

THE BEHAVIOUR INSTITUTE

Diploma in Trauma-Informed Psychotherapy

UNIT 5 • CORE READING 3 OF 6

03

Countertransference in Trauma Work

What this work does to the person doing it

What This Document Covers

This document turns to the practitioner's own side of the relationship covered across the previous two documents — the countertransference reactions trauma work tends to produce, and why sustained trauma work carries genuine, specific demands on the practitioner that this unit takes seriously rather than glossing over.

Why Trauma Work Produces Particularly Strong Countertransference

Sitting regularly with detailed accounts of trauma — the kind of material covered throughout Units 2 and 3 — activates real emotional responses in the practitioner, considerably more so, on average, than many other areas of clinical practice. This is not a sign of insufficient professionalism or inadequate boundaries. It is a predictable consequence of genuinely empathic engagement with difficult material, session after session, over time.

Recognisable Patterns of Countertransference in Trauma Work

Over-Identification

A practitioner may find themselves identifying unusually strongly with a particular client, sometimes connected to genuine overlap with the practitioner's own history or current circumstances. This can manifest as difficulty maintaining appropriate clinical distance, or a felt sense of the client's pain as unusually close to home.

Avoidance or Emotional Withdrawal

The opposite pattern — a practitioner unconsciously pulling back from the full emotional weight of a client's material, perhaps steering sessions toward less distressing content, or maintaining a kind of professional distance that, while appearing appropriately boundaried, actually reflects the practitioner's own difficulty tolerating the material fully.

Rescuer Countertransference

A practitioner may find themselves drawn into an unconscious rescuer role, taking on excessive responsibility for a client's outcomes, extending session boundaries repeatedly, or feeling a disproportionate sense of personal failure when progress is slower than hoped. This pattern can mirror, and inadvertently reinforce, the client's own rescuer transference, covered in Document 2.

Anger or Frustration

Particularly with clients presenting significant emotional dysregulation or repeated crisis, a practitioner may notice genuine frustration or even anger surfacing — reactions that can feel uncomfortable to acknowledge, given the clear vulnerability of the client, but which are genuinely common and worth honest reflection rather than denial.

Pause and Consider

Of the four patterns covered in this document, which do you suspect you would be most prone to, based on your own personality and history? Is there a pattern you would find it genuinely uncomfortable to admit to yourself, if it arose?

A Story to Make This Real

Consider a composite scenario drawn from patterns seen repeatedly in supervision and practice. A practitioner, working with a client whose history closely echoed a difficult period in the practitioner's own life, noticed over several months that sessions with this particular client left them feeling unusually drained, and that they had begun, without fully realising it, extending sessions considerably beyond the agreed time and responding to messages between sessions in a way they did not do with other clients.

Raised in supervision, this pattern became considerably clearer: the practitioner's own unprocessed material, connected to the genuine overlap with the client's history, had produced a strong over-identification, shading into rescuer countertransference. Neither reaction reflected poor clinical judgement in any simple sense — both arose from genuine empathy, engaged without adequate reflection. Once named, the practitioner was able to re-establish clearer boundaries, not out of coldness, but from a clearer understanding of what had actually been happening beneath the surface of their own behaviour.

Why This Matters for the Client, Not Only the Practitioner

Unexamined countertransference does not only affect the practitioner's own wellbeing, covered further in Unit 6. It shapes the client's treatment directly. A practitioner in the grip of rescuer countertransference may inadvertently undermine a client's own agency and capacity, echoing the loss of control central to much trauma, covered in Unit 2. A practitioner avoiding difficult material may leave genuinely important content unaddressed. Recognising countertransference, then, is not simply good self-care — it is a genuine clinical necessity.

The Role of Supervision

This is precisely why regular clinical supervision matters so much in trauma-focused practice specifically, considerably more than a purely optional professional nicety. Countertransference is, by its nature, difficult to see clearly from the inside — a second, trusted clinical perspective is often what actually makes a pattern visible, the way supervision made the practitioner's over-identification visible in the story above.

What's Next

The next document turns to what happens when transference and countertransference dynamics produce a genuine rupture in the therapeutic relationship, and why repairing that rupture well can become one of the more powerful moments in a client's treatment.

A Few Things to Take With You

- Trauma work produces particularly strong countertransference, as a predictable consequence of genuine empathic engagement with difficult material
- Recognisable patterns include over-identification, avoidance or withdrawal, rescuer countertransference, and anger or frustration

- Unexamined countertransference shapes client treatment directly, not only practitioner wellbeing
- Regular clinical supervision is a genuine necessity in trauma-focused practice, given how difficult countertransference is to see clearly from the inside

Before You Move On

- In the story above, how did rescuer countertransference and over-identification reinforce one another?
- Why do you think anger or frustration toward a clearly vulnerable client can feel particularly uncomfortable to acknowledge, even though it is genuinely common?
- What role does supervision play in making countertransference visible that self-reflection alone might not achieve?