

THE BEHAVIOUR INSTITUTE

Diploma in Trauma-Informed Psychotherapy

UNIT 6 • CORE READING 3 OF 6

03

Untangling Related Concepts

Burnout, compassion fatigue, and vicarious trauma are not the same thing

What This Document Covers

This document draws a careful distinction between three terms that are frequently, and inaccurately, used interchangeably: burnout, compassion fatigue, and vicarious trauma, covered in Documents 1 and 2. Getting this distinction right matters, since each calls for a somewhat different response.

Burnout

Burnout is a broader occupational phenomenon, not specific to trauma work or even to caregiving professions — it can develop in almost any demanding job. It is generally characterised by emotional exhaustion, a sense of reduced personal accomplishment, and depersonalisation, or a growing sense of cynicism and detachment toward one's work more generally. Burnout tends to develop from chronic workplace stressors: excessive caseload, inadequate resources, insufficient organisational support, or a poor match between a person's values and their working conditions.

Critically, burnout is not specific to the content of the work — an accountant, a teacher, and a trauma therapist can all develop burnout through broadly similar mechanisms, none of which require exposure to traumatic material specifically.

Compassion Fatigue

Compassion fatigue sits closer to trauma work specifically, though it is also seen in other caregiving-intensive professions. It refers to a gradual lessening of compassion over time, often understood as a natural consequence of the ongoing emotional labour involved in caring deeply, repeatedly, for people in distress. Compassion fatigue tends to develop relatively more quickly than burnout, and can improve relatively more quickly too, with adequate rest and support, though it can also become chronic without intervention.

Vicarious Trauma

As Documents 1 and 2 covered in depth, vicarious trauma refers specifically to the cumulative shift in a practitioner's own core beliefs and worldview, arising from sustained empathic engagement with clients' traumatic material specifically. Unlike burnout, it is directly tied to the traumatic content of the work, not simply the demands or intensity of the job more broadly. Unlike compassion fatigue, it involves genuine cognitive and belief-level change, not primarily a reduction in the capacity for compassion itself.

Pause and Consider

Thinking about the differences covered in this document, can you imagine a practitioner experiencing significant burnout while showing few signs of vicarious trauma, or the reverse? What might that combination actually look like?

Why the Distinction Actually Matters

These three concepts frequently co-occur, and a given practitioner may well be experiencing some combination of all three at once. But they call for somewhat different responses, and conflating them risks applying the wrong solution to the actual problem.

Burnout, arising primarily from workplace and organisational factors, often responds best to changes in caseload, workplace support, or working conditions — structural changes, not simply individual coping strategies. Compassion fatigue often responds well to rest, replenishment, and activities that genuinely restore emotional capacity. Vicarious trauma, given its connection to genuine shifts in core belief and worldview, often requires more direct processing — through supervision, personal therapy, or the kind of deliberate reflection this unit has been building throughout — rather than rest alone.

A practitioner who correctly identifies significant vicarious trauma but responds only by taking a holiday, treating it as straightforward burnout, may return from that holiday genuinely rested but with the underlying, unprocessed shift in worldview still fully intact and unaddressed.

A Practical Way to Think Through the Distinction

- Is the difficulty tied specifically to the traumatic content of client work, or would it exist even in a similar job without that specific content? This points toward vicarious trauma versus general burnout
- Does the difficulty feel primarily like exhaustion and reduced capacity to care, or does it feel more like a genuine shift in how safe or trustworthy the world seems? This points toward compassion fatigue versus vicarious trauma
- Is the difficulty connected to organisational factors — caseload, resources, workplace support — or does it persist even when those factors are reasonably well managed? This points toward burnout versus the other two

What's Next

This closes the Core Reading portion of this unit. The Materials section that follows turns to practical, sustainable strategies for addressing all three of these related but distinct difficulties.

A Few Things to Take With You

- Burnout is a broad occupational phenomenon, not specific to trauma work, arising primarily from workplace and organisational stressors
- Compassion fatigue is a gradual lessening of compassion through sustained caregiving, developing and resolving relatively more quickly than burnout
- Vicarious trauma involves a genuine cumulative shift in core beliefs, tied specifically to exposure to traumatic content
- All three frequently co-occur, but call for meaningfully different responses, making accurate identification genuinely important

Before You Move On

- Using the practical questions in this document, how would you currently distinguish your own experience, if any, of these three difficulties?
- Why might treating vicarious trauma with rest alone, as though it were simple burnout, leave the underlying difficulty unaddressed?
- What structural, rather than individual, changes might help address burnout specifically in a workplace you're familiar with?