Healing the Healer: Therapist Burnout When Treating Trauma

Treating trauma is deeply rewarding, but it comes with a heavy emotional toll. Below are actionable strategies to protect your well-being.

Understand the impact

Trauma work affects clinicians differently than other types of therapy work.

Burnout

A state of physical, emotional, and mental exhaustion caused by long-term involvement in emotionally demanding work. It can be driven by systemic factors like high caseloads, disorganized workflows, or paperwork.

Secondary Traumatic Stress (STS)

Behavioral and emotional symptoms that result from knowing about a traumatizing event experienced by a client. STS symptoms can resemble PTSD and can come on suddenly.

Vicarious Trauma

A profound shift in a therapist's worldview, sense of safety, and trust. It results from cumulative exposure to clients' traumatic stories.

Warning signs: what to watch for

Review this list regularly. If you notice multiple signs, consider adjusting your workload and self-care routines.

Physical and emotional

- Persistent exhaustion that sleep does not fix
- Emotional numbing or feeling detached from clients
- Heightened anxiety, irritability, or hypervigilance
- Unexplained physical ailments like headaches, GI issues, and muscle tension

Professional and cognitive

- Dreading specific sessions or feeling hopeless about client progress
- Cynicism or a shifting worldview
- Procrastination on documentation and clinical tasks
- Boundary blurring, including taking work home mentally or overextending yourself

In crisis? Call or text 988. Emergency: 911.

Prevention and sustainability strategies

To stay sustainable in trauma work, self-care must move beyond occasional pampering to become a structured professional practice.

Clinical boundaries and caseload management

- Diversify your caseload. Balance trauma cases with other kinds of clients when you can.
- Create strict buffer zones between sessions to decompress, stretch, or breathe.
- Create an “end of day” ritual. Use a physical or symbolic action to leave your work at the office, like changing clothes, using a specific commute playlist, or closing your laptop.

Professional support networks

- Prioritize consultation that focuses on countertransference and emotional response, not just clinical strategy.
- Join a peer consultation group. Normalize the emotional weight with colleagues who understand the unique emotional burden of trauma work.
- Consider personal therapy for yourself.

Somatic and micro-rest practices

- Practice grounding between sessions. Use box breathing: breathe in for 4 seconds, hold for 4, breathe out for 4, and hold for 4.
- Physiological sighs. To quickly down-regulate stress, take two quick inhales through the nose, followed by one long exhale through the mouth.
- Physical movement. Shake out your hands, stretch, or walk outside briefly between intense sessions.

Remember: Protecting your own nervous system is not selfish. It is an ethical imperative and the foundation of effective trauma therapy.

For further information, see the National Child Traumatic Stress Network, the National Institutes of Health, and the National Center for Mass Violence.

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