



SHE\*T FOR BRAINS

**PTSD & TRAUMA IN  
THE WORKPLACE:  
A WHITE PAPER ON  
MENTAL HEALTH IN  
HIGH-STRESS  
INDUSTRIES**

# Introduction: The She\*t for Brains Initiative

Mental health challenges in the workplace have reached epidemic proportions. While Post-Traumatic Stress Disorder (PTSD) has historically been associated with military service, emerging research and real-world experiences reveal that trauma affects professionals across all industries, particularly those in high-stress, deadline-driven environments.

This white paper synthesizes clinical expertise with firsthand accounts from business leaders to provide a comprehensive understanding of workplace trauma and practical strategies for addressing it.

## Executive Summary

This white paper examines the prevalence and impact of Post-Traumatic Stress Disorder (PTSD) and trauma in workplace environments, with particular focus on high-stress industries such as manufacturing and printing. Drawing from expert clinical insights and real-world leadership experiences, this document addresses the critical need for trauma-informed workplace practices and mental health support systems.

The evidence presented demonstrates that workplace trauma extends far beyond traditional military contexts, affecting business leaders, employees, and entire organizational cultures. The COVID-19 pandemic has intensified these challenges, creating what experts are calling a "mental health pandemic" that organizations must address proactively.

## UNDERSTANDING PTSD AND TRAUMA

### Historical Context

The recognition of trauma-related disorders has evolved significantly over time:

- Ancient times: Scholars like Hippocrates and Herodotus described trauma-like symptoms in warriors
- 1760s: "Nostalgia" – from Greek words meaning "return" and "pain"
- World War I (1914–1918): "Shell shock"
- World War II (1930s–1940s): "Combat stress reaction" and "battle fatigue"
- 1970s: "Post-Vietnam syndrome"
- 1980s: Formal inclusion of PTSD in the Diagnostic and Statistical Manual (DSM)
- 2013: PTSD reclassified as a trauma and stressor disorder (rather than anxiety disorder)

### Clinical Definition and Symptoms

PTSD is categorized into four primary symptom clusters:

1. **Intrusions:** Flashbacks, reliving experiences, nightmares, and distressing dreams
2. **Avoidance:** Avoiding feelings, thoughts, people, places, or situations that trigger memories of trauma
3. **Negative Thoughts and Cognitions:** Memory problems, blunted emotions, and constricted emotional range
4. **Hyperarousal:** Hypervigilance, exaggerated startle response, sleep disturbances, anger, and concentration difficulties

For diagnosis, symptoms must persist for at least one month and significantly impact daily functioning.

## Types of Trauma

Shock Trauma (PTSD): Single-incident events with distinct endpoints, including:

- Car accidents
- Natural disasters
- Witnessing violence
- Sexual trauma
- Serious injuries
- Medical trauma

Complex PTSD (CPTSD): Repeated, ongoing traumatic experiences, often beginning in childhood, characterized by developmental trauma and chronic exposure to harmful environments.

## Prevalence and Statistics

### GLOBAL IMPACT

- **3.9%** of the global population experiences PTSD at some point in their lifetime
- **70%** of people experience at least one traumatic event
- **5.6%** of trauma survivors develop PTSD

### UNITED STATES SPECIFIC DATA

- **3.6%** of US adults experience PTSD annually
- **5.2%** of females vs. **1.8%** of males (women are twice as likely to develop PTSD)
- **80%** of PTSD patients have comorbid conditions (anxiety, depression, substance use)

### HIGH-RISK POPULATIONS

- Military veterans (**11-20%** for Iraq/Afghanistan veterans)
- First responders (paramedics, firefighters, police officers)
- Healthcare workers
- Therapists (secondary trauma/compassion fatigue)

# The COVID-19 Impact: A Catalyst for Workplace Trauma

The pandemic served as a significant catalyst for workplace trauma, particularly affecting business leaders responsible for employee welfare and organizational survival.

Key impacts include:

## LEADERSHIP BURDEN

Business leaders faced unprecedented challenges:

- Making decisions with incomplete information
- Ensuring employee financial security during uncertainty
- Managing rapid organizational changes
- Dealing with supply chain disruptions
- Navigating remote work transitions

## INDUSTRY-SPECIFIC CHALLENGES

The print and manufacturing industries experienced unique stressors:

- Tight margins and high-stakes decision-making
- Complex client demands with inflexible deadlines
- Supply chain vulnerabilities
- Rapid technological changes
- Economic volatility

## WORKPLACE TRAUMA MANIFESTATIONS

Physical Symptoms

- Panic attacks
- Sleep disturbances
- Concentration difficulties
- Hypervigilance
- Exhaustion and burnout

## BEHAVIORAL RESPONSES

- Substance use as coping mechanism
- Workaholism and perfectionism
- Social isolation
- Anger outbursts
- Avoidance behaviors

## ORGANIZATIONAL IMPACT

- Decreased productivity
- Increased absenteeism
- Higher turnover rates
- Poor decision-making
- Damaged workplace relationships
- Cultural toxicity

## THE NEUROSCIENCE OF TRAUMA

When experiencing trauma, three key brain areas are affected:

1. **AMYGDALA:** FEAR CENTER GOES INTO OVERDRIVE, CONSTANTLY SENDING THREAT SIGNALS
2. **HIPPOCAMPUS:** MEMORY AND EMOTION PROCESSING BECOME IMPAIRED
3. **PREFRONTAL CORTEX:** LOGICAL THINKING, EMOTIONAL REGULATION, AND DECISION-MAKING CAPABILITIES ARE REDUCED

This creates what's known as the "lizard brain" response, triggering survival mechanisms:

- **FIGHT**
- **FLIGHT**
- **FREEZE**
- **FAWN** (COMPLIANCE FOR SAFETY)
- **FLOP** (COMPLETE SHUTDOWN)

## THE BODY'S MEMORY

The body retains trauma memories even when the conscious mind cannot recall details. This phenomenon, popularized in Bessel van der Kolk's "The Body Keeps the Score," explains why trauma survivors may experience physical symptoms without clear conscious triggers.

# TREATMENT APPROACHES AND HEALING

## THERAPEUTIC INTERVENTIONS

### BOTTOM-UP APPROACHES (RECOMMENDED FOR TRAUMA):

- EMDR (Eye Movement Desensitization and Reprocessing): Bilateral stimulation to reprocess traumatic memories
- Somatic Therapy: Body-based healing approaches
- Internal Family Systems: Working with different parts of the self
- Somatic Experiencing: Nervous system regulation

### TOP-DOWN APPROACHES:

- Cognitive Behavioral Therapy (CBT): Logic and reasoning-based therapy
- Cognitive Processing Therapy: Thought pattern modification
- Prolonged Exposure Therapy: Gradual exposure to trauma triggers

## NEUROPLASTICITY AND RECOVERY

The brain's ability to adapt and rewire itself (neuroplasticity) provides hope for healing. Through appropriate treatment, new neural pathways can be formed, allowing individuals to recover from trauma's impact.

### COMPLEMENTARY PRACTICES:

- MEDITATION AND MINDFULNESS
- REGULAR EXERCISE
- TIME IN NATURE
- COMMUNITY SUPPORT
- PROFESSIONAL COUNSELING

## WORKPLACE STRATEGIES FOR TRAUMA-INFORMED LEADERSHIP

### CREATING PSYCHOLOGICAL SAFETY

- Establish clear codes of conduct emphasizing respect and confidentiality
- Practice non-judgmental communication
- Encourage active listening
- Use inclusive language
- Maintain consistent support systems

### LEADERSHIP PRACTICES

1. Model Vulnerability: Leaders sharing their own mental health journeys reduces stigma
2. Set Boundaries: Demonstrate healthy work-life balance
3. Prioritize Self-Care: Regular self-assessment and recalibration
4. Team Approach: Foster collective problem-solving rather than individual burden
5. Grace and Flexibility: Allow for human limitations and recovery time





## INDUSTRY-SPECIFIC CONSIDERATIONS

### HIGH-STRESS BUSINESS ENVIRONMENTS

Organizations in fast-paced, high-stakes industries should consider:

- Regular stress management training
- Crisis response protocols
- Mental health first aid certification for managers
- Employee assistance programs
- Flexible work arrangements during high-stress periods

### ADDRESSING STIGMA

Particularly in traditionally "tough" industries, organizations must:

- Normalize discussions about mental health
- Provide education about trauma and its effects
- Challenge cultural narratives about "toughness"
- Offer multiple pathways for seeking help

## RESOURCES AND SUPPORT SYSTEMS

### PROFESSIONAL HELP

- Individual Therapy: Seek therapists specializing in trauma treatment
- Group Therapy: Peer support in structured environments
- Employee Assistance Programs: Workplace-sponsored mental health services
- Crisis Hotlines: 24/7 support for acute mental health crises

### SELF-HELP RESOURCES

- Psychology Today for therapist matching
- National Institute of Mental Health (NIMH) resources
- Veterans Affairs (VA) support for military personnel
- SAMHSA (Substance Abuse and Mental Health Services Administration)

### FINANCIAL CONSIDERATIONS

- Many therapists offer sliding scale fees
- Community mental health centers provide low-cost options
- Insurance coverage for mental health services
- Employee assistance programs through employers

# Recommendations for Organizations

## IMMEDIATE ACTIONS

1. Develop trauma-informed policies and procedures
2. Train managers in mental health awareness
3. Establish clear pathways for employees to seek help
4. Create psychologically safe environments for discussion
5. Implement regular check-ins with team members

## LONG-TERM STRATEGIES

1. Integrate mental health considerations into all business decisions
2. Develop partnerships with mental health professionals
3. Create peer support networks within the organization
4. Regularly assess organizational stress factors
5. Invest in preventive mental health programs

## CULTURAL TRANSFORMATION

1. Normalize mental health discussions in workplace settings
2. Celebrate vulnerability and authenticity in leadership
3. Challenge traditional notions of workplace "toughness"
4. Recognize mental health as equivalent to physical health
5. Create accountability systems for mental health support

## THE PATH FORWARD

### INDIVIDUAL RESPONSIBILITY

*Each person must:*

- Recognize their own mental health needs
- Seek appropriate professional support
- Practice self-care and boundary setting
- Support colleagues facing mental health challenges
- Challenge stigma through open dialogue

# ORGANIZATIONAL COMMITMENT

## COMPANIES MUST:

- Invest in comprehensive mental health resources
- Train leaders in trauma-informed practices
- Create supportive policies and procedures
- Foster cultures of psychological safety
- Measure and track mental health outcomes

# INDUSTRY TRANSFORMATION

## ENTIRE INDUSTRIES MUST:

- Acknowledge the prevalence of workplace trauma
- Share best practices for mental health support
- Advocate for policy changes supporting mental health
- Invest in research on industry-specific trauma factors
- Create networks for ongoing support and education

# CONCLUSION

The evidence is clear: PTSD and trauma significantly impact workplace environments, affecting productivity, employee wellbeing, and organizational culture. The COVID-19 pandemic has intensified these challenges, creating an urgent need for trauma-informed workplace practices.

However, there is hope. Through neuroplasticity, appropriate treatment, and supportive environments, healing is possible. Organizations that prioritize mental health will not only support their employees' wellbeing but also create more resilient, productive, and sustainable business environments.

The journey toward mental wellness requires courage, vulnerability, and sustained commitment from individuals and organizations alike. As one expert noted, "Where the pain is, that's where the growth is." By acknowledging workplace trauma and implementing comprehensive support systems, we can transform challenges into opportunities for healing and growth.

**MENTAL HEALTH IS HEALTH. THE TIME FOR ACTION IS NOW.**

## RESOURCES & SUPPORT

### CRISIS SUPPORT

- NATIONAL SUICIDE PREVENTION LIFELINE: 988
- CRISIS TEXT LINE: TEXT HOME TO 741741
- SAMHSA NATIONAL HELPLINE: 1-800-662-HELP (4357)

### PROFESSIONAL SUPPORT

- PSYCHOLOGY TODAY: [WWW.PSYCHOLOGYTODAY.COM](http://WWW.PSYCHOLOGYTODAY.COM)
- NATIONAL INSTITUTE OF MENTAL HEALTH: [WWW.NIMH.NIH.GOV](http://WWW.NIMH.NIH.GOV)
- AMERICAN PSYCHOLOGICAL ASSOCIATION: [WWW.APA.ORG](http://WWW.APA.ORG)

### EDUCATIONAL RESOURCES

- "THE BODY KEEPS THE SCORE" BY BESSEL VAN DER KOLK
- WORLD HEALTH ORGANIZATION MENTAL HEALTH RESOURCES
- PTSD ALLIANCE EDUCATIONAL MATERIALS

### FOR VETERANS

- VA MENTAL HEALTH SERVICES: [WWW.VA.GOV/HEALTH-CARE/HEALTH-NEEDS-CONDITIONS/MENTAL-HEALTH/](http://WWW.VA.GOV/HEALTH-CARE/HEALTH-NEEDS-CONDITIONS/MENTAL-HEALTH/)
- VETERANS CRISIS LINE: 1-800-273-8255

*This white paper is based on the "Sheep for Brains" webinar session featuring clinical expert Rayell Grayson and industry leaders David Rosendahl, Chris Minn, John Bailey, Buddy Kramber, and Jessica DeCola.*

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## RAYELL GRAYSON LCSW, LCPC, CADC

Licensed Clinical Social Worker • Licensed Clinical Professional Counselor • Certified Alcohol & Drug Counselor

Rayell Grayson brings over 16 years of dedicated clinical experience, having graduated from Loyola University in 2009 and earning a certificate from IAODAPCA in 2011 ([Psychology Today](#)). As the founder of Head/Heart Therapy in Chicago, Rayell centers a trauma-informed, liberation-focused therapeutic approach that integrates the head (insight) with the heart (embodiment) to support authentic and sustainable change ([Head Heart Therapy](#)).

Rayell specializes in addressing complex post-traumatic stress disorder (C-PTSD), addiction, shame, and guilt recognizing these as deeply interconnected experiences often rooted in trauma ([Head Heart Therapy](#)). Their work emphasizes individualized care, empowering clients to translate what their heads understand into actions aligned with their hearts, treating each person as a unique individual on their healing journey ([Head Heart Therapy](#)).

In practice, Rayell offers individual, relational, group, and intensive therapy modalities, both in-person and via telehealth, serving clients ages 12 and up ([Head Heart Therapy](#)).

### THEIR METHODS ARE DEEPLY ROOTED IN:

- NeuroAffective Relational Model (NARM)
- Liberation-focused therapy
- Mindfulness-based stress reduction (MBSR)
- Shame-resilience theory
- Somatic and experiential therapies
- Buddhist psychology
- Strengths-based approaches ([Head Heart Therapy](#))

Rayell is also a sought-after speaker and advocate, sharing insights on topics such as anti-oppression in therapy, the impacts of trauma in BIPOC and LGBTQIA+ communities, and the intersections of addiction, racism, and collective trauma ([Head Heart Therapy](#)).

They emphasize the importance of holistic, equitable healing creating therapeutic spaces where authenticity, cultural sensitivity, and liberation are foundational.

Email: [rayell@headhearttherapy.com](mailto:rayell@headhearttherapy.com)

Office: [Head Heart Therapy, Inc.](#) | 4411 N. Ravenswood Ave, Ste 250

Instagram: [HeadHeartTherapy](#)

LinkedIn: [Head Heart Therapy](#) or [Rayell Grayson](#)



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