trauma of Mike's death was putting a nail into a piece of wood. Every stressful incident after that, every death, every bar fight, every hostile encounter with someone, every child whose lifeless eyes I looked into, was like a hammer driving that nail in further. Eventually, you reach a point where the nail won't go any more (or maybe it bends as you're pounding it in) and you have to either start dealing with the stress or it takes over.

Everyone has job stress, that's just a natural. When you're a cop or emergency responder, the stress is a little different than if you're working on a shop floor or in sales. Policing is usually 99% routine broken up by 1% terror. We generally work shifts, which is not good for the body. We are constantly in contact with the public, which can be, by turns, frustrating and thrilling. We're responsible for our own safety, as well as that of our partners and the public, which is a considerable burden. Plus, we are constantly putting ourselves into situations where we are speeding, fighting with someone, performing first aid, dealing with traffic whizzing past us, completing myriad paperwork, and always venturing into the unknown.

If not recognized and treated, cumulative stress can affect your personality, your home life, and your job performance. If it’s caught early, it can be pretty easily treated through therapy and / or medication. It's preventable through things like exercise, proper diet, yoga, meditation, journaling, and keeping a healthy work-life balance.

-Critical incident stress, or trauma. At its heart, it’s caused by exposure to something that temporarily overwhelms your ability to cope. One of the very first things we were told when I took critical incident responder training was that it is 'a normal response to an abnormal event.' There are no 'standard' reactions; depending on the officer the response could be physical, emotional, or psychological, or some combination of all three. The reactions could last a day, a week, or several months. Ironically, the body’s response to this kind of stress

is what keeps us alive through triggering your fight or flight response and giving you heightened awareness.

There is also an aspect to this called vicarious or secondary trauma. That's a condition where you experience the symptoms of trauma through being exposed to another person's trauma – for example, medical professionals, child services workers, and counsellors. This field could be a whole book unto itself.

This is (ideally) the stage where most police services hold their defusings and debriefings. A defusing is a quick and dirty sit-down with officers who have been in a critical incident (a shooting or death of a colleague is a common example), telling them what they are likely to experience over the next few hours and days. A debriefing is a larger, more formal setting where everyone in the event is given an opportunity to talk about the event from their perspective and how they feel about it. Quite often, dispatchers and other emergency responders who are involved in the incident will be asked to participate as well. Participation is not mandatory (forcing someone to discuss their feelings in a setting in which they're not comfortable could potentially be as damaging as the initial trauma) but officers are encouraged to take part. There's no judgment, no critique of the operational part of the incident; a debriefing is strictly an opportunity for people who have been exposed to trauma to share their story and for the debriefers to tell those people what they are possibly in for.

Certain events are considered to almost always be considered ones that overwhelm, even if only temporarily, the people who are confronted with them. In no specific order:

1. A line of duty death or serious injury of a colleague;

2. The suicide of a colleague (in the policing world, this is an EXTREMELY traumatic event. Suicide is, unfortunately, often linked with PTS. There are no accurate statistics on how many police officers have killed themselves in Canada, but it is generally accepted by organizations that work on advocacy and suicide prevention that it numbers in the hundreds. There is very little ability, unfortunately, to link how many of these officers were suffering from PTS. I have worked in areas where officers have killed themselves while on medical leave or during active duty. In all cases, it has caused almost a complete shutdown of all officers working in that area, and necessitated bringing in officers from neighbouring areas to cover. They were horrible times, but ones that demonstrated how policing is indeed a brotherhood that steps up to take care of those who are hurting. Indeed, as I do final editing of this book in Mar of 2016, the emergency services world in Canada has been hit with yet another round of first responders who have killed themselves. One of these was a police officer who shot himself, on duty, in front of colleagues, with his service firearm. Another was an officer who drowned himself a few blocks away from the scene of a where he had shot someone; a shooting that he had never fully recovered from. Those acts send an EXTREMELY powerful message);

3. A ‘bad shoot’ i.e. killing or wounding a colleague or innocent party;

4. Working in a disaster or mass casualty situation (I have many close friends and former partners who spent days in the ruins of the Elliot Lake Mall collapse of 2012. [i] Many of them are suffering from nightmares and flashbacks of what they experienced during those dark days, especially since there is still some question as to whether or not there were survivors when the rescue operation was initially called off. I know several officers who worry they will always struggle with guilt and question both themselves and the incident commanders;

5. Events that involve a high personal threat to other emergency personnel - gun calls, school shootings, being involved in a collision in an emergency vehicle, or responding to a call of an officer in trouble. All of those can spike the heart rate pretty quickly;

6. Deaths or serious injuries involving kids... It goes without saying that children are the most vulnerable members of society. When something happens to a kid and you witness it, it is a gut-wrenching experience. I remember when I was at Police College, we were having drinks with some of our instructors one night, listening wide-eyed to their war stories. One of them, who I can only remember by his epic mustache, told us a story about a hostage situation where a child was being held by his estranged father. I remember the instructor, even just telling the story, got very emotional. I asked why it was still hitting him so hard and he said that since he had kids any call where a child was involved really got to him. At the time, I didn't understand. I couldn't

understand. Now that I have two sons of my own, I can see exactly what he was talking about;

7. Knowing the victim personally. I don't think I need to go into much detail on this one. However, I will say that when I found out that this was considered to be one of the most traumatic events possible, I regretted even more not reaching out to someone for help much sooner;

8. Events with endless and, likely excessive, media coverage. I'll go back to the Elliot Lake mall collapse for this one. For days, that story dominated every form of media. The personnel involved couldn't escape it, even during their down time. They would go home to have a meal and a sleep, maybe a beer, and turn on the TV. BAM – there it was, just about everywhere you looked or read or surfed. You're re-living the event over and over, often with spin and critique added to it. I actually wrote a couple very well-received LinkedIn pieces about this concept:[ii] [iii]

9. Finally, and quite simply, a person can be extremely affected by any unusual or extremely stressing event. Stress is relative, and different officers react to a situation based on their training, experiences, and frame of mind. Anything can become overwhelming at any time.

- If the symptoms of exposure to a critical incident are prolonged, they can lead to post-traumatic stress. PTS is a psychological issue that requires medical intervention, with an accepted ‘threshold’ being 30 days, i.e. if the symptoms persist longer than that amount of time you are moving into the realm of PTS. The most current information is that

between 15 and 30 percent of emergency responders will develop PTS in their career. This number is much higher than thought previously.

There are several commonalities in people with PTS, both physical and psychological:

- they repeat the event over and over in their minds. Often, these replays can be extremely detailed, with sounds, sights, smells, even the tastes that were present at the time;

- dreams, nightmares and other sleep disruptions are common;

- hyper-arousal. This is a state of mind where you are constantly feeling alert and waiting for something to happen. Cops are naturally in this state while at work, that's what keeps us alive. With PTS, hyper-arousal is an ongoing thing - you don't even let go at home or when you're trying to relax, which can be exhausting;

The weird thing about PTS is that it while there are commonalities, the variances are so widespread so as to be almost impossible to pin down. You could expose 100 identically trained and equally psychologically hardened emergency responders to the same scene and they would all process it differently.

Why is this? Because of external factors that are naturally different in everyone and definitely impact the chance of experiencing PTS:

- previous frequent exposure to traumatic events;

- other life stressors the person may be undergoing;

- being naturally anxious;

- feelings of guilt or personal responsibility that stem from the incident. I had this in spades, as I'll discuss a little later on;

-if there is a feeling at the scene that the person is watching the scene from outside themselves, or like in a movie, then the potential for PTS increases (the phenomenon of detachment;)

-a lack of immediate crisis support, or, as time goes on, longer-term professional care, is acknowledged as the single biggest contributing factor to developing PTS.

So, how do you know when stress is building up? Your body and mind form a pretty amazing organism, with millennia of adaptation behind it, and it will do everything possible to let you know when something is wrong.

When you get confronted with a 'fight or flight' situation (critical incident stress), your brain gets your body ready, for, well, fight or flight. You become more alert and aroused. The major muscle groups

to help you fight or run become engorged with blood and the rest of your body's functions slow down - also, the blood moves away from your skin so if you get hurt, the blood loss will be minimized. Your heart rate and breathing increase and your body releases stress chemicals like cortisol. Your pupils widen to take in more light and your hearing becomes more acute. Your body automatically takes on a more aggressive stance and you can often feel yourself shaking, either with anger or irritability.

These are very old, ingrained reactions that happen at a subconscious level. Normally, after the threat has subsided, your body returns to its normal physical state.

If you're dealing with heightened stress for a few days, things are stepped up a bit. Your emotions are stronger and more easily stimulated. Problem solving and decision making skills become affected and your attention span and concentration are reduced.

If moderate stress continues for a prolonged amount of time (weeks or months,) your emotions and psyche can become extremely affected - you start to go through serious changes to your psyche. This is the stage where people start to seek comfort in unorthodox ways - risk taking, substance abuse, and cocooning themselves from others. Some people begin to experience paranoia or intense depression. The body can become more susceptible to illness and to the more routine stressors in your life. There are often feelings of extreme self-pressure and a

decrease in performance at work. Anger and frustration are just below the surface and not easily hidden. Thoughts of suicide as a means of escape are quite common – I know that on one dark night it was a thought that I had.

I found myself at this stage just before my final crash. After I started treatment, many of these things began to abate, but I still ended up taking some time away from work to deal with my anxiety and depression, and what I felt like was a decrease in my work performance.

At the extreme end of prolonged stress, you deteriorate both mentally and physically very quickly. What may have previously been feelings of anger can amplify into feelings of rage, even homicidal thoughts. Alcohol use which was a coping mechanism before may now become addiction and abuse. Severe depression can culminate in more than the thought of suicide, but the actual act of doing so. The ultimate end to it all. And one that far too many first responders have turned to. As of January 2016, the newest statistic is that 39 Canadian first responders took their own lives in 2015

And it's not like the stages are separate and compartmentalized. Everything that happened at the lower levels is still there; in fact they actually get worse as your stress arousal increases. Like that nail going into wood analogy I used.

Ultimately, all this stress can lead to some extremely dangerous reactions; ones that, for an emergency responder, could potentially threaten their health and safety.

Physical signs

- chest pain/unusual heart beat and / or high blood pressure (I had this one night in March 2013. I collapsed at the dining room table and scared the hell out of Cathy and the kids. Turned out to have been just a very bad panic attack, but it was definitely a wakeup call for me, prompting me to take some time off);
- collapsing from exhaustion. Not just deep sleep from fatigue, but actually dropping in your tracks because your body is simply worn out;
- going into shock;
- dehydration;
- dizziness;
- stomach or digestive issues - for example, unprompted vomiting or blood in your stool.

Psychological signs

- a decreased alertness of your surroundings (which, for a cop, can be absolutely fatal ;)
- difficulties with decision making;
- feeling disoriented, with a poor idea of time or location;
- hyper-arousal;
- thoughts that are moving more quickly than you can process;
- a general state of feeling confused or ‘out of it’;

- not being able to recall names of co-workers or procedures at work.

Emotional signs

- panic;
- numbness (this is what I experienced at the scene of Mike's crash, when I was just standing there feeling like I had no direction);
- feelings of extreme fear or apprehension, especially of things to which you previously had none;
- exaggerated emotions, especially negative ones like anger or sadness.

Behavioural signs

- changes in speech patterns;
- taking chances or being reckless in dangerous situations;
- violent physical actions (for example, using excessive force in the line of duty);
- nervous behaviours like rocking back and forth or facial tics;
- compulsive out of character actions;
- shaking or tremors;
- withdrawal from others or hiding out

Once you hit this point, you are either firmly in the grip of PTS or chronically, dangerously stressed. Neither one is a good place to be. Given enough time, these reactions can kill you.

Chapter 7

At the end of the next-to-last chapter, I mentioned mistakes. They started the night of Mike's collision. Unfortunately, when it came to dealing with my PTS, I made lots of them. Consider this chapter about what I DID while dealing with PTS (as opposed to what I felt, which I will tackle in the next chapter.

Where to begin.

I ignored all the warning signs. As I've said a few times, the human brain is a remarkable thing. It will do everything it physically can to protect you from harm. That includes masking things that would otherwise cause you to shut down (like trauma), recreating neural pathways in the brain, and giving you little subconscious nudges in the right direction.

Looking back, I said for years that I thought 'something' wasn't right. I think now that this was my brain trying to prompt me and make me realize that there were some serious issues I should have been dealing with. Aside from this weird feeling, I also had lots of the indicators I wrote about previously:

- I fixated on a couple things from the incident. The broken glass and how the red lights of my cruiser strobed off of it. The sound of the broken glass crunching under my boots and knees. That blood that was running down my coat. All small things that took on massive significance in my mind.

-Sometimes, I would have a bad dream for a night or two after a trigger. The triggers took many forms - another traumatic incident, a certain smell or sound, even just a memory of that night. Sometimes, the new and old traumas would mix in my head and it was like watching a movie where someone stuck new characters into an old story. Occasionally, it would be a complete and utter reliving of Mike's death, like the most realistic film of all time. A film shot in 3D with surround sound, smells, and touch. Those moments were the worst, because I could feel my heart pound and my breathing get faster and I would break out in a cold sweat. Those times were bad.

-I experienced hyper-arousal. In my case, that manifested itself through jumping at loud noises, always wanting my back to a wall and watching doors and exits, and not wanting people to stand behind me. These have abated substantially, but I still get nervous when someone is behind me, say reading over my shoulder, even one of my kids. Luckily, they understand and know that it makes me antsy. Even now, I will still sometimes jump or flinch at loud noises, depending on my stress level and what I'm doing at the time. And I still want my back to

a wall as much as possible, but that's now more of a cop thing than a PTS thing.

-At the time of Mike's death, I had been an Acting Sergeant (a role meant to be developmental) after have worked in Community Safety for several years. Moving back to the road thrust me back into seeing and supervising any scene that involved a serious collision, serious crime, or death, in four different work locations. Because of that, I saw a lot of misery and death in a short time before Mike died. This all contributed to the effect that Mike's death had on me (cumulative stress).

-There were other stressors in my life when this happened. In my case, I was a fairly new dad for a second time. I had not coped well with the death of my best friend the year before, and Cathy and I were struggling a bit with some things in our marriage. All of these stressors chipped away at the defenses I would normally have had in place to deal with the critical incident.

-It didn't help that I was, as Cath would sometimes call me, a stress ball. I had always been a high-strung, Type A personality. As I have already alluded to, I pushed myself hard through school, through university, through law school, and through the recruiting and hiring process for policing. From 1991 when I started my undergrad until I got hired in 1998 had been a straight run of seeking the next

achievement, multiple jobs, and being endlessly hard on myself. That breaks a person down, even if I had ended up where I wanted to be.

- I don't know if I experienced a feeling of being outside of my body, exactly, but I did have a feeling of being disconnected, of having no direction and not knowing what to do at the scene.

- I had neither short-term nor long-term debriefing or counseling at the time. Between incident and my final meltdown, I had that one informal chat with the force psychologist and that was it. In fact, I was completely shut down when I tried to talk any other officer about it, which made things worse.

The indicators were there for years. It wasn't a two week or two month span, this went on for over seven years until I finally started dealing with it.

Even when I did think that I needed help, I didn't seek it out. I certainly had resources I could use, but, for a variety of reasons, didn't. I had peer support, access to the psychologist retained by my service, family doctors, even friends and family. I did tell some people about the incident, and every time I did so, I became emotional and overwhelmed. In hindsight, this was actually pretty therapeutic as I obviously needed to get things off my chest. I even remember some of these people who I unloaded on telling me that I should talk to someone on a professional level.

In 2008, I had a few sessions with a counselor through our employee assistance program because I was feeling 'stressed', but at no point did we ever get to the root of the problem. Not even close. In hindsight, I probably should have looked to speak with somebody who specialized in first responder stress and anxiety, not someone who did family counselling and marriage retreats. But, when you're in a small town in northern Ontario, you take what you can get.

I thought that I had it under control, so I never bothered doing more than that. I figured that since I had locked my demon up, even if it rattled the cage sometimes, I was good. So I carried on, all the while with these thoughts spinning away, every day, underlying everything I did.

I pushed away my family, who could have been the best source of support for me. This one had multiple aspects to it and, in my opinion, caused me the most problems.

Because I thought everything was fine, I didn't see that there was really anything to talk to Cathy about. So I didn't. Oh sure, I would occasionally mention to her that I had a nightmare or some really nasty thoughts about Mike's death, but that was really about it. I never told my parents or my sister what I was going through. I certainly didn't talk to any co-workers about it, not after I had been rebuffed twice when I tried to do so.

However, quite often, the trauma was influencing how I was acting at home. One thing PTS does is to spin your behaviours - often, it will make them very extreme, moving to one end of the spectrum or the other (for example, depressed vs artificially happy.) At work I was in control, calm, a leader. At home, where I could be 'myself', I was a totally different person. I yelled at my kids for no reason. I was constantly annoyed with small things, blowing them out of proportion. I secluded myself in the garage or basement, away from my wife and kids, burying myself in video games, the internet, and TV. I didn't want to be around people more than I had to, so I became very anti-social. I only wanted to socialize with other cops and wanted no part of anything to do with Cathy's colleagues or friends. I became very defensive and started believing that no one would possibly understand how I felt, so there was no sense in bringing anyone else in.

Looking back, I can see that I was wearing masks. There was a work mask - that calm, collected police officer who led his officers with pride and worked hard for promotions and achievements. There was a home mask, where I would be a father who was not always there and a husband who wasn't fair to his wife. And there was a 'Brian' mask, where I would be manipulative and charming and arrogant and witty, all to fill my need to try to escape the despair and the hatred that would occasionally rear its ugly head. While it didn't happen often, it happened enough that I felt a need to escape it.

My life was a series of lies, one built on the other, to preserve what I thought I needed... My need for attention, my need for solitude (it's odd that those could co-exist, but I would swing between wanting to feel close to someone and wanting to be utterly alone). I wanted people to think that everything was fine and that I was the same Brian I had always been. With the benefit of hindsight, I have no idea how I maintained the various lives I was living. Some days I felt like I was living in a Cold War spy novel.

I also realize now that it wasn't just about me. I pulled many people into the web around me, like a spider pulling in flies. Some of those people willingly went along with helping me keep those masks on, some of them were innocent and simply trying to help. I hurt many people, and owe some of them apologies that still should be said, but never will. Although, to be honest, many of the people I'm talking about likely never want to see me again. And that makes me sad, because I destroyed some friendships and relationships that I and my family will never get back.

I mentioned working hard for promotions and recognition. That was another mistake – burying myself in my work. Ironic that the thing that caused me so much grief would become one of my refuges. In hindsight, I did that because work was the one place where I felt in control. I had a position of leadership; I had authority, and I had respect. I would often work late because it was easier to be at the office, where things had rhythm and a structure, than it was to be at home, where I

had no idea what my wife and kids may be doing. Or how I would react to them.

Now, I see it the other way. Home is a place where there are wonderful discoveries to be made and not having a structure means one amazing surprise after another. It is a place of safety and peace for me. But it took me a long time to get to that point.

I thought that if I worked hard, that if I was a good officer, that I could escape the mistakes that I felt I had made and what I had done wrong. Instead, I ended up making mistakes at work that would later haunt me, and lead to bitterness and resentment. It was an endless cycle, until I finally recognized the problem and started receiving treatment for it.

Ultimately, all this was a futile effort. The only way to escape what was haunting me was to deal with it head on.

Chapter 8

Just what exactly was it that was haunting me? Once I started therapy and was able to really put the puzzle together in my head, many disconnected pieces began to meld into a more cohesive whole. For years, I had different feelings about that night, depending on what else was going on in my life. It took a long time, and much reflection to figure out the patterns, but now, after over a decade of coping, I have a better grasp of things. I look at this chapter of the book as what I WAS while dealing with PTS, as opposed to what I did.

To start: I was mad at myself. For many reasons. I felt like I had let Mike and his family down by not being able to save him. My adult, rational mind knows that nothing would have saved him, and the paramedics at the scene told me the same thing. He sustained catastrophic injuries in the collision and even a trauma team at the scene couldn't have kept him alive. But for ages, the emotional part of mind (my inner child, I would learn to call it through the Hoffman Process – more on that later) thought that if I had gotten to the scene more quickly, if I had the right equipment with me, if I hadn't hesitated by looking at that blood on my coat, he would still be alive.

Anger at oneself is a very powerful thing. Even if I wasn't consciously feeling mad at myself, that anger was underpinning everything I did. It made me question my abilities and skills as a police officer, so I was constantly second guessing myself. That was one of the reasons, I realize now, why I pushed myself so hard to move up the ladder. I thought that if I got promoted and took on more responsibilities, then that failure would be washed away. While I don't regret my promotions, I do sometimes wonder how much my desire for them was genuine, and how much of it was an effort to prove my worth as an officer. And a person.

I was sometimes mad at Mike. While this may sound odd, harsh even, it is actually quite common to be mad at a person involved in an incident which is the root cause of a trauma. It's the same concept when you are mad someone committing suicide and leaving everyone else without them, another very common reaction.

Even though Mike wasn't to blame for the collision that took his life, his being involved in it is what led me to that point. It was a horrible, horrible coincidence, but even coincidences can be life-changing. Some people that I've talked to have opined that this was pre-destined, that Mike and I were supposed to have this fatal encounter. Destiny, I guess. I don't know if I entirely buy that theory....why would my destiny be to experience something that would make me suffer so terribly?

I prefer to look at it as a slightly different variation on fate. Someone who I trust very much completely opened my eyes to this about a couple years ago. She said that maybe I was meant to be with Mike when he died, as a way of sending him on to whatever lies in the next world so he was with someone he knew, someone who would take care of him and guide him. When I began thinking of his death this way, it brought me a huge measure of comfort. I am by no means a religious man, but I am spiritual in the sense that I believe we all have an inner essence that transcends the physical part of us. I don't know what may happen to that spirit when we die, but I hope that I helped Mike's spirit get to wherever it was going.

I felt immense guilt. Guilt that I had let a friend die, that I hadn't done a better job as a friend and a police officer. I mean, my job was to preserve and protect life. I failed at that, and because of my failure, someone died. I felt shame (it's not the same as guilt. Honest.) I was ashamed of myself because I thought my letting Mike die reflected on me as a person, and as a police officer. At that point, I was still fairly new as an officer. I had just taken on a role of leadership and authority. I LIVED for that uniform back then. To think that I had done something that made me less worthy of wearing that uniform really rocked me. And what did other officers think about me, or at least those who knew what happened? I do know that in the years following I would overcompensate with career progression to prove to myself that I was still worthy.

I grew to be extremely resentful of the job. Not right away, but over the course of ten years or so I would begin to feel that I had been let down by my police service. This would be reinforced by some things that took place at different places where I was posted. A couple of the places were very toxic, and I was thrust into leadership roles where I was expected to deal with this toxicity. All it did was stir up what was already a bubbling pot of trauma and stress.

Emotionally, I was a wreck. When it came to some things, I was completely numb. I didn't shed a tear when my friend Mike had died the year before or when my grandfather died in 2005. Yet, when it came to some things, I felt like I was on a hair trigger for tears. Parts of TV shows or movies, a news story, even music; all of them could generate a strong emotional response that was far out of proportion to the circumstances.

Yet I wasn't emotionally available to my family for a long time. I know I wasn't much of a father or husband and that I missed out on moments that I will never get back. I was extremely self-centred and cut myself off from the people who were closest to me. There were days that I felt like I was riding a roller coaster, going from not wanting to get out of bed to feeling in control and in charge at work to anger or sadness or numbness at home (and regret for feeling that way.) It was exhausting.

There were times I didn't feel in control of myself. I hated and loved that in turn. I had always prided myself on my control; in fact, I made it a hallmark of how I conducted myself at work. There were days, though, I felt reckless and didn't care what was going on in my life or who I was damaging with my actions.

In the time just before my own personal dam broke, I was rapidly spiraling out of control. I was using alcohol to feel numb and fall asleep. I was staying up late, living in the garage with video games and my laptop, barely interacting with my family. I had moments of utter blackness when I couldn't see a way out of what I was in. My family was getting ready for another move, for my job no less, and I was barely involved. Christmas was right around the corner and I could care less. (Thank god that Cathy was organized and efficient and could take care of the move and Christmas all at the same time.) I was making some horrible decisions and didn't care about the chaos I was causing.

So, when that dam broke, what exactly happened?

Chapter 9

In December 2011, we moved from northern Ontario to Barrie. I thought that was what I wanted, because it was my plan to eventually end up working at our headquarters, which was a stone's throw from our new house. I had finished my law licence process, and I had high expectations for myself moving even further up the ladder. (No shock there. That was the pattern of my life.)

We had found a house in Barrie, in a nice neighbourhood with a good school for the boys. We settled in during the first week of January, but even at this point I was completely detached from what was going on. I pretty much cared about myself and that's it. I remember being concerned about getting the electronics set up so I could have the internet and my video games up and running. I wasn't overly worried about the school the boys were going to, the neighbours, decorating or taking care of the house... I was just looking to be left alone.

One night, Cathy called me upstairs, and there was something in her voice that made me realize that this was not going to be an average run of the mill conversation. When I got upstairs, she was sitting on the couch, holding a piece of paper. It was a letter, addressed to her, giving her some details about something foolish and reckless I been involved with. To this day, we don't know who sent it. At first, I was outraged

by this, but in hindsight four years later, I must admit that that letter led to a life-changing event.

As we started to discuss the letter, and some much deeper aspects of our marriage, I realized that even as we talked, all I could see in my mind's eye were scenes of Mike's death, played over and over. The rational part of my mind realized how absurd this was. Here I was, having possibly the most important conversation of my marriage, and I could only devote half my attention to it.

Obviously, this was apparent in my eyes. Cathy asked me what was going on in there, in my thoughts. I couldn't answer. I opened my mouth to say something, couldn’t and then I simply broke down. Absolute, complete breakdown. Tears, sobbing, hitches in my chest. I think the force of it overwhelmed her, so much so that even though we were in the midst of a marriage-changing argument, she stopped what she was doing and held me. I must have cried for fifteen minutes, and I don't think I had a coherent thought during that whole time.

My dam had finally burst. All of the feelings, all the emotion I had been holding inside for just over seven years finally came to the surface. I broke totally. I felt like a dishcloth that had been wrung out, then been left tossed in a sink. That's the night that I finally decided that I needed to see a professional; that this was finally too big for me to deal with on my own. I had been denying the pain and trauma for years, and the last few months had been building up to this inevitable collapse.

In the days that followed, I started with our family doctor, talking with him and letting him know that I believed I had post-traumatic stress. He told me that he wanted a couple days and that he would get me a few names of doctors in my area who could help.

At the same time, I finally reached out to a peer that I could trust, after so many years of thinking no one at work cared. I'm glad I did, because she was fantastic. She spoke with my wife, and between the two of them they found me a fantastic psychiatrist who worked with the Canadian Forces. Her role was to work with soldiers returning from overseas deployments, dealing with combat-related PTS and other psychological injuries. Doctor Anne Labonte, I owe you the life I have today!

I started seeing her once a week beginning a pretty aggressive course of treatment. In fact, she tried something new with me, a course of treatment that was actually created to deal with victims of sexual assault. It involved lots of talking, reflecting, and writing. The key of the treatment was to tackle first the event itself, and my memories of it. That moved into dealing with my perceptions of the event, and how I saw myself as a result of the PTS.

At the same time, Cathy and I began to see that there were substantial problems in our own marriage, some of which could be attributed to the PTS, and some to other factors. Even then, I was still being selfish and self-centred, not giving myself fully over to trying to repair the damage. In fact, it would take about another year before I finally stopped living lies, stopped trying to fool myself and Cathy, and

stopped pretending some things were good when they weren't. Cathy gave me an ultimatum – commit to changing myself, commit to improving our marriage, and commit to doing what it would take to rebuild her trust in me. I decided, over the course of a long, long weekend of thinking, that I wanted to fight for our marriage and fight to make myself the husband I had always wanted to be.

From that point on, things began to improve with Cathy and me. I put her through hell for a year or so, and the fact that she stuck by my side is a testament to both her strength and her compassion. There were times she would have been completely within her rights to take the kids and leave me with my baggage, and I wouldn't have blamed her at all. Thinking back to the person I was then, even simply writing about it, makes me feel sick to my stomach. I was a horrible husband and father and I have vowed never to be that again.

Work during this time was tough. I had an immense amount of difficulty focusing on tasks at hand. Minutes could go by while I stared at the wall doing nothing, then finding myself surprised and wondering where the time had gone. Things that normally seemed easy before, simple tasks like running stats or writing routine reports, now were time-consuming and challenging. Now that I knew I 'had' PTS, my confidence and self-image were shaken.

I guess above all I was questioning my future. What did this mean for me? Would I be able to keep my job? Could I ever be effective as an officer again? Would I be labelled? (This was a few months before the Ontario Ombudsman's report, which would start to change the

landscape of how police services dealt with PTS and operational stress injuries.) Would I still be an effective leader?

There were also, however, welcome moments of clarity. Some things started to fall into place. Patterns of behaviour began to make some sense. The emotional ups and downs now had a cause that I could name. I had taken the most difficult step, which was to finally admit that there was a problem and that it was too much to handle alone.

As my therapy progressed, I began to feel more stable and not so out of focus. My weekly sessions with my doctor turned into bi-weekly and started to take on more of a tone of reflection and self-analysis as opposed to tackling the immediate issues that were affecting me - flashbacks, fatigue, self-doubt, and inability to make decisions.

The one bright light during this time was in March 2012, when I got promoted into a position as an Inspector that I had been wanting for years. It was going to be a perfect blend of my legal and police experience. I was excited and still remember how happy I was to call Cathy to share the news with her.

That bright spot didn't last long. Within a few weeks, my new boss came to visit me at my office and told me that my promotion was on hold because there had been a complaint laid against me at my previous work location. It concerned an admittedly stupid and inappropriate comment I made in a social setting; my own transfer party from up north, in fact. I realized right away that what I said had stung and made efforts to apologize, but the damage had been done.

A few weeks after my party, there was a complaint laid against another officer. During the investigation, I got swept up in it and all of a sudden I was a ‘subject officer’. Thirteen years without a complaint and now, at a low point in my life, I was hit with a doozy.

I cooperated with the investigators, told them exactly what happened and why, and attempted to give context to everything that happened. I didn't even have an Association rep with me during my interview, which was my right. I wanted to stand on my own two feet and didn't want to drag this out for anyone involved. I thought it was in everyone's best interests if the matter was cleared up quickly.

Well, long story short, the complaint was substantiated. The penalty was that my transfer and promotion would be cancelled, but that I would stay where I was with no other repercussions.

What else could I do? I accepted the penalty as informal discipline and life went on, such as it was.

Although I kept up a good front, inside, I was devastated. In my mind, I was now an Inspector. I had a certificate of promotion with my name on it. I had been to a week-long training seminar on what my new position entailed. I had everything but the new uniform and badge. It was a pretty big hit.

During my interview with the investigators, I disclosed that I was dealing with PTS. Not as an excuse, but so the investigators would have some background. Meaning that I had some shit I was going through at the time that I didn't know was pushing me in different directions.

In the end, it didn't matter. I dealt with it as best as I could, but it was tough. The announcement had already gone out to my peers; to my whole organization in fact, that I was going to be promoted to Inspector. I wasn't even 40, which would have likely made me the youngest commissioned officer in the whole province. Now that was all gone. A few weeks later, a revised announcement came out rescinding my promotion, and with it questions and emails from colleagues about what happened. I didn't tell people much, just that I had made a stupid decision and comment that I had admitted to and that I had accepted the penalty as offered.

What bothered me more was that some people I thought would go to bat for me, simply didn't. People I thought would reinforce some of the things that I had said in my interview, about the stressful conditions and environment of the office where the complaint took place. I had been hoping that some of what I said in my interview would be verified by interviews with these supporting people, but it didn't happen. It made me feel like everything I had done while I was there really meant nothing.

People told me I should have fought, that I should have taken the matter to a hearing. I had no interest in doing that. To what end? Waiting months or years to resolve the issue, with everyone involved having to go through the hearing process and my promotion on hold indefinitely. No, it wasn't fair to anyone involved. I couldn't in good conscience go to work for professional standards having gotten my

position through what would amount to a hearing against professional standards.

In hindsight, however, this whole thing turned out to be for the best. Taking that job would have meant being in a very toxic environment that probably would have been the last nail in the coffin for my marriage. Everything happens for a reason.

On top of all this, right around the same time I was diagnosed with an ulcer. Stress induced, of course. The cherry on top of the sundae.

Chapter 10

In June 2012, after all this had happened, I decided, in consultation with my doc, that I should take some time off work. I was still having issues with concentration, time management, and decision making. Therefore after much discussion we both felt a logical step in the recovery was to remove me from the environment that had started the issues in the first place. We came up with a plan for how I was going to spend my time off. It had to be proactive, well spent time, with definite goals and aims for my treatment, not just sitting around on the couch watching cartoons and racking up kills in Call of Duty.

So I took my time off and was away from work for a few months. I made it as positive as possible; though to be honest, after a few weeks I was going a little stir crazy. I saw my doc on a regular basis. I wrote. I exercised. I spent time with Cathy and the boys, trying to keep rebuilding those relationships that I had put aside for so long. Cathy and I went away to Phoenix for business and made it a working vacation.

In September 2012, I went back to work feeling recharged, refreshed, and with some new direction. My focus was back and I felt very close to what I thought was perfect. It was a busy time, as we were getting ready to move into a new office, and I threw myself into that.

In October, what was to be a life-changing event for me took place. After a ton of publicity and build up, the Ombudsman of Ontario released his long-anticipated report on PTS and policing in Ontario. (If you haven't read it, it is a must read.[iv]) At the time, I was the acting commander for our work location and we received a message from our

command staff that we should send out the link to our officers, make sure that we encouraged them to read it, and treat the issue as the serious one that it is.

I went a step further. For the first time publicly, I told my story. I typed out a long email to my officers, telling them about the night of Mike's death, what happened after, and my battles right up to present day. I remember before hitting 'Send', thinking to myself: "This is it. Once you do this, it's out there, and you can't put the genie back in the bottle." About ten seconds later, I hit that Send key, sat back in my chair, and wondered about the fallout of what I had done.

It didn't take me long to find out. Within a few minutes, I started getting replies. All of them were supportive. That continued for days, and I started getting emails from officers outside of my work area who had been forwarded my message by someone at my office. I had officers telling me their own tales, some of which were horror stories about fights with their supervisors about being at or coming back to work while grappling with psychological injuries. Some people asked me for direction, like: "How do I report what I think is PTS? Do I file a workplace injury claim? Where are the resources for employee assistance and counseling?"

That was the first time that it became clear to me that I wasn't alone. That there were many, many other officers out there dealing with the same issues I was, sometimes with much less support, and sometimes with downright hostility.

To be fair, my organization responded immediately with a company-wide email commenting on the report and the steps that were going to be taken to start resolving the issues outlined by the Ombudsman. A working group was quickly formed, to which I volunteered. More peer support was made available and resources were collected in one place. Solutions created by this working group are continuing to this day, I'm happy to report.

PTS goes in cycles. By the beginning of 2013, I was starting to feel what I now knew were my ‘signs’: feeling directionless, highly emotional, fatigued, and more jumpy; being startled more easily; flagging concentration. Life stress played a role in that as well, I'm sure. The holidays are generally a stressful time for any family.

In March, I had the weird collapse at the dinner table and hospital visit I mentioned earlier. After that happened, Cathy reached out to an amazing family friend who has since become a mentor, and, quite frankly, a saviour. He is a pastor, but to be honest, he is the least pastor-ish pastor I've ever met. He is also the police chaplain for a large police service, so he knows cops and knows the cop culture.

She talked to him at length, then it was my turn. It took about five minutes on the phone before he was telling me that I wasn't fit to be at work. And he was right. I don’t know how he sensed it, but he knew. He called my boss, told her who he was and what was going on, and that was that. That day I filled out the paperwork to start another leave.

To be honest, I hated being off work. I understood the necessity of it, but I hated it all the same. This time off, however, would prove to be extremely fortuitous, as it was when I finally began to be able to explore some alternate ways of dealing with my trauma, which would shape how I started to view PTS forever.

Chapter 11

When I started my PTS treatment, I made a very conscious decision that I wanted as much of my recovery and therapy as possible to involve holistic or natural methods. I was with it enough in the first stages of my treatment to realize that I needed meds to cope with the big factors – the depression, the poor sleep and shakiness, and the need to try to start to get back to 'level'.

I didn't like the meds, to be honest. I felt thick-headed and dozy when I was taking them, and they muddled my thought processes and reasoning. There were mornings when I would stand in my closet for ten minutes trying to pick out a uniform shirt, when they were all exactly the same. I did start to sleep better, but it would take me a half hour to feel awake in the morning, when I had always been one to jump out of bed and start my day. I could see how the meds were helping, and in my opinion, they were a necessary evil.

So, when I felt like I had hit that 'level' place, I began researching holistic methods that would complement the talk therapy and medication. I tried lots of different things at various times. I've been

asked by many other first responders and their families what worked for me, so I'll share them here. Of course, everyone is different – what worked for me, may not work for you. It goes without saying that you should check with your personal medical practitioner about what works best for you.

Exercise the Body

This one is easy. Do something with your body. Anything. The link between a healthy body and healthy brain has been proven over and over. Exercising releases endorphins and other beneficial chemicals into your system. It provides focus and it's easy to lose yourself in the simple, repetitive rhythms of lifting weights, hearing your running shoes hit the pavement, or gliding along the ice. I dabbled in a few things – yoga, kayaking, running, biking, hiking, weights. I still do weight training on a regular basis, but my knees are a little too worn out for running anymore.

Exercise the Mind

Journal your thoughts. Write poetry. Sing. Meditate. Play an instrument. Do funky little mental games to keep yourself sharp. Write a book. I found that I had to make a conscious effort to do these kinds of things, or by the end of the day I just wanted to sack out on the couch and play Fallout.

The Hoffman Process

I don't want to say too much about Hoffman, because, quite frankly, I don't believe I have the words to do it justice. I am indebted to Brett Wilson (from Dragon's Den) who wrote about Hoffman in his amazing book *Redefining Success: Still Making Mistakes*. If you haven't read it, but enjoy books on self-development, setting goals, and following your dreams, I highly recommend it. Cathy bought it for me for Christmas 2012 and it has made an indelible impression on me. Like Mr. Wilson, I chased and chased the brass ring, seeing success in my career as success in all things. Turns out we were both wrong.

At any rate, he mentioned the Hoffman Process in his book, said that it changed his life, and said that he wished he had done it years before. And little more than that. I was intrigued, so I wanted to look into it further. To be honest, at the time, I was barely capable of making a phone call or setting an appointment, so once again, Cathy came to my rescue. She called the Canadian office of the Hoffman Institute and within 15 minutes had me on the phone with a lovely gentleman named Peter. A very short discussion with him had me convinced that this was something I needed and I was booked in for their week-long program in April of 2013. When I talked to him, it was like he saw into me...scary in a way, but in another way, also very comforting.

The next day he talked to Cathy and booked her into the May program. She got to travel to Alberta, lucky girl.

During the week of the program itself, held at a charming retreat in Ancaster, Ontario, I unpacked a tremendous amount of stuff from my past. Again, not to go into a ton of detail, but I learned much about myself that week. I came to grips with things about Cathy, about my PTS, my family, my childhood, and myself. Since then, I have sent many people Hoffman's way, including several dealing with PTS. I made good friends there, and became part of a unique group of people who have been given the opportunity to change themselves from the inside out.

If you feel at all that you are carrying around issues from when you were a kid; if you have issues with your parents; if you have insecurities, doubts, fears, trauma....I would highly suggest that you look into the Hoffman Process.

Equine Therapy

Equine therapy is not exclusively a PTS treatment. For years, people who work with horses have known that they have an empathy and sensitivity towards humans and reflect their emotions. So, if someone near the horse is agitated, the horse will become agitated. If people are calm, the horse will stay the same. Therapists have used this wonderful characteristic of horses to work with psychological and emotional issues of all stripes. While riding can be part of therapy, quite often simply being around the horses, feeding off their presence, is very healing.

However, if you had told me that a few years ago, I would have scoffed. That was until I was introduced to Tranquil Acres.

In April of 2014 Cathy came across a Facebook posting from Tranquil Acres about a pilot PTS retreat called HELP - Heroes Equine Learning Program. She contacted Ryan, the facilitator, and within a few days I was enrolled in their pilot HELP session. It was an amazing three days where a group of individuals with PTS (I was the only cop, the rest were Canadian Forces soldiers...but they made me feel like one of the family) went through an equine therapy program. In layman's terms, we got to play with horses for three days. No riding, just being near and learning from these massive, magnificent animals. I was lucky enough to be part of the first group to ever participate in this retreat, and all the expenses were paid for through donations.

Ryan Theriault, the owner, and his amazing staff were compassionate and understanding as they led us through exercises, play, and team building with our four-legged friends. Ryan has a background in law enforcement, and he truly gets the frontline responder mindset and how it can be shaped (or destroyed) by trauma.

Ryan's fundraising efforts are ongoing as he would like to make HELP more accessible and more frequent. Hit their website up if you'd like more info, it's listed at the end of the book. Ryan and his partner Kyle recently added a guesthouse to the farm and hope to continue expanding.

I had never considered equine therapy until I stumbled across it by accident. Now I'm convinced that finding this program was meant to be. The will of the universe, as it were.

To the HELP retreat crew from May 2014: thanks for letting me see the world through your eyes. You are all warriors and I am proud to call you brothers and sisters.

Alternative remedies are not for everyone. They are dependent on many things – the severity of the trauma, the stage of therapy you're at, the support of your doctor, even just personal choice. Like I said, I made a conscious choice to explore holistic approaches to supplement the work with my doctor. If you're interested in doing the same, make sure that you work with a doctor or counsellor who understands your wishes and supports what you want. No one therapy fits everyone!

Chapter 12

So, when all is said and done, four years into living with diagnosed PTS, where am I at? Well, in a pretty good place actually, albeit with a drastically changed view of the world and my place in it.

I guess the easiest way to sum all this up is with a simple list of what I should have done while first struggling with my PTS. I call it….

WHAT I LEARNED ABOUT PTS THAT I THINK EVERYONE SHOULD KNOW

Lesson 1 – If you think you have PTS, or any other occupational stress injury, tell someone you trust and who has your best interests at heart. Even if you only suspect, get it off your chest. It could be anyone – spouse, partner (work or life), a leader in your workplace, a service chaplain, your employee assistance program, even just a friend. Getting that out, saying those words, may be the toughest part of all this, because once you do it you can't take it back. Once you say you have trauma, it's out there. But trust me when I say that the trade-off for having the weight off your shoulders is worth it.

With this in mind, if at all possible, tell someone objective. You don't want the person you speak with to look at you and say 'Yeah? That's tough. Did I ever tell you about the time that I…..' Unfortunately, that's how a lot of people in emergency response and military life are. On the other hand, you don't want a pity party with someone who is going to be triggered and end up in worse shape than you.

In the fall of 2014 I made a video about my battle with PTS and posted it on our Facebook page. It was very simple, shot in black and white. I kept it that way because I wanted the message to stand out, not anything else in the video. I didn't speak at all and had the song 'Demons' by Imagine Dragons playing over my story unfolding through short captions displayed on my laptop. I had wanted to make such a video for a long time and at that point I finally had the time, nerve, and right vibe going to do it. I was hoping that a few people would watch it and it would make them stop and think for a few minutes, even a few seconds, about PTS. Instead, I was shocked to see it go quasi-viral and hit almost 25,000 views in just over a week. I had first responders and military personnel from all over the world contact me to ask about the video, my story, our business, and to ask if they could share the video. A few even asked if they could show it to their families or partners to break the ice and use it to broach their own PTS.

To say I was shocked, as well as flattered, is an understatement. I'd humbly like to suggest that if you're looking for a segue into your own

discussion about PTS, this may be the way to do it. You can find the link at the book's end.

Lesson 2 - Once you've shared your concern that you might be dealing with PTS, build on that. You're going to have to let some people in. Friends and family can be your greatest resource at this time as you start to grapple with what may be a very severe psychological blow. It may be that your suspicions are finally proven, or it could be a complete surprise to you. Either way, it is going to likely hit you hard. On top of that, you'll have the physical symptoms to cope with. Trust me, you'll need those people around you to help pull you up out of whatever dark hole you may find yourself in.

I really learned this lesson the hard way because at first, I didn't do this. I hid what was going on in my head from Cathy for years, turning to toxic, harmful things to cope. When I finally did open up, she was my rock. She booked appointments for me, encouraged me to talk, set me up with a counsellor, and kept pumping nutrition into me so I wouldn't collapse.

Even during this time, I still rebuffed her in some ways, not fully embracing the amazing support she was for me. It took some time, but I've come to realize that the people around you every day are the ones who want you to get better, to become who and what you once were before. Sure, your co-workers, managers, HR people, doctors, and any multitude of people want you to start to bounce back, but they don't have to live with you. I was a real asshole sometimes and there are days

that the fact I'm still married is both a miracle to me and a testament to Cathy's strength and character.

Lesson 3 - Look for professional help immediately! There were so many times when I was at a check-up, be it physical or psychological, I was going to mention the weird dreams and flashbacks and nightmares I'd been experiencing, but never did. When I finally admitted that I had a problem, a friend of mine who was the head of our CISR team and Cathy teamed up to get me in with an amazing military psychologist who primarily deals with Canadian Forces personnel and first responders. Working with her (she actually used me as a guinea pig for a brand new type of therapy) started to pay dividends for me very quickly. I could actually feel the weight come off my shoulders when I finished an appointment with her. (One thing to keep in mind – therapy sessions can be exhausting! I used to leave my sessions completely drained. They were very cathartic but you felt like you went through an emotional wringer.) At the same time, Cathy and I were seeing a counsellor together to work on issues around our marriage and how this was affecting it.

A big piece of advice here - make sure you practice full, fair, and frank disclosure with your therapist or doctor. I held stuff back because I thought it was irrelevant, or was embarrassed about it so I hid it. Or stretched the truth.

It doesn't help.

It may make things okay for a little while, because you're still holding something in and shielding yourself from the negative effects disclosure may have on you, but if you're going to get better you need to drag everything out of the shadows into the light.

If you're not ready to go the route of a doctor yet, then use your employee assistance program / peer support program or speak with your service chaplain, if you have one. The point is, start talking to someone who knows PTS and knows what they're talking about.

Make no mistake, it can be very painful. Self-discovery often is.

Lesson 4 - Assuming your PTS is related to your work, you MUST file a claim with whatever the workplace authority is where you live. In Ontario, that's the Workplace Safety and Insurance Board. Ten years ago, the officials there would have looked at you like you were crazy if you attempted to file such a workplace injury. Times have changed, though, and occupational stress injuries are now recognized as a legitimate workplace issue.

As I re-write this section of the book in March 2016, the government of Ontario, where I live, has recently introduced presumptive WSIB legislation. In simple terms, assuming the legislation passes, the assumption will become that if you are an emergency responder and have PTS, it has been caused by your employment in the first response field. Several other Canadian provinces have already introduced this kind of legislation. This change would greatly simplify the process in Ontario.

The information that follows is based on the current legislation.

Currently, there's a vast difference between having PTS in general recognized and having YOUR claim recognized. There is a very good chance that the process of getting recognition and compensation for your claim is going to be difficult. There will be paperwork, medical certificates, sharing of highly personal, potentially embarrassing information...and quite likely the tearing open of some wounds that you may have wished would stay closed.

To honour a claim, the agency you're applying to will want an extremely detailed account of the incident that caused your trauma. Which, really, seems to be counterproductive, but bureaucracy is bureaucracy and to get the jackpot you have to play by the house's rules. When I put in my claim, I was assigned a case worker who walked me through the process and was responsible for collecting my information and assessing my claim. To get to that stage, I had to give a complete breakdown of what happened the night of Mike's death, as well as recount pretty much every traumatic incident that I had been part of since that night.

That was a very difficult process, as it essentially made me relive not only Mike's death, but all the shitty, awful things I'd been privy to since then. I went back through our reporting system and when I really started to look, I was amazed at how many horrible things I'd seen. Other fatal collisions that reminded me of Mike's. Suicide by asphyxiation. Drownings. Stabbings. Industrial accidents. Suicide by

shotgun. A teenager run over by a boat. Heart attacks. Overdoses. Barfights. Death and chaos, day after day.

See, for those of you who aren't police officers, it’s a funny thing. After a while, all that chaos and death just sort of, well, blend together. Individual incidents just become background noise in your career. When you revisit them one by one, it is very startling. And scary. And disheartening. And, in some cases, heartbreaking. So many lives lost, forever altered, or completely destroyed.

But I digress.

At any rate, I had to go back over all these incidents and detail them for WSIB. It took quite a while, because I would work on it for a few days and then have to put it away because it was overwhelming. In fact, it took so long that at one point my claim was closed because of inactivity. But I got it done and sent off and in a few weeks I got a letter telling me that my narrative, in conjunction with medical info from my doctor (another reason to get working with a professional as soon as possible) resulted in my claim being approved. That meant that I would be getting back my salary and days I had to use when I went off on medical leave.

A year later, when I took time off again, I had to put in a claim recurrence and prove that, yes, I still had PTS and that it was still related to my work. I did the paperwork and had my claim approved again. Bureaucracy is all-encompassing and you really do have to work with it if you want results.

My point with this lesson? As difficult as it may be, as much as some days you may not even want to get out of bed, you have to either manage your paperwork very carefully or have someone do it for you. Make notes about your incident. Always take down names of people you talk to about your claim as well as the date and time and exactly what they said to you. When you can, get things in writing so if you have to appeal a claim down the road you have the ammo you need. Read any paperwork sent to you over and over until you understand it. If your union or association or brotherhood has an ombudsman or legal department, tap them for help. There are people out there who are very good at navigating the maze of employment and disability claims, so use them!

If there is any area that you will find most frustrating about PTS, this is probably it. Governments and insurance companies aren't in the business of paying out money easily, so you may have to very well fight for what you are rightfully entitled to. I have heard from emergency responders across North America (well, the world, really), and it seems that one commonality is an overwhelming difficulty in getting workplace claims for PTS identified, recognized, and paid out. I've heard horror stories about people who have been forced to navigate months or years of painful, stressful paperwork and hearings, people who've been basically forced to settle for less than they are entitled to so they end up with some kind of settlement, even people who have outright been fired and told that they were no longer of any use as a police officer. This kind of action by employers is outrageous. I can't speak to the laws in other jurisdictions, but in Canada where this would

be completely illegal and would be vigorously contested by professional associations and labour groups.

Be ready to be your own advocate, dig in your heels, and don't settle for less than what you're entitled to.

Lesson 5 – If you are part of a union, association, brotherhood, whatever the name may be, reach out to them. Most first responder labour groups have now set up a separate committee or branch that handles PTS and other psychological injury claims. Again, they will have expertise in negotiating claims, filling out the proper paperwork, finding doctors or counselors, and fighting for pay / benefits. As PTS and other OSIs become more and more recognized as a legitimate workplace condition, labour organizations that support first responders are becoming more aware that they have a role to play in advocating and protecting their members from the kind of abuses I laid out above.

Lesson 6 – This one seems like a no-brainer, but it took me a little while to realize: reduce the other stressors in your personal and professional life! There are more examples of this then I could ever name, but here are a few that I took care of to help bring some balance back to my life:

-Consider modified duties at work, or changing roles. I did this and it was a fantastic move on my part. It helped me re-focus my priorities and realize that I do want to continue to be a cop, I do want to get promoted again, and that when the time comes I will appreciate the concept of promotion for what it is as opposed to feeling like I have to

chase it to be successful. In fact, I went to the extent of taking a step back in rank and responsibilities, because it afforded me an opportunity to get my family back closer to home. Not everyone has the ability to do that or can afford to do so, but if you can consider it as a possibility it may be an excellent step in your healing.

-Take toxic people out of your life. It is incredible how much your life changes when you start to cut your ties to people who live by negativity and want nothing more than to tear down what others build up. It takes an incredible amount of energy to deal with these toxic people. You need that energy to take care of yourself and the people around you who care about you and who 'get it', not those who can't see the forest for the trees. So save yourself the energy and aggravation and just remove those people from your life.

-If you are going to spend time online anyway, why not make it productive? Find yourself online support groups or boards where you can see positive thoughts and affirmations. There are many good groups on Facebook and LinkedIn that provide support and information for various types of trauma (emergency responders, crime victims, sexual abuse survivors, and so on) and PTS. There are also groups that are highly emotional and combative and could potentially cause triggers and / or create those toxic situations I talked about above. Pick your online hangouts carefully. You don't need someone else's baggage!

If I may make a shameless plug here – I'm part of an amazing organization called Badge of Life Canada. They are an organization

that promotes education, research, and access to professional and peer support for our police 'family' related to PTS, other OSIs, and suicide prevention. I'm on their Police Advisory Board, so I am admittedly biased, but before I found BOLC I travelled to many web destinations. BOLC was by far the most thorough and non-biased collection of information, links, and resources that I found. They can be found online at www.badgeoflifecanada.com

-And, the complete opposite of that, stay offline entirely. This is a very radical move for some people, considering how much of a presence the online world has in day to day life now. When's the last time a lot of people picked up an actual newspaper or magazine? How many people only watch movies and TV online now?

Still, if you can…..disconnect yourself from people's negative Facebook posts or blog entries, don't read comments on news articles (hell, stay away from the news altogether!), and ditch friends / acquaintances online whose constant bitching or complaining just brings everyone around them down.

-Treat your body well! A healthy, stress-free mind will follow a healthy, stress-free body, so take care of yours. Eat properly. Don't rely on alcohol or drugs to bring you up or down. Exercise. Meditate. Be intimate with your partner. Do whatever it is that you do with your body that will bring you comfort, keep you healthy, and reduce your stress.

-If you are a religious person, turn to whatever deity you believe in for comfort, guidance, and advice. I am not religious myself, and I don't

want to enter into a theological debate here, but I know many officers who take great solace in their church, temple, or mosque and find that a belief in a higher power helps relieve their worries and woes. If nothing else, you can embrace your spiritual side (your spirit has nothing to do with religion – it's what's inside you that makes you the person you are and how you see yourself). I learned at Hoffman that the spirit is a strong, powerful manifestation of yourself that should be nurtured the same way you would nurture your body.

-Embrace your family. Literally and figuratively. Like I said earlier, before my crash I was foolish and pushed my family away. Even looking back at the person I was a couple years ago, I squandered what could have been an amazing resource in my wife and kids and have had to work hard, and with much love, to repair the damage I did then. I often feel like I'm looking at that time in my life through the wrong end of a telescope, when everything seems to be an exaggerated distance away and slightly out of focus. I'm glad to be looking back at that time, but, like throwing a rock in a pond, the ripples that I created back then echo and reverberate through time.

Lesson 7 – Don't automatically assume people won't understand. A few years ago, you would probably be fighting a bit of an uphill battle. But in recent times PTS has become much more of a hot button issue….unfortunately, not always for the best reasons. Over the last few years there has been a rash of suicides of military personnel and first responders with PTS. Their PTS and the associated physical and psychological symptoms or the stress and stigma of living as 'damaged

goods' or 'broken' was too much to bear. Traditionally, in these alpha personality professions, being seen as weak or not able to deal with the rigors of the job has been seen as a liability. For many years, we've had the traditional view of 'don't ask, don't tell' when it comes to PTS.

PTS has also proven to be, unfortunately, a great angle for media outlets covering mass shootings or police officer-involved shootings. 'The shooter had PTS' or 'Was the officer's judgment impaired by PTS?' would appear to be excellent hooks into whatever story the media wants to peddle. This has led to a freezing effect, where people who are legitimately suffering from PTS are afraid to be thought of as on the edge of picking up a gun and either blowing their brains out or going on a rampage worthy of a Call of Duty game.

Somewhere in the middle of these two extremes lies the truth – that PTS can happen to anyone, at any time, due to a traumatic incident. It is a life-changing event, but it can be dealt with as long as the person has support, counselling, therapy, and hope. Society is starting to realize this more and more, and people with PTS are more willing to open up about their condition. I've never been shy about it, because my take on it is that the more it's talked about, the less it stays in the shadows. And this is one issue that needs a bright light shone upon it.

My point with all this is, don't assume that people around you won't understand PTS or other OSIs and what you're going through. PTS is becoming as top of mind as cancer or AIDS. More people than ever realize the severity of PTS and recognize how debilitating it can be. So

take people into your confidence and explore the options out there for support and therapy.

Chapter 13

As I've alluded to several times, one of the keystones of my healing, and a resource that I didn't reach out to as soon as I should have, was my family, specifically my wife Cathy.

Spouses of first responders are a very unique group of people. They live with, and hopefully accept and support, the fact that their spouse or partner may go to work one day and not come home. They put up with missed meals, late night callouts, stressed partners, disrupted home routines, and the fact that their partner is part of a brotherhood that has traditionally been much closed to outsiders.

And, sometimes, they put up with a lot more. They put up with a partner who turns into a creature that is completely different from the one they married, like some sort of werewolf who turns into a monster when something finally breaks them during a full moon. They put up with interrupted sleep when their spouse or boyfriend or girlfriend wakes up yelling and in tears because they had a nightmare. They put up with their partner having a drink after work 'to unwind'; a drink that in a few years becomes three or six or eight or a bottle. They put up

with behaviour from their spouse that excludes them, that crosses boundaries and destroys marriages and families.

All because they live with someone who wears a uniform and did their job.

This chapter was co-written by my wife Cathy, who lived through my demons with me. Its purpose is to give spouses and partners some coping skills to help them after they start to notice the signs and symptoms that I laid out earlier and to build on the lessons I learned that I detailed in the last chapter. This isn't going to be an exhaustive list; our goal is to present enough info to you to both take care of your partner and yourself if they are dealing with PTS.

******For much of this material, we are indebted to the wonderful book *Love Our Vets*, by Welby O'Brien. She is married to a veteran who is totally disabled from PTS and has lived these lessons.******

-Don't try to 'fix' your spouse. They're not broken; they need time, patience, and professional help to get back to the man or woman you married.

-Explaining to your children what is going on with mom or dad is, admittedly, an area where great caution is needed. In my case, the boys were old enough for me to sit down and tell them what I was dealing with, to explain that it had been molding much of my behaviour for the past few years, and to apologize for sometimes not being a very fair, attentive, or deserving of their love dad. How you work with your own kids will depend on many things: the age of your kids, the willingness

of your spouse to discuss with them what's going on, the state of your relationship (with both spouse and kids), your own comfort level with the subject, and the behaviours of your spouse. Kids are very perceptive and I know that ours picked up on the fact that mom and dad had lots of time talking with our bedroom door closed and that sometimes mom wanted to be alone while dad fell asleep on the couch.

-Sometimes, the simplest task will overwhelm your partner (like my inability to pick one of the eight identical shirts I had for work). You may have to sometimes take over things like making appointments and reminding your partner about them, reminding them to eat or work out, or helping them sort out paperwork, medical forms, or compensation reports.

-Don't pity your partner. 'Pity' is not the same as 'support.' Give them all the support you can (without burning yourself out; more on that in a few sentences), but don't become a bubbling cauldron of emotion for them. They don't need your pity, they need your understanding and respect.

-However, be firm with them. If there are issues between you with boundaries or acceptable behaviour, asking for counselling for your relationship is not unreasonable. It may have to wait until they get their own shit straightened out, but if you are willing to fight for your marriage, setting limits on what you will and will not accept is fair to both of you.

-Unless you have experienced trauma yourself, don't tell them you understand what they're going through. To be blunt, you can't understand what they're going through unless you've lived through the awful combination of psychological, physical and emotional symptoms that PTS brings with it.

-Educate yourself. When I was first diagnosed with PTS, Cathy read (or re-read) some of the books listed in the Appendix, went to some of my initial therapy sessions, and talked to other spouses dealing with the same thing. She feels that getting involved with my treatment that way helped her cope immensely.

-This is a pointer for before trauma may set in. As the spouse of an emergency responder, you have to walk a minefield when it comes to talking about 'the job.' At first, your spouse will likely have tons of stories about the new and exciting things they are seeing and doing. After the novelty wears off, you may see a phase where they don't want to, or can't (due to confidentiality) talk about what they're experiencing at work. This is where, as a spouse, you have to start watching for the personality changes and signs I talked about earlier and strike a balance between concern and curiosity, and respect for their space and need to decompress at the end of the day.

The key to this? Communication. Don't let your spouse be a steel trap when it comes to work. You know your partner and know the difference between something like 'Can we talk in a bit?' and "I don't want to talk about it". The former is okay, the latter is potentially starting down a slippery slope.

-Celebrate small victories when you can. If a therapy session goes well, share it with your partner. If they are able to return to work after a long absence, treat it like the accomplishment that it is. If your partner begins a program for addictions, acknowledge the fact that they took an immense step and admitted a vulnerability. These small victories, when celebrated, psychologically boost your partner immensely.

- Take care of yourself in all aspects! If you can't keep yourself healthy and strong while you're helping your partner, then both of you will suffer. Many of the hints that I suggested for someone with PTS apply equally to you:

-When things get overwhelming, three deep cleansing breaths make a huge difference.

-Take in the same amount of love and affection you're giving to your partner. Get it from friends, family, kids, and pets, whatever the source may be. You need to balance those scales or you risk emotional exhaustion.

-Get healthy, wise support from people around you. Get rid of toxic people and don't let their ill-informed or ignorant opinions drag you or your partner down. People who are healthy will add to your energy, not drain you of it. Listen to the people you trust and whom you know have your best interests at heart. Create boundaries for people who don't.

-Make sure you are staying fit and healthy physically. Eat well. Exercise. Get enough sleep. Make appointments with

the necessary doctors and counselors for yourself, for whatever issues you may be concerned about. Get massage therapy. Go to your chiropractor. Don't eat or drink for comfort, as tempting as it may be. Be intimate with your partner, if he or she can handle it physically and psychologically. If you break down physically, you're no good to anyone.

-Have a place for yourself where you're surrounded with things that make you happy. Maybe it's a room in your house where your favourite art, books, and pictures are. Perhaps it's a secluded beach or scenic overview of the ocean where you can sit in silence, reflect, and revel in the beauty in front of you.

-Take care of your brain. Meditate. Pray. Write. Sing. Journal. Laugh at a funny movie. Play with your kids and listen to them giggle. Read, but not just for education on trauma or relationships or health; read for pleasure as well. Whatever it takes to keep your grey matter active and keep you from dwelling on negative emotions and thoughts.

-As much as possible, control the pace of your life. Take breaks in your day. Unplug from your technology. Enjoy healthy meals at a healthy pace, not fast food wolfed down in the car. Create a schedule for housework, homework, and extracurriculars. Figure out ride sharing with other parents. Consider modified work or working from home. Get rid of stressors and activities that aren't beneficial or helpful for your

family. Take your life back from what modern life has made it, and what your partner's trauma has multiplied.

- Take Elsa's advice. Let it go. It's not as easy as the Disney song would indicate, this is a hard thing to do. There may be transgressions that your partner or other people have committed that seem impossible to forget or forgive. And they may cut very deep, so deep you think the wounds will never heal. But those things are eating you up inside, and they're nothing you did. You perhaps couldn't control how they took place, but you can control your reactions to them. Time eventually does heal those wounds, as a much respected family therapist (Dr. Karyn Gordon, who is often on Cityline and other Canadian talk shows and was a fantastic resource for us) told Cathy and me during therapy sessions. It is perfectly okay to forgive, but you're not likely to ever forget. Nor should you, because that's how you open yourself up to hurt again. It's okay, necessary even, to use those memories to create safe boundaries for your relationship and life.

- But going hand in hand with that…count your blessings. In much the same way that you determine if you will forgive or not, you also determine how you view your place in the world at that very moment. Do you focus on the negative? Or do you look at the big picture and pick out the positives that are still present, even with a spouse who is not him or herself as they battle with trauma? Granted, much of this is dependent on how well your basic necessities of life are taken care of. When I had to take time off and start treatment, my employment paid all the costs. I am very aware that not everyone has that luxury, and

having that steady paycheque meant that we didn't have to worry about our mortgage, bills, groceries, and so on. Still, there are rays of sunshine on even the darkest day, and as long as you're alive you can fight another day.

- Finally, embrace the opportunity for your own growth. When all is said and done, you have the chance to come through the experience a wiser and stronger person and a better partner. You can't change the fact that your partner has PTS, but you can control how you respond to the situation and how you react to what gets thrown at you. It doesn't mean that your goals or ambitions have to change or be scrapped…maybe you have to change your timetable a bit, or change where you live, but bringing someone through trauma is not the end of your life, or theirs. The universe has a plan for you, and this trauma is just a bump in the road. A big bump, yes, but even the biggest bumps can be navigated.

Like I said, this is by no means an exhaustive list of ways to cope, but they are some key things that got Cathy and I through the last four years and to a point where our marriage is stronger, sweeter, and more fulfilling than ever.

Chapter 14

As I write this it is November of 2015. Life over the past two years has been full of rebuilding, refreshing, and reconnecting.

In January of 2014 we moved closer to our hometowns, both to re-establish our roots and to simplify our lives. I took a step back in my career and haven't been happier in the 17 years that I've been policing. My kids love our new hometown and school and it's a place where Cathy feels safe and secure. I haven't had to take any time off of work since the spring of 2013 and, aside from an occasional down in the 'ups and downs' of PTS, life has run smooth.

Cathy and I have been able to continue building a business together and have actually branched out into a couple new areas under an umbrella called Knowler Consulting. I mentioned in a previous chapter that we've undertaken a new venture into working with first responders with PTS. I call it Project Healthy Heroes. Basically, it's a culmination of everything that I've worked on or towards over the past few years – grappling with my own trauma, connecting with many other first responders with PTS, research into the prevalence of symptoms in the

first responder community, alternatives to traditional treatment of PTS, and training first responders on PTS prevention and resilience.

I've also found that there is an excellent appetite for learning about trauma and other OSIs among human services workers and spouses of first responders. As I write this, I'm expanding into those areas with new seminars and programming.

My mantra 'healthy body, healthy mind' was definitely at play here. I had stronger focus and concentration, kept track of time better, felt more stable emotionally, and found that I had an easier time relaxing and staying levelled out. I figured that if this was my experience, it could be the experience of others as well.

So, like a good, methodical lawyer / cop, I started doing legwork, which was a combination of reading existing material, my own research and anecdotal evidence. A large part of my research was an online survey I created and distributed through as many channels as possible, asking a few key questions:

-Did you have physical symptoms of PTS (digestive issues, sleep issues, low energy, etc.)?

-Do you feel your treatment, if any, helped with these physical symptoms?

-Would you be willing to look at natural, alternative remedies to medication to help with these physical symptoms?

The results of this survey were quite surprising to me. Over 250 first responders answered my questions, and of that number:

-80% reported experiencing physical symptoms (as opposed to psychological) of PTS

Of those 80%:

-61% experienced weight gain

-60% reported eating for comfort

-60% said they had digestive issues

-73% said they had little or no ambition to exercise (even though exercise has proven to be one of the most effective ways to reduce stress and balance the body)

-A whopping 88% reported issues with disrupted, poor, or no sleep

-50% of those with physical symptoms feel that their treatment did or does not address these kinds of physical symptoms

-92% of those with physical symptoms say that as part of their treatment they would or would have considered natural remedies or nutritional products

When I looked at these results, it became very evident to me that physical symptoms were a huge factor in the effects of PTS above and beyond the psychological effects. The sleep-related results really

jumped out at me, as I had experienced this myself. When you can't sleep, life is misery for 'normal' people. Add in no sleep on top of the PTS and it can lead to a nightmare existence of fatigue and feeling like you're living in a fog. Sometimes, the meds that will help you sleep don't leave you feeling much better.

It also jumped out at me that there appeared to be among first responders a willingness to try alternatives to medication and other traditional treatments, but a lack of information or a fear of asking doctors/counselors about it. This made sense to me, as many first responders were unwilling to talk about their PTS at all, much less act all 'hippie' and ask about things like yoga or natural supplements.

With these facts and figures rolling around my head, I decided to put out some feelers. I created the video that I talked about above, and without fanfare posted it to our Facebook page. In response, I heard some very tragic stories…..as well as some great stories of success and redemption. I got an email from a British sniper who had served in the Middle East with multiple confirmed kills to his name. He had come home a broken man, turned to drink and lost his family, only to be brought back to life with yoga and writing as part of his therapy. I received a Facebook message from a cop in New York who was presenting a proposal for a departmental wellness policy and wanted my input on what he was presenting. A comment on my Youtube video from another cop who told me she watched the video and started crying within the first few seconds because it reminded her of her own story. An email from a Marine who told me that he was going to use my video

to break the ice with his own family about his PTS. It was very humbling. The video is hanging out as of this writing at about 30,000 views on Facebook.

Based on the success of the video, and the research I had done, I decided that it was time to pull everything together. I had known for a few years that I wanted to help other first responders with PTS. I wanted to provide the help that I never received but that I certainly could have used at the beginning of my story. I had proof that other first responders wanted to feel the same way. What more did I need?

Actually, now that I think about it, it seems like it would have been selfish not to let people know about what had worked for me and how. If you come across a great new restaurant, or see a fantastic movie, you let people know about it. Why is it any different if you find a life-changing solution to what may be the most challenging hurdle you'll ever face?

And, with that, Knowler Consulting, and as part of it Project Healthy Heroes (PHH), were born.

In essence, PHH is all about my goal of letting first responders begin to discover how healthy, fit bodies will lessen their physical symptoms. Symptoms like sleeplessness, low energy, weight gain or loss, aches and pains, even the harmful effects of medication, drugs, and alcohol.

I'm constantly connecting with first responders, both online and in person, who are going through their own PTS issues, and offering them the same answers that I found. Whether it be a suggestion of something

to help sleep, working out a custom detox and nutrition package for them, or pointing them towards yoga, equine therapy, or a particularly good counselor, I have slowly been building up a base of people who are embracing natural therapies as an alternative to swallowing handfuls of pills.

In June of 2015, I was asked to speak at our local Rotary Club. It was a very short, very abridged version of my story and the basics of PTS, but the crowd was receptive and I met several people there who asked if I could present something similar to their organizations or groups. Exploring that avenue a bit led me to the conclusion that there were very few, if any, people who had been through PTS who were training people in fields like medicine, child welfare, addictions, etc. on the concepts of PTS and associated OSIs like compassion fatigue and secondary trauma. With that discovery, a new 'arm' of Knowler Consulting was started and I created programming and training specifically for that environment. It has been an overwhelming success so far!

In July the same year, I also, through wonderful coincidence, met an amazing guy named Dean Walker. Dean is a decorated Special Forces operative who saw service in multiple theatres of war. Upon his return to civilian life, Dean started two businesses. One was built on his amazing professional portfolio and is geared to kidnap, ransom and recovery work for insurers. The other was the one that caught my eye. Dean holds the North American rights to a program called MANERS. MANERS is a program from Australia that was created for the Victoria,

Australia Ambulance Service. Dean bought the North America rights to the program and adapted it for use here. MANERS is geared around the concept of psychological first aid, which is, in essence, getting people in crisis back to their pre-crisis state.

Dean modified the program from the Australian model and created a crazy amalgam of Western psychology and First Nations culture. Dean is Ojibway and he credits immersing himself in his culture and teachings after coming home from deployment with managing his trauma and addictions. The first part of a MANERS training session teaches observation and coping skills; the latter part ties the psychological skills into traditional First Nations teachings and wisdom. It's an amazing program that I feel privileged to be able to teach.

As an amazing bonus to partnering with Dean, he honoured our family by taking Cathy, the boys and I through a naming ceremony. My Ojibway name is Looking Buffalo, of the Bear clan. My colours include dark blue, red, and light blue…which kind of freaked me out a bit, because in my mind, the dark blue represented policing, the red represented the red stripe on the uniform pants of my first police service, and the light blue represented the uniform pants of the service I've spent most of my career with. In Dean's culture, the buffalo is a symbol of strength, protection, and survival, while the Bear Clan represents the clan with responsibility for protecting the community and watching for danger.

Clearly the spirits had their stuff right when they communicated with Dean that day.

I think the success I've had so is due to the fact that I have credibility in the PTS world. I've been through a job-related trauma, I'm open about my condition, and I have never made a secret of the fact that I am open to listening to any other first responder who needs an ear. As a police officer who is totally upfront about having PTS, other first responders seem to find me easier to open up to. It's pretty incredible what some cops have told me the first time we've spoken with regards to the incident that caused their trauma, issues in their marriage or with their families, struggles with addiction…stuff they would probably never tell a counselor, at least not until a few sessions in. Being in the emergency response field creates a bond, and that bond can lead to moments of emotion, trust, and honour that still surprise me, seventeen years into policing.

It's my hope that Project Healthy Heroes will ultimately lead to a busy and active Facebook page, a full website, many partners who are involved in natural therapy and healing, and many successful 'graduates' of the programming and training we offer. Cathy and I are doing things as a couple that we could never do solo.

Chapter 15

And with that, my work comes to a close. Or, at least, this written work. I like to think that my real work is just beginning. After all, PTS is a journey that never really ends. It just has moments of quiet and calm during what can otherwise be a stormy time. The demon can be tamed, but it will always be there, just under the surface.

But, there is a positive to my PTS. While it has been in many ways a horrible experience, there has also been what therapists call post-traumatic growth. In essence, PTG refers to how the adversity of PTS can be a springboard to a new, more meaningful life. Quite often, people who come through PTS re-evaluate their lives and priorities. Family comes first again, ahead of substance abuse or thrill-seeking or the job. Some people become intensely spiritual, either finding or re-discovering their spiritual side (and not necessarily belief in a deity. As discussed earlier, spiritualism can be as much a reflection of self as it is a reflection of a belief system). Relationships become warmer, more

intimate. Quite often, people who experience PTG feel that they have adapted to the changed circumstances of their lives to a level that they are now a better, stronger person than before their trauma.

It is not a theory accepted by everyone (experts are more or less divided, but the theory is gaining more and more ground), but I personally believe it. I suppose that's ultimately the key to my growth. I believe it happened, and the opinion of any expert or professional won't convince me otherwise.

As part of my healing the last few years, I started reading lots of motivational books. (I'll put a list of some recommended reading material as an appendix to the book). One thing that I read over and over (and our business mentors believe the same thing), is that what you put out to the universe in terms of your thoughts comes to pass. In other words, to dig out an old chestnut, the power of positive thinking. I've come to believe that if I put out positive, strong thoughts about success, growth, or opportunities, those things seem to happen. Maybe not that day, maybe not the next week, but they do. Before my trauma and everything that came with it, I never would have felt that way.

But as part of getting back to myself, I had to change my mindset from cynical, closed and walled-off to believing that there were forces in the universe that I simply couldn't control, maybe not even understand, but that would play a role in my life if I let them. Don't get me wrong, I haven't started reading auras or keeping energy crystals around me, but I have expanded my mental horizons and accepted that

if I put positive energy out to the universe, it will come back around to me.

I'm going to indulge my inner geek again. To paraphrase a quote from Leonard Nimoy, life is not about "mapping stars and studying nebula', but about 'charting the unknown possibilities of existence."

I take joy in the fact that my exploration has not ended, but it only beginning.

There is a structure in fiction called The Hero's Journey. Its twelve stages have been dissected by writers and filmmakers thousands of times, so I don't plan on doing an in-depth analysis here.

Basically, the hero's journey starts in the ordinary world, with day to day life being pretty plain. Something motivates the hero into an adventure (say, wanting to be a cop), and eventually he enters a land where he is tested, where allies are created and enemies made. There comes a build up to a critical point (like developing PTS and not realizing or dealing with it) and then an ordeal that pushes the hero to his limits and makes him have to succeed in order for the hero's world to continue to exist. Quite often the hero, at this point, has an actual or symbolic death before being succeeding (my total crash in Jan 2012). Finally, the hero gets his hands on his reward (in my case, the insight that I had hit a low point and needed help). The hero then starts their journey back to their normal life, often facing a point where they can either continue to fight or simply give up. Assuming they continue to fight, they finally face one last push up against their greatest challenge

(recovery and rebuilding my life) before returning back to the ordinary world a changed man, who has grown as a person, faced down challenges and learned lessons, and now looks forward to the start of a new life. The hero is back where he started, but with the knowledge that he will never be the same.

Unlike many people who get trapped in their PTS, and who ultimately feel that there is no escape, I fought. I fought for the person I was and to improve that person. I've become a better cop. A better friend. A professional speaker and trainer who wants to spread his story as a way of healing others, so they don't have to go through the same hell. A person who is involved in their community as a volunteer and leader instead of wrapped up in their own world of video games, TV, alcohol, and bleakness.

Most importantly, I've become a better husband and father. I couldn't continue on the way I was, and, as awful and life-altering as it has been, PTS has been a doorway to becoming a more fleshed-out and powerful version of myself. Being a better cop is great, but as a wise old officer said to me once, 'The day after you retire, you're just another old dude on a park bench.' But change how you are with your family, and you create a legacy that will live on forever.

All things considered, that's not such a bad place to be.

APPENDIX A – ONLINE RESOURCES

Knowler Consulting - knowlerconsulting.wix.com/knowlerconsulting

Brian's LinkedIn Profile - ca.linkedin.com/in/knowlerconsulting

Badge of Life Canada - www.badgeoflifecanada.com

Behind the Red Serge - www.behindtheredserge.ca

Tranquil Acres Equestrian Centre -www.tranquilacresguesthouse.com

Hoffman Process - www.hoffmaninstitute.ca

Warrior Yoga Info -

www.thebarrieexaminer.com/2011/11/08/healing-warriors

Dr. Karyn Gordon Leadership and Counseling -

www.dkleadership.org

APPENDIX B – READING MATERIALS

I Love a Cop – Ellen Kirschman

Emotional Survival for Law Enforcement – Kevin Gilmartin

Cops Don't Cry – Vali Stone

Love our Vets – Welby O'Brien

Crack in the Armor – Jim Bremner w. Connie Adair

56 Seconds and *How to Survive PTSD and Build Peer Support* – Syd Gravel

Redefining Success - Still Making Mistakes – W. Brett Wilson

Think and Grow Rich – Napoleon Hill

The Secret and *HERO (The Secret)* – Rhonda Byrne

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[i] http://www.macleans.ca/news/canada/disaster-none-of-us-wanted-to-leave-it-was-heartbreaking/

[ii]https://www.linkedin.com/pulse/twitter-social-medianot-media-brian-knowler

[iii]https://www.linkedin.com/pulse/hidden-collateral-damage-police-shootings-brian-knowler

[iv]https://www.ombudsman.on.ca/Newsroom/Press-Release/2012/Ontario-and-OPP-failing-to-support-police-officers.aspx