

THE BEHAVIOUR INSTITUTE

Diploma in Trauma-Informed Psychotherapy

UNIT 6 • CORE READING 2 OF 6

02

Recognising the Warning Signs

What vicarious trauma actually looks like, before it becomes hard to miss

What This Document Covers

Building on Document 1's explanation of what vicarious trauma is, this document covers the practical warning signs worth watching for in yourself, across several domains, and why early recognition matters so much given how gradually vicarious trauma tends to develop.

Why Early Signs Are Easy to Miss

Vicarious trauma rarely announces itself clearly. It tends to develop gradually, through small, cumulative shifts that are considerably easier to notice in hindsight than while they are actually happening. This is part of why a structured awareness of what to look for genuinely matters — without it, the early signs blend easily into the ordinary demands and fatigue of a busy clinical practice.

Warning Signs Across Several Domains

Shifts in Worldview

A growing sense that the world is more dangerous than you previously believed, a decline in general trust toward other people, or a persistent, low-level cynicism that feels different from your baseline temperament before beginning this work. This connects directly to the core mechanism covered in Document 1.

Changes in Emotional Responses

Increased irritability, a reduced capacity for joy or pleasure in activities that previously provided it, emotional numbing, or conversely, becoming more easily overwhelmed by relatively minor stressors than was previously the case.

Intrusive Thoughts and Imagery

Finding client material — details, images, specific accounts — intruding into your own thoughts outside of work hours, sometimes including difficulty sleeping due to thoughts connected to client sessions. This closely parallels the intrusion cluster covered in Unit 3's material on PTSD, applied here to material that happened to someone else, not the practitioner directly.

Hypervigilance and Safety Behaviours

An increased, sometimes disproportionate concern for your own safety or the safety of people close to you, new or intensified safety behaviours that were not previously part of your life, echoing the arousal and reactivity cluster covered in Unit 3.

Physical Symptoms

Persistent fatigue not resolved by rest, changes in sleep or appetite, or physical tension that seems connected to work-related stress specifically rather than a clear, identifiable physical cause.

Changes in Professional Functioning

Reduced ability to feel genuine empathy in sessions, increased difficulty being fully present with clients, a growing sense of dread before sessions with particular clients or generally, or a pull toward avoiding certain types of client material altogether.

Pause and Consider

Looking honestly across these six domains, is there one where you would currently place yourself, even mildly? There is no need to answer this for anyone but yourself — the value here is simply in the honest looking.

Why Honest Self-Assessment Is Genuinely Difficult

There is a real irony worth naming directly: the same gradual, cumulative process that makes vicarious trauma hard to notice also makes honest self-assessment genuinely difficult to do alone. A practitioner experiencing early hypervigilance, for instance, may simply experience their new safety behaviours as sensible caution, rather than recognising them as a warning sign — precisely because the shift has happened gradually enough to feel like the practitioner's own considered, reasonable judgement, rather than something that has changed.

This is part of why supervision, covered in Unit 5's material on countertransference, matters so directly here too. A trusted colleague or supervisor, seeing a practitioner's patterns from the outside, is often able to notice a shift considerably earlier than the practitioner themselves — the same dynamic that made supervision so valuable for recognising countertransference applies equally well here.

This Is Not a Diagnostic Checklist

It is worth being clear that this document is not intended as a formal diagnostic tool, and experiencing one or two of these signs occasionally does not necessarily indicate significant vicarious trauma. The value of this material lies in building genuine, ongoing self-awareness — a habit of honest checking in with yourself over time — rather than a single assessment applied once and then set aside.

What's Next

The next document addresses an important distinction: how vicarious trauma differs from the related, but genuinely distinct, concepts of burnout and compassion fatigue, and why getting that distinction right shapes what kind of response actually helps.

A Few Things to Take With You

- Vicarious trauma develops gradually, making early signs genuinely easy to miss without deliberate, structured attention
- Warning signs span worldview, emotional responses, intrusive thoughts, hypervigilance, physical symptoms, and professional functioning
- Gradual development can make a practitioner's own changed patterns feel like reasonable judgement rather than a warning sign
- Supervision and trusted colleagues can often notice shifts earlier than a practitioner recognises them alone
- This material is meant to build ongoing self-awareness, not serve as a one-time diagnostic checklist

Before You Move On

- Which of the six domains covered in this document do you think would be easiest for you personally to overlook in yourself?
- Why might a new safety behaviour feel like sensible caution rather than a warning sign, from the inside?
- What would genuine, ongoing self-awareness around this material actually look like for you in practice — a regular check-in, supervision, something else?