

A SELECTION OF MATERIAL FROM “ ‘CAREER SUICIDE IS OVERRATED’ AND OTHER LESSONS FOR LEADERS ABOUT HONOURING MENTAL HEALTH WHERE YOU WORK, LIVE, AND PLAY”

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Preface

In March of 2016, I published my first book, ‘On the Other Side of Broken – One Cop’s Battle With the Demons of PTSD.’ It detailed my journey through PTS up to that point, starting with the night that I was the first responder to the scene of a fatal crash in which the driver who died was a close friend of mine, through my crash in early 2012, my journey back to becoming the ‘old Brian’ I had been, and, finally, experiencing post-traumatic growth.

The first paragraph of the last chapter of ‘On the Other Side...’ reads:

“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.”

Since releasing that book, the ‘real work’ I alluded to has included speaking at conferences, emergency services, non-profits, hospitals, utilities, symposiums, and campuses on topics around operational stress injuries and first responders, appearing with my family on a nationally broadcast talk show to discuss PTS and how it impacts a marriage and family, and providing consulting work for Ontario MPP Rick Nicholls during Legislative debate about presumptive PTS legislation for first responders.

I also founded and facilitate on a weekly basis my hometown chapter of Wings of Change (a peer-based support group for first responders dealing with psychological injuries of all types started by former paramedic Natalie Harris; more info at wingsofchange.wixsite.com/wingsofchange) and helping start a very active Facebook group called the ‘Mental Health Warriors,’ which is the brainchild of a fine gentleman named Jason Mackenzie (mentalhealthwarriors.com) who had a vision for a safe place where men could go to discuss sensitive and critical issues around mental health, wellness, sexuality, and just about anything else that you could think of.

But I wanted to do more. I wanted to start shaping a culture that I’ve been part of for twenty years; to help shape up and coming Leaders who will replace my generation within a few years and who hopefully will view mental health issues in first responders as just another injury that is acknowledged, treated, accommodated, and considered a mark of courage, not one of shame.

I just wasn’t sure how to do it. But then, as it often does, the universe opened a door for me.

The origin of this book lies in a conversation I had with Ontario Provincial Police Commissioner (ret’d) Chris Lewis (lighthouseleadershipservices.com.) Chris was speaking at a leadership conference I attended and was the final speaker on the first day of the conference. Chris continues, even in retirement, to be a strong advocate for what I call Capital-L leadership and for issues around

psychological health and wellness in policing. I had a chance to pick up a copy of his excellent book 'Never Stop on a Hill' and, after hours, had a chat with him over a few pints.

The topic of PTS and leadership came up while we were chatting. Chris very kindly complimented me on my first book and then asked if I thought that PTS had changed how I made decisions as a leader. After a few sips and some contemplation, my answer was 'I don't see how it couldn't have.'

As I've learned through many interactions with Chris, he wasn't content to let that go. He pushed me for some details, I think as much to make sure I knew for myself as to answer him. As the conversation went on, we both came to the same points – that traumatic events had changed us both as police officers, that it changed our leadership styles for the better (I'll expand on this in a later section of the book,) and that as our careers have progressed, we both became more and more cognizant of the emotional and psychological toll 'the job' takes on those in uniform. That led to a quiet toast to some fallen comrades, a handshake, and Chris moved on to another group for a new conversation.

As he walked away, I realized that I had just had a lesson in what I will be calling 'Capital-L' Leadership. I'll use that term to differentiate between regular leaders (and anyone who is a 'leader' as opposed to a 'manager' is already light years ahead in their ability to influence people,) and those who, through their Leadership style, take into account what I'll be discussing in this book.

Actually, this might be an ideal time to discuss the whole concept of manager/boss vs leader. There are literally hundreds of scholarly works comparing the two; I've read many of them and distilled them down to a simple 10-item list:

MANAGER / BOSS	LEADER
-Drives others	-Coaches others
-Inspires fear	-Inspires enthusiasm
-Blames others	-Helps to fix it
-Says "I"	-Says "We"
-Knows how it's done	-Shows how it's done
-Depends on authority for compliance	-Depends on goodwill for compliance
-Uses people	-Develops people
-Takes credit	-Gives credit
-Commands	-Asks

-Says “Go!”	-Says “Let’s go!”
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For the purposes of this book, I’m adding another category: ‘Leader’ or ‘Capital-L leader.’

Capital-L Leaders, I’m putting forward, are leaders who have grasped the following concept: that employee health, wellness, harmony, and security must come first when you lead people. When you do this, you create a stronger, more resilient workplace with higher morale, higher productivity, and higher attendance. Study after study has shown this. Your bottom line should always be your people.

And how does this tie into this book, you ask? A fair question. Simply put, I’ll be recounting lessons in both leadership and Leadership (and, sometimes, management,) that I’ve learned in the thirteen years since my friend Mike died in my arms in the wreckage of his minivan. Most of the lessons will relate in one form or another to mental health issues.

This is an area, that, to be blunt, anyone who is aspiring to a leadership role can no longer ignore. Issues around mental health and wellness are inescapable in today’s workplace – employee well-being, media, risk management, health and safety protocols, corporate liability, sick time, medical plan premiums, modified work planning, employee retention, training...There’s virtually no facet of modern work that isn’t impacted by mental health concerns.

Due to my PTS, I’ve been immersed more than many others in this world of mental health in the workplace; I’ve navigated making a workplace injury claim, had to deal with telling my supervisors and peers about my condition, fought through the tangle of paperwork for benefits and treatment, and struggled through going to the office on days I didn’t think I’d be able to get out of bed.

I’m also in a unique position in that since I was diagnosed with PTS, I have always been in positions of leadership; first at the middle level of my organization, and then, by my choice, on a smaller unit level. I’ve been able to juggle these two worlds, leadership and mental health, usually successfully, sometimes with some spectacular failures. I’ve also been privy to some stunning mistakes by other leaders, as well as some amazing successes in this area.

Wherever possible, I’ve illustrated each point with an anecdote from my own experience or that of someone close to me that I’ve been made privy too. I use no names or work locations as I want the anecdotes to illustrate the point, not cast blame. I also have drawn on the hundreds of conversations, interviews and meetings I’ve had with first responders across the world about their experiences, both good and bad, in continuing on their PTSD journeys.

ONE VERY IMPORTANT NOTE – NOTHING IN THIS BOOK OR ANY OF THE SUGGESTED WEBSITES OR READING IS A SUBSTITUTE FOR PROFESSIONAL HELP. IF YOU ARE EXPERIENCING A MENTAL HEALTH CRISIS OR THINK YOU ARE DEALING WITH A MENTAL HEALTH ISSUE, CONTACT YOUR PHYSICIAN, A LOCAL EMERGENCY ROOM OR CRISIS CENTRE; OR CALL ONE OF THE MANY REAL-TIME CRISIS LINES WHERE TRAINED COUNSELORS WILL WORK WITH YOU.

I'm sure there are many out there who will disagree with my basic axiom – that employees should come first and that if they do you will be the better for it. It boggles me that there are still those in positions of authority who feel this way, but human nature is what it is, and some will always view people as expendable assets who can simply be replaced when they wear out or break. For far too long, especially in the first responder world, that was the prevailing mindset, and one that has damaged or destroyed countless lives.

We can no longer subscribe to that mindset.

This is by no means an exhaustive work on leadership, trauma, mental health, or anything else. It's simply the collected observations of someone who has spent six years fighting his own demons and helping others fight theirs, has a bit of talent at writing, and has had the love and support of many people to continue doing all these things.

Anyone who has ever done any reading on leadership has come to rapidly realize that there have been reams of material written on the topic; more than one could ever absorb in a lifetime. Countless thinkers and intellectuals have left their wisdom for us to follow, and I've turned to them to help illustrate my points. For each section of the book, I've included two quotes. Being a history geek, in each instance I've attempted to include a quote from a classical source – Greek, Roman, Renaissance Europe – as well as a more modern one. Wisdom comes in all forms, and far be it from me to argue against standing on the shoulders of giants.

Plato said, "Those who tell the stories rule society." As a story teller, I don't want to rule society...I just want to nudge it a bit. Small actions that impact many people create massive change.

Enter Post-Traumatic Stress

Something that Leaders would do well to keep in mind – PTS disrupts the linkages between the three brains! Someone with PTS is almost always in fight or flight mode, which means their lizard brain is dominating. Because of this, there are very specific treatments for trauma that take that fact into account and work to reduce the grip that the lizard brain has on the person.

Unlike simple stress, trauma changes your perspectives. It shatters your most basic assumptions about yourself and how you used to see the world. "Life is good," "I'm safe," "People are kind," "I can trust others," "The future is likely to be good" are representative of what most people would consider to be positive feelings about their place in the world. PTS replaces them with feelings like "The world is dangerous," "I can't win," "I can't trust other people," or "There's no hope." Because of this, communication and bridge-building can become extremely difficult.

As a Leader, there are ways to speak to someone with PTS that will be more effective and help with understanding on both sides of the conversation:

- If you haven't already, educate yourself about PTS and other operational stress injuries – Leaders can't afford to ignore this aspect of the workplace any longer;

- Don't assume someone with PTS is mentally weak or psychologically unstable;
- Keep boundaries, both physical and psychological, in mind (i.e. personal space, touching the person);
- If the person is feeling triggered, simply ask what you can do to help. Unless you're a trained therapist or asked to by the person, don't offer suggestions or opinions;
- Speak softly in a moderated tone of voice (helps avoid the startle reflex many with PTS have);
- The person may not want to talk about what's bothering them, but that doesn't mean they aren't suffering at the time;
- Put aside your own perceptions and remember that trauma is this person's reality;
- Don't minimize the person's feelings or say you understand if you don't really understand;
- Everyone has different coping mechanisms. Accept that. If someone needs to lie on the floor for ten minutes to ground themselves, roll with it and offer them space and support;
- Remember that the person's current reactions are not about the present, but about what happened in their past;
- Believe them;
- Listen. Just, listen.

There are also the moral injury components of PTS to consider. Moral injury occurs when a person is involved in or witnesses an act that impacts them on a deep human level. This is different from the neurological impact of a traumatic event, a moral injury is something that hits you in a place where your spirit, soul, culture, and psyche live. Moral injuries can be extremely debilitating and are generally treated during PTS therapy. Most often, moral injury manifests itself in anger, shame, unnecessary guilt, and social alienation. Its not difficult to see how these aspects of PTS can be incredibly impactful.

During interviews of first responders for my first book, the concept of moral injury came up often. Frequent examples included officer-involved shootings, failing to save a life or successfully perform first aid, feeling like one's co-workers or partners have been let down by something the first responder did (or didn't) do, and arriving at a call too late to be of assistance in possibly preventing a tragic outcome.

These interviews hit home for me. I certainly experienced moral injury with Mike's death. My job is to help preserve life. I showed up at a scene where life needed to be preserved. I didn't do my job properly, and because of that, someone I knew died. I failed.

For seven years, that's how I felt. I was wrong.

I did some excellent reflecting, writing, and meditating on this during my treatment, all guided by my doctor, who was an amazing Leader in her own right. Through these activities, I came to realize that for years, I had been extremely hard on myself, unfairly so. There was nothing more I could have done; I did what I was able to with what I had at my disposal. I did my job and I did my best. Sometimes, life just throws curveballs at you.

Unfortunately, in my case, this was a curveball that derailed me for years; but one that a trained, caring, compassionate Leader was able to help me overcome. My ongoing hope is that I can help others the same way and pay things forward.

“Healing is a matter of time, but it is also sometimes a matter of opportunity.”

-Hippocrates, 4th century BC Greek physician and philosopher; considered one of the most outstanding figures in the history of the medical arts; often referred to as the "Father of Medicine"

“Traumatic events challenge an individual's view of the world as a just, safe and predictable place. Traumas that are caused by human behavior. . . commonly have more psychological impact than those caused by nature.”

-American Psychological Association, from the APA Dictionary of Psychology

If Someone Needs to Talk to You, Let Them Talk

When someone comes to you to talk to you, let them. As we just discussed, when you listen, practice active listening. This is a basic of leadership, but quite often Leaders who have information or counsel they are anxious to offer will be champing at the bit to do so. Let the person talk, then, when the time is right, **and if you're asked**, offer your input. When someone is baring their soul to you, perhaps about something that has impacted them to their core; it's not the time to unload your own issues.

Many motivational speakers and leadership gurus call this 'power listening.' I can't think of a better way to describe it.

Years before my PTS was confirmed, I was having a conversation with a supervisor who, unfortunately, was firmly on the 'manager' end of the leadership scale. On one very bad day, I was trying to tell him that I thought something was wrong. Instead of listening, which was all I needed, he said something to the effect of "Yeah, that sucks," then launched into his own story about a collision he had been involved in. I know everyone has their tale to tell, but at that moment I just wanted to feel like I was being heard and understood. Sometimes that's all it takes.

I do, however, now think about that officer (who ended his friendship with me on very negative terms) and wonder if he ever had his own opportunity to talk. I've made a couple attempts to re-

connect with this officer, and have been rebuffed both times. I can only hope he's found a Leader for himself. Even more, I hope he's become a Leader himself.

"We have two ears and one tongue so that we would listen more and talk less."

-Diogenes, 4th century BC Greek philosopher; one of the founders of Cynic philosophy.

"When people talk, listen completely. Most people never listen."

-Ernest Hemingway, American short story author, novelist, journalist, Nobel Prize winner

'Career Suicide' is Overrated

Sometimes, an action that is termed 'career suicide' (by people who appear to be in a position to know what that looks like,) can have the greatest impact on the most people. 'Career suicide', or the prospect of it, is a very real possibility when you live out loud as a Leader.

When I sent my PTS story out to my peers in 2012, within a few hours it had gone 'viral', at least in the policing world, and by the next morning I was getting comments and acknowledgments of my tale from officers throughout my police service, and beyond. As a result of this email, I had three officers higher in rank than me tell me, in separate conversations, that I had committed 'career suicide' and that making this disclosure would come back to haunt me when I sought future opportunities or promotions. My reply to that was, paraphrased, that if such an act was career suicide, the perhaps I had hit my limit of rank and would be happy to stay where I was.

As it turned out, it wasn't career suicide at all.

Since sending that email five years ago, I've been offered opportunities and had experiences with my employer that I never would have had otherwise. I love my job more now than I ever have before and I've come to realize that, whereas years ago I felt I *had* to climb that ladder, *had* to achieve promotions; now I can enjoy the pace of my career and pick and choose how and when I move.

I will never regret my act of 'career suicide'!

"Be the flame, not the moth."

-Giacomo Casanova, 18th century Italian adventurer and author; so famous for his often complicated and elaborate relationships with women that his name is now synonymous with "womanizer"

“Your profession is not what brings home your weekly paycheck, your profession is what you’re put here on earth to do, with such passion and such intensity that it becomes spiritual in calling.”

-Vincent Van Gogh, prolific Dutch post-Impressionist painter

Trauma Doesn’t Have to Be the End of Anything

Experiencing a trauma doesn’t mean the end of your career, your marriage, your status as a parent, your accomplishments, anything. Unless you let it. Mental health is not a one-way street, but a continuum; a sliding scale in which you will slide from end to end your whole life.

When I was doing research for my first book, I interviewed several hundred first responders from across North America. Consistently, fear of losing their job was consistently among the top causes of added stress. In fact, I have spoken to many uniform personnel from all different fields who have simply been cut loose when they told their employer they were dealing with an operational stress injury.

I’m not talking about the possibility of losing out on something like with my ‘career suicide’ example earlier, I’m talking about a full termination of their employment, sometimes effective immediately. On top of the medical and psychological issues the trauma is causing, there is now also financial stress due to job loss. It’s little wonder that in many cases, first responders choose to keep their demons a secret – it’s self-preservation.

When you’re in the middle of a tornado, it can be very difficult to see this, but crises can present opportunities. Once your basic survival needs are taken care of, and you can step back to view the crisis with some perspective, you can start to see the diamonds in the coal mine. Perhaps it’s a change of role at work, a change of work location, even a change in career path.

This is admittedly, a very difficult topic to contemplate. With so many combinations of how employers and governments treat employees dealing with operational stress injuries, it’s almost impossible to determine exactly how any one person’s scenario will play out.

What I will say is this. Admitting that you are dealing with trauma, or another OSI, does not mean that you’re not cut out for your uniform or your chosen path. That is defeatist thinking and that mindset is what’s led to decades of stigma that has irreparably damaged, even killed, countless first responders.

The thought that something that you’ve experienced as a result of performing the job you love has now rendered you unfit for that job seems ludicrous, yet here we are in 2018 with uniformed members of all walks still afraid to discuss the issue because they fear that they will be branded as unfit or broken.

You only break when you let the demons win.

“Only the dead have seen the end of war.”

-Plato, 4th century Greek philosopher; student of Socrates and the teacher of Aristotle; generally considered one of the pivotal thinkers in the history of philosophy

“I may not have gone where I intended to go, but I think I’ve ended up where I needed to be.”

-Douglas Adams, English author, scriptwriter, essayist, humorist, satirist and dramatist; author of ‘The Hitchhiker’s Guide to the Galaxy’ series

Conclusion

Leadership isn’t simple. If it was, then everyone would be a Leader. Or at least a leader.

There is an age-old debate over whether leaders are born or made. I don’t think its ever been definitively answered; there are very solid schools of thought on either side.

I am going to put forth my own theory, however. Capital-L Leaders are made from people who are already leaders. I don’t particularly care how they became a leader in the first place; the key is that they have listened to and watched other Leaders, experienced working with Leaders, and nurtured the skills and traits that define Leaders.

Empathy.

Compassion.

Wisdom.

Humour.

Responsiveness.

Action.

Discretion.

Honesty.

Confidence.

Creativity.

Loyalty.

Bravery.

Honour.

I take none of these words lightly. I've spent the last twenty years of my life working in a paramilitary organization, one that is steeped in tradition. I still believe that those words exist, that they mean something, and that they truly dictate what separates the wheat from the chaff.

During the final editing of this book, I experienced something that, while not pleasant, reinforced many of the ideas that I wrote about in the book and listed in the previous paragraph. On February 7, 2018, while responding to a motor vehicle collision on our largest highway on an extremely nasty winter day, I was hit by a truck. Not a transport truck, granted, it was 'only' a pickup. The exact sequence of events that led to me getting hit are too convoluted to recount here; the short version is that drivers who should have been watching what they were doing, driving the proper speed, and moving over away from my cruiser didn't do so, and as a result the passenger mirror of a pickup that drove the wrong way around my police car struck me across the chest and right shoulder. If I had been a foot further into the centre median, the truck would have hit me square with the grille and I have no doubt it would have killed me.

I'd been injured many times during my almost 20 years in policing, but without a doubt this was the most serious occurrence I'd been through. It resulted in an ambulance ride, a short hospital stay, ten days away from work, and lingering pain in my arm, chest, and shoulder when I do too much.

It also resulted in two revelations.

The first was that after going through six years of recovery, and knowing what to expect after a traumatic incident, I was much better equipped to deal with the inevitable fallout. I had tips and tricks I could put into practice from the moment I was put into the ambulance to start minimizing the effects and magnitude of the trauma. When I had those recurring images of out of control transport trucks sliding towards me, I knew I had to tackle them head on, not push them to the back of my mind or

pretend they weren't happening. When officers, doctors, and paramedics met me at the hospital, there was no hesitation to talk about what happened and what was going through my mind, because I now know that the sooner you start to talk about a traumatic incident the sooner you process it as real and the less your memory starts to distort or worsen the experience. When I saw Cathy and my boys peek around the curtains of my hospital bed, there were no secrets, no silence, no hiding of facts or feelings, because doing that before led me down that dark path that ended so terribly. When my oldest son, who held it all together the day I was hit to be a rock for his mom, came to me the next morning telling me that he was having trouble processing what happened and hadn't slept because he kept thinking about how I could have died, there was no downplaying the impact that my experience was having on my family, and we took steps to get him talking to someone as soon as possible about what he was experiencing.

The second revelation was this: change can indeed happen.

Starting the day I was injured, and in the days after, every single first responder I spoke with made it a point to mention not to return to duty or get back at it until I was well in every capacity, including psychological. They may have put it different ways, and some more subtly than others, but the message was always there. This represented a far, far cry from Mike's death in 2004, when I was told to suck it up and that I had to toughen up if I wanted to be a leader, and an even further cry from the experiences of the old dogs around the various offices I've worked at who talked about being called every day by supervisors, asking when they were coming back to work.

It marked, in my mind, a huge change in mindset for the first responder community. Here were open, frank conversations about the necessity to make sure that what was between your ears was as healthy as the rest of the body before throwing yourself back into the fray. After spending the last six years fiercely advocating for more awareness and openness about PTS in the emergency services field, to see movement, to see progress, helped get me through the days when I was nursing torn muscles and moving through my house like an 80-year-old man.

I won't say that I'm glad that I was hit that day, but everything happens for a reason, and as I've alluded to a couple times now, the universe presents opportunities when and where they are meant to be. If nothing else, being injured at the time I was allowed me to see, in action, the impact and effect that Leaders can have and to prove my axiom right: Capital-L Leaders see the people on their teams, and their well-being, as their most valuable asset.

Technology will continue to evolve as we slowly become a society that worries more about recording and broadcasting the acts of others than the morality of the acts themselves. Laws and governments will change. Society will continue to develop in some quarters, and regress in others.

Politicians will keep doing what they do while the real machinery of the bureaucracy moves at its own pace.

There will always be outrage, both real and fabricated. Celebrities will do stupid things and people will love them for it. Celebrities will make honest mistakes and get sacrificed on the altar of public opinion. Professional athletes will keep making astronomical sums of money for running fast or skating hard or being able to catch a ball while the true heroes of society quietly go about their business of keeping the world safe and orderly.

Wars will keep happening. Terrorists will take lives premised on their god being better than any other gods. People who don't agree with the way the world is changing around them will buy weapons that they should never be able to get their hands on and wipe out innocents. Masses of society will continue to be graded and classified by the colour of their skin or where they were born instead of the person that they are.

Before I started writing those last few paragraphs, I was going to simply say that the need for Leaders will never go away.

Then I read them again.

After re-reading them I think I must change my sentiment to 'We need Leaders more than ever.'

'Illegitimi non carborundum' (mock Latin) or 'Noli pati a scelestis opprimi' (real Latin) is a very elegant way of saying 'Don't let the bastards grind you down.'

Step beyond yourself and become the kind of Leader that the world will never stop needing.

“Be the Leader that people want to see walk into the room, not out the door.”

-Chris Lewis, OPP Commissioner (retired)

A Preview of
On The Other Side of Broken
One Cop's Battle With the Demons of PTSD

Brian Knowler, B.A., J.D

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.

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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 licenced 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 practising 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 an Isagenix training day (I will talk about Isagenix in depth later), Cathy and I were asked to take the stage and talk about our experiences with the company. For my part, I talked about having post-traumatic stress and how Isagenix had made the struggle so much easier. In using the products to get my body physically fit, it made it easier to deal with the issues rolling around inside my head. In focusing on the 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 my wife 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 screamly, 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.

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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 PTSD 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.