

THE BEHAVIOUR INSTITUTE
Diploma in Trauma-Informed Psychotherapy

UNIT 6 • CORE READING 6 OF 6

06

Myths About Vicarious Trauma and Self-Care

A final set of corrections, and a few closing words on completing this course

What This Document Covers

This closing document addresses several persistent myths about vicarious trauma and practitioner self-care, drawing on everything covered across this unit. It closes, fittingly, with some final thoughts on completing this diploma as a whole.

Myth: Vicarious Trauma Only Affects Practitioners Who Aren't Coping Well

As Document 1 established directly, vicarious trauma is a widespread, expected consequence of sustained trauma work, arising precisely through the genuine empathy that makes a practitioner effective, not through inadequate coping or professional weakness. Framing it as something only weaker or less capable practitioners experience actively discourages honest disclosure and help-seeking — exactly the opposite of what genuinely helps.

Myth: Self-Care Means Occasional Treats or Days Off

As Document 4 covered in real depth, genuinely sustainable practice involves structural change, supervision, peer support, and often personal therapy — a considerably more substantial commitment than the popular, somewhat diluted version of “self-care” as occasional pampering or treats. None of that is inherently unhelpful, but it is not, on its own, adequate protection against vicarious trauma specifically.

Myth: Burnout, Compassion Fatigue, and Vicarious Trauma Are All the Same Thing

As Document 3 established directly, these are related but genuinely distinct phenomena, calling for meaningfully different responses. Treating them as interchangeable risks applying the wrong solution — rest alone for what is actually vicarious trauma, for instance, as Document 3's example illustrated.

Pause and Consider

Which myth in this document connects most directly to an assumption you held about self-care or practitioner wellbeing before beginning this unit?

Myth: Experienced Practitioners Eventually Become Immune to Vicarious Trauma

There is no strong evidence that experience alone confers meaningful protection against vicarious trauma. What appears to matter is not years of experience in itself, but whether a practitioner actively engages with the sustainable practices covered in Document 4 throughout their career — supervision, peer support, ongoing self-awareness — rather than experience alone producing some kind of automatic immunity over time.

Myth: Acknowledging Vicarious Trauma Means You Should Leave This Field

As Document 5 covered directly, vicarious trauma and vicarious post-traumatic growth frequently coexist, and genuine, sustained engagement with adequate support tends to shift that balance toward growth, not away from the field altogether. Acknowledging vicarious trauma honestly is a sign of exactly the kind of self-awareness this entire course has tried to build, not evidence that someone is unsuited to this work.

Why These Myths Matter, One Final Time

As with every myth-focused document across this course, the pattern holds true here too: each of these misunderstandings offers a simpler, more comfortable story than the genuine complexity this unit has described. It is simpler to imagine vicarious trauma as someone else's problem, self-care as a minor indulgence, or experience as automatic protection. Genuinely sustainable trauma practice depends on holding the more complicated, more honest picture instead — which has been the guiding aim of this entire diploma, not only this final unit.

Going Further: Recommended Reading

None of the following is required, but if this unit has genuinely interested you, these are worth your time:

- “Trauma Stewardship” by Laura van Dernoot Lipsky — a widely read, genuinely practical account of sustaining oneself in trauma-adjacent work, written specifically for practitioners across many caregiving fields
- “Transforming the Pain” by Karen Saakvitne and Laurie Pearlman — a foundational, practically oriented text on vicarious traumatisation, written by researchers closely connected to the concept's original development
- The original McCann and Pearlman research on vicarious traumatisation, for readers who want to engage directly with the source material referenced throughout this unit
- “The Body Keeps the Score,” already recommended in Unit 2, remains genuinely relevant here too, particularly its closing chapters on practitioner-facing considerations

A Few Things to Take With You

- Vicarious trauma affects capable, empathic practitioners as a normal consequence of the work, not a sign of inadequate coping
- Genuine self-care involves structural and relational commitment, not only occasional treats or rest

- Burnout, compassion fatigue, and vicarious trauma are related but distinct, requiring different responses
- Experience alone does not confer automatic protection; active, ongoing engagement with support does
- Acknowledging vicarious trauma honestly reflects genuine self-awareness, not unsuitability for the work

Before You Move On

- Having completed this unit, and this course, how would you now describe sustainable trauma practice, in your own words, to someone just beginning this field?
- Which single idea from this final unit do you think you will carry with you most directly into your own practice?
- Looking back across all six units, what has genuinely changed in how you think about trauma, and about the people you may go on to work with?

Completing This Course

This is the final document of the Diploma in Trauma-Informed Psychotherapy, and it feels right to close with a few honest words rather than simply ending on a myths list.

Over six units, you have built something genuinely substantial: a real understanding of what trauma-informed care actually means and where it came from, the biology underneath the trauma response, the clinical realities of PTSD, Complex PTSD, and dissociation, five distinct evidence-based approaches to treatment, the relationship that holds all of that work together, and now, in this final unit, an honest reckoning with what this work asks of the person doing it, and how to sustain yourself through it. That is a considerable body of knowledge, and I hope it has changed, in some genuine way, how you think about trauma, and about the people who carry it.

Your final task now is the closing quiz, covering Units 4 through 6, with your Diploma issued on successful completion. It's a straightforward way to check that this material has genuinely landed — not something to feel anxious about, and not a substitute for the depth of reflection you've already brought to the written assignment back in Unit 3.

Whatever you go on to do with what you have learned here — in formal practice, in an adjacent field, or simply in how you understand the people around you — I hope you carry this course's central thread with you: that the question worth asking is rarely what is wrong with someone, and very often what happened to them, and that understanding the difference between those two questions can change, in a genuine and lasting way, how you show up for another person.

Thank you for the care you have brought to this material. It has not gone unnoticed.

— *Dr. John Crimmins, Director, The Behaviour Institute*