



COUNSELLING THEORY AND APPROACHES

MODULE CODE- ECPS5013

Component TWO: Produce a qualitative research report based on the provided transcript. Carry out a thematic analysis of the provided interview transcript which explores the following research question: How do counsellors understand and experience professional boundaries in their counselling practice?

Abstract

This study explored how a humanistic integrative counsellor understands and experiences professional boundaries in therapeutic practice, using reflexive thematic analysis (Braun & Clarke, 2022). The interview was coded using a data-driven (inductive) approach and themes were developed to clarify, explain and understand the relational, ethical and practical aspects of boundary work. Three main themes were generated: Boundaries as Relational Safety, Boundaries as Dynamic, Contextual Practice, and Boundaries as Reflexive Ethical Self-Management. Findings suggest that boundaries are less likely to be experienced as restrictive rules and more as ways of organising relationships that foster psychological safety, containment, and therapeutic depth. The counsellor characterised boundaries as client-centred whilst maintaining ethical standards, shaped by client need, culture, trauma history, and the method of counselling used. The analysis stresses the importance of counselling skills such as transparency, practitioner self-awareness, and consistency. Considerations for counsellor development and future research are discussed.

Introduction

Professional boundaries are the core of ethical and effective counselling practice, providing clarity, psychological and therapeutic concept and safety for both client and counsellor. Boundaries create a clear framework for how the counsellor and client relate, for example, confidentiality, time, role, touch, and communication are viewed as key to maintaining professionalism and preventing harm (Bond, 2015). Yet boundaries are more than just rules: in relational and humanistic approaches, they are understood as part of building

a safe therapeutic space where trust, depth and psychological safety can develop (Mearns & Cooper, 2018). For many counsellors, boundary work is complicated, continuously negotiated, and shaped by the therapeutic relationship itself (Zur, 2007).

Research emphasises that boundaries are influenced by theoretical framework, counsellor experience, social and cultural background and the needs and histories of clients (Gabriel & Casemore, 2009). Humanistic counsellors emphasise personal growth, empathy and the potential for self-actualisation, requiring a balance between warmth and professional limits (BACP, 2018). Boundary challenges often occur with time, sharing personal experience, dual relationships, digital communication, and addressing past traumatic experiences. These situations require counsellors to engage in self-reflection and ethical reasoning (Lago, 2016).

The present study explores these issues by analysing an interview with “Chris,” a humanistic integrative counsellor practicing in Wales.

The research question guiding the analysis is:

How do counsellors understand and experience professional boundaries in their counselling practice?

Using Braun and Clarke’s (2022) reflexive thematic analysis, the study intends to clarify how one experienced counsellor frames and navigates boundaries within everyday therapeutic work, and how relational, ethical, and contextual considerations shape that understanding.

Method

Participants

One anonymised participant (Chris, aged 46) took part in the interview. Chris is a White British humanistic integrative counsellor based in Wales, working in independent practice with occasional agency work. The interview provides insight into their professional view of counselling boundaries.

Procedures

Data Collection

The data consisted of a single semi-structured interview transcript provided by the module. The interview followed a structured schedule exploring boundary conceptualisation, contracting, timing, physical space, digital communication, self-disclosure, money, endings, dual relationships, supervision, and challenges.

Data Analysis

Reflexive thematic analysis followed Braun and Clarke's (2022) six-phase model:

- Familiarisation: Reading and re-reading the transcript to gain an overall sense of it and noting observations.

- Coding: Highlighting parts of the text such as words, phrases and sentences that are meaningful to put into themes later on.
Coding is inductive.
- Searching for themes: Looking for patterns or connections among the codes that relate to the same idea and are grouped together to form potential themes.
- Reviewing themes: Refining boundaries between themes, collapsing overlaps, and ensuring coherence for accuracy and coherence.
- Defining and naming themes: After refining and reviewing themes, provide a short meaningful name that captures the main idea.
- Producing the report: The final phase, where the analysis is turned into a written report, showing how the themes answer the research question.

A reflexive approach acknowledged the researcher's interpretive role in shaping meaning. No software was used; coding was completed manually.

Results / Findings

Three overarching themes were developed.

Theme 1: Boundaries as Relational Safety

Boundaries were repeatedly presented as essential interpersonal conditions that create psychological safety rather than restrictions

imposed on the client. Chris described boundaries as “the frame that lets trust and depth develop,” emphasising that “the paradox is that clear limits expand freedom.”

1.1 Predictability reduces anxiety

Chris highlighted how clear contracting reduces uncertainty:

“If clients know what to expect, it lowers anxiety.”

Predictability was linked to attachment safety, especially for clients with past traumas or a history of inconsistent caregiving.

1.2 Boundaries create a structured space for managing difficult feelings for therapeutic depth.

Clear structure enables clients to be more authentic and take risks:

“With a secure frame, clients take more risks to be authentic.”

Boundaries became part of the therapeutic conditions, reflecting humanistic principles.

1.3 Ending boundaries as opportunities for healing

Endings were understood as here and now relational dynamics, not just practical rules, schedules or organisational limits.

Chris described a client who brought important disclosures at the end of sessions:

“For them, endings had meant abandonment.”

By exploring the emotional meaning of endings, the boundary itself became therapeutic:

“The boundary stopped being a rejection and became part of the therapy.”

1.4 Warmth and clarity - relational holding

Chris emphasised that boundaries must be applied with care:

“Warmth plus clarity... Boundaries are love with edges.”

This highlights how boundaries protect the relationship rather than distance the counsellor from it.

Theme 2: Boundaries as Dynamic, Contextual Practice

Chris stressed that boundaries are not rigid; they are shaped by context, client need, culture, trauma history and modality.

2.1 Flexibility within consistency

Time boundaries illustrated this tension; Chris was consistent.

“If someone arrives late, we still end on time”.

but also allowed “a minute to settle” when appropriate.

2.2 Cultural and individual adaptation

Chris avoided applying “universal” norms, but instead asked:

“What helps you feel respected here?”

Boundary preferences were understood through a cultural lens; some clients valued interconnection, others formality.

2.3 Trauma-informed boundary work

Working with trauma survivors required a step-by-step approach with informed consent:

“With trauma, pacing and consent are everything.”

Boundaries became rules, limits and structures in a relationship that provided a sense of safety, predictability and reliability:

“Boundaries become a sanctuary rather than a rulebook.”

Chris emphasised moment-to-moment responses to non-verbal cues such as freeze responses at session endings.

2.4 Digital boundary challenges

Online therapy added complexity around contact, presence and privacy:

“I clarify response times... and that I don’t offer crisis cover.”

Chris also declined WhatsApp/social media contact, holding a clear professional standard.

2.5 Managing dual relationships in small communities

In Wales, accidental encounters were unavoidable:

“I’ve bumped into clients at the supermarket.”

Chris emphasised transparency, client choice, and ethical consultation when handling these situations.

Theme 3: Boundaries as Reflective Ethical Self-Management

The counsellor emphasised that effective boundary work depends on the practitioner’s self-awareness, supervision, and personal limits.

3.1 Self-disclosure as ethical decision-making

Chris used a three-part check, intention, proportionality, and timing:

“Humanistic congruence isn’t a floodlight; it’s a carefully aimed lamp.”

This highlights reflexivity over following rules.

3.2 Money and cancellations as relational material

Chris framed financial boundaries as part of the therapeutic relationship:

“Money is relational, too.”

An important example was addressing a pattern of late cancellations:

“When we reestablished the boundary, they became more engaged.”

3.3 Recognising and repairing boundary ruptures

Chris emphasised humility:

“Clients don’t need perfection; they need to know the relationship can hold mistakes.”

This approach interprets rupture as growth rather than failure.

3.4 Boundaries protecting practitioner wellbeing

Chris acknowledged a personal history of over-giving:

“Burnout taught me that I can’t offer deep presence if my boundaries leak.”

Personal well-being strategies such as breaks, limited availability, and supervision were described as non-negotiable.

3.5 Ethical judgement over rigid rules

Chris described boundary decisions as ongoing ethical reasoning:

“Supervision is where I reality-check my judgments and tend my own edges.”

This reinforces that boundary work is interpretive and relational, not procedural.

Discussion

This thematic analysis explored how one humanistic integrative counsellor understands and experiences professional boundaries in counselling practice. Across the interview, boundaries were not described as fixed rules but as relational, ethical, and responsive to the client's needs. This aligns with existing counselling literature which suggests that boundaries operate as part of the therapeutic relationship rather than just external procedures (Bond, 2015; Mearns & Cooper, 2018).

The first theme, Boundaries as Relational Safety, reflects the idea that boundaries provide the psychological structure that allows therapy to feel predictable, relaxed and safe. The participant repeatedly described boundaries as the “frame” of the work, emphasising that “clear limits expand freedom.” This fits well with attachment-informed perspectives, which argue that consistency and predictability encourage clients to take emotional risks because the therapist and the setting feel dependable (Wallin, 2007). The participant's focus on endings, time boundaries, and the emotional meaning of the therapeutic frame supports the idea that boundaries create a sense of structure. Mearns and Cooper (2005) In the same way, recognise that boundaries help clients feel safe enough to explore difficult feelings because they limit confusion, reduce anxiety, and hold the emotional intensity of the session. Overall, the findings suggest that boundaries can function as a relational resource rather than a barrier.

The second theme, Boundaries as Dynamic, Contextual Practice, highlights the shift described in contemporary counselling literature from rigid approaches to more flexible and client-sensitive approaches. Instead of applying one standard to all clients, the participant adapted boundaries according to cultural needs, trauma histories, and the client's pace. This reflects Zur's (2007) argument that boundary decisions must consider context, culture, and relational meaning rather than relying on fixed professional rules. The

participant also discussed online boundaries including response times and communication methods that mirror recent discussions about the complexities introduced by digital therapy. Research surrounding online work suggests that boundaries can become blurred without clear agreements on messaging, availability, and privacy (Simpson & Reid, 2014). The participant's attention to attachment cues, emotional pacing, and the potential impact of digital contact shows how contextual factors shape boundary decisions in real practice.

The third theme, Boundaries as Reflexive Ethical Self-Management, highlights the participant's ongoing reflection on their own wellbeing and ethical judgement. This aligns with the idea that boundary-keeping is not only about client safety but also about the counsellor's need to work sustainably (BACP, 2018). The participant's reflections on early-career, over-giving and eventual burnout are consistent with research showing that counsellor wellbeing and ethical boundaries are deeply connected (Skovholt & Trotter-Mathison, 2016). Supervision is important in their boundary decision-making, reflecting Lago's (2016) emphasis on supervision as a space to check assumptions, understand emotional reactions, and improve ethical awareness. The participant also described rupture-repair as an active part of boundary work. This reflects relational psychotherapy theorists such as Safran and Muran (2000), who argue that moments of tension or misunderstanding can strengthen the therapeutic relationship when handled openly.

Overall, the findings highlight that boundaries are not only rules to be followed but are intertwined with relational safety, cultural understanding, and practitioner reflexivity. The results support a more relational and flexible view of boundaries in counselling and suggest that future research could explore how counsellors that work from different therapeutic approaches, negotiate the balance between structure and responsiveness in their everyday practice.

Implications for Practice

Training programmes should focus more on relational ways of understanding boundaries rather than only following strict rules.

Supervision needs to explore how counsellors feel and react when boundary issues come up. Counsellors working in rural or online settings need specific support for managing dual roles and digital communication. Trauma-informed ideas about boundaries should be built into training, with attention to pacing, consent, and emotional regulation. Services also need to look after counsellor wellbeing, as boundary difficulties often come from personal pressure or organisational strain.

Future Research

Further studies could examine how counsellors in different methods understand boundaries, and research should also explore how culture shapes boundary expectations. More research is needed on digital boundary management in the post-pandemic landscape, and comparative studies across career stages could help show how counsellors' understanding of boundaries develops over time.

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Appendix A:

Participant's name (pseudonym): Chris

Age: 46

Ethnicity: White British

Practice base: Wales (independent practice; occasional agency work).

Client-centred approach. Counsellor. Relational safety Foundations	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Interviewer (I): Thanks for speaking with me, Chris. To start us off, could you share a little about your therapeutic philosophy? Counsellor (C): Thanks for having me. I'd describe myself as a humanistic integrative counsellor. The humanistic part means I hold a deep trust in the person's capacity for growth when the relationship offers psychological safety—empathy, unconditional positive regard, and congruence. The integrative part means I'll draw gently from other approaches where it supports the client's process—sometimes focusing, sometimes attachment informed reflections—but the compass is always the person-centred values. I try to meet the whole person, not a diagnosis, and to work relationally rather than technique first.	Values connection over technical procedures. Goal to aim towards growth. Focus is on the client. Less formal and more relaxed.
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Flexibility is within consistency. Dynamic, contextual practice time management	44 or “If the technology fails, I’ll call you.” I check for cultural or access needs 45 and explicitly invite questions. It’s collaborative and revisited as needed 46 47 contracts breathe. 48 49 I: Time boundaries come up a lot for students. How do you experience 50 them? 51 52 C: Time is a big teacher. I mark the beginning, perhaps a short grounding or a 53 simple, “How are you arriving?”—and I flag the ending with five minutes to 54 go. Those rituals help clients anticipate closure. If someone arrives late, we 55 still end on time; it’s not punitive, it’s consistent. If a disclosure lands at 59 56 minutes, I’ll attune to the feeling. “These matters; let’s name it and pick it up 57 next time”—rather than diving in and overrunning. Occasionally I might 58 allow a minute to settle if we’ve touched something raw, but I name it as a 59 one off. Consistency builds reliability; selective flexibility shows humanity. 60 61 I: Can you share a moment when time became a live boundary in the work? 62 63 64 65 66 C: I worked with a client who often tested endings, sharing something 67 significant right as I signalled time. Instead of shaming or rescuing, we 68	Shows balance between structure and flexibility. Consistency allows trust whilst building adapting
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Financial boundaries. Reflective ethical self-management Financial boundaries Gifts as relational material. Reflective self-management Financial and relational	119 isn't a floodlight; it's a carefully aimed lamp. And if I do disclose, we explore 120 its impact—was it helpful, distracting, too much? The feedback loop is part 121 of boundary practice. 122 123 124 I: Money and cancellations can feel awkward. How do you hold those? 125 126 C: Money is relational, too. I state my fee and give the rationale—training, 127 supervision, room hire, the value of consistent care. My cancellation policy is 128 48 hours; outside that window the fee is usually due, with discretion for 129 emergencies. If someone faces hardship, we talk; I hold a few reduced fee 130 slots and review periodically to keep it sustainable. I invoice on the same day 131 each month so it's predictable. When a payment is missed, I raise it plainly 132 and kindly. Clarity prevents shame and resentment from silently eroding the 133 alliance. 134 135 136 137 138 I: Gifts? 139 140 C: I don't encourage gifts, but it happens—especially around endings. I tend 141 to decline anything of monetary value and talk about what the gift 142 symbolises. If it's something modest—a card they've made, a small plant— 143	Boundaries surrounding financial management are handled relationally to prevent shame or resentment. Looks at boundaries in relationships and focuses on what they mean rather than following rules.
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boundaries Dual relationships in small communities. Dynamic, Contextual Practice Dual Relationships	144 I'll consider accepting and we'll reflect on the meaning. The boundary is less 145 about a rule and more about what serves the relationship and avoids 146 unintended obligations. 147 148 149 I: Dual relationships are hard to avoid in smaller communities. How do you 150 navigate that in Wales? 151 152 C: It's real. I've bumped into clients at the supermarket, or we've had mutual 153 acquaintances. I anticipate it in contracting: "If we see each other out, I'll 154 take your lead—you can choose whether to acknowledge me." If a dual 155 relationship risk emerges, say, a potential referral from a colleague's 156 partner—we think through the power dynamics and confidentiality. 157 158 Sometimes it's manageable with transparency; sometimes it's not and I'll 159 signpost to another counsellor. The humanistic piece is honesty and client 160 choice, anchored by ethics. 161 162 163 164 I: How do you approach cultural and relational styles around boundaries? 165 166 C: I try not to universalise my own norms. Some clients come from 167 collectivist backgrounds where care looks more interwoven; others prefer 168	Highlights contextual challenges; ethical decision-making and client choice guides boundary management.
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Boundary repair. Reflective Ethical Self-Management Rupture Repair	194 reschedule but not for ongoing therapeutic dialogue. The boundary 195 becomes a live curriculum in self-trust. Her growth shows up when she says 196 “no” to extra shifts and when she can feel the urge to text me and choose to 197 journal instead. It’s slow, tender work. 198 199 200 I: How do you repair when you get a boundary wrong? 201 202 C: With humility and speed. If I’ve been too flexible or too firm, I name it: “I 203 realise I extended last week’s session and that may have muddled the 204 waters. I’m sorry—that’s on me. Can we talk about how it landed?” 205 Humanistic counselling values congruence; repair depends on it. Clients 206 don’t need perfection; they need to know the relationship can hold 207 mistakes. Repair often deepens trust more than perfect adherence would 208 have. 209 210 211 212 213 I: Endings, planned and unplanned, are another hot topic. How do you work 214 with them? 215 216 C: I introduce endings early as part of safety: therapy has a beginning, a 217 middle, and an end; we’ll plan endings where possible. As we approach 218	Awareness that a mistake has been made and tries to repair it. Repair enhances trust.
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Reflective Ethical Self- Management Supervision Remote therapy boundary management. Dynamic, Contextual Practice Digital Boundaries	244 tired? Is there an echo of my personal history? Humanistic practice asks for 245 self-awareness; supervision protects the client and me. It's also a place to 246 247 celebrate holding a tricky boundary with warmth. 248 249 I: Has remote work changed your boundary landscape? 250 251 C: Definitely. We lose some of the natural cues of the therapy room. So we 252 cocreate a virtual frame: privacy at their end, headphones, notifications off, 253 254 camera placement, a backup plan if the internet fails. I'm intentional about 255 onscreen presence—no multitasking, steady gaze—but I also check 256 preferences: some clients regulate better with the camera slightly off to the 257 258 side. I end on time even if the platform drops and we reconnect; otherwise, 259 online work can drift. After sessions I take a screen break; that's a self- 260 261 boundary. 262 263 I: You mentioned safeguarding and confidentiality earlier. How do you talk 264 about limits without scaring people off? 265 266 C: Plain language and care. I might say, "What you share is confidential. The 267 268 main exceptions are if there's a risk of serious harm to you or someone else,	Self-reflection. Adapting boundaries for online therapy, maintains safety, structure and wellbeing. Taking a break from the screen, is this for his own well-being?
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Negotiation, flexibility and firmness. Dynamic, Contextual Practice Time and Professional Boundaries	294 295 296 297 298 299 300 301 302 303 304 305 306 307	talk it through; occasional short extensions named as exceptions; session frequency; language and metaphors; integrating creative methods if it suits them. Non-negotiable: confidentiality limits; physical and psychological safety; not meeting socially or connecting on social media; not offering therapy via text; charging agreed fees and holding cancellation boundaries (with humane exceptions); ending on time as the norm; my availability outside hours; my need for supervision and breaks. The container protects the contents. I: How do you support clients with trauma histories around boundaries?	Maintains a mix of flexibility and firm boundaries, making choices that respect both client and ethical standards.
Trauma informed boundaries. Dynamic, Contextual Practice Trauma-Informed Practice	308 309 310 311 312 313 314 315 316 317 318	C: With trauma, pacing and consent are everything. We start with building present moment resources—breath, orienting, choice—so they can stay within a window of tolerance. I seek permission for any shift: “Would it be okay if we slowed down here?” I track micro cues—foot tapping at the door, a freeze when I mention endings. We approach touch via language, not contact. And I’m transparent about my own regulation: “I’m here; we can pause.” Boundaries become a sanctuary rather than a rulebook.	Trauma sensitive approach, boundaries provide safety and predictability. Searching for anxiety related cues. Boundaries are not rigid.

	379	more than from an always available one.	
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	381	I: How do you decide when to refer or signpost because of boundary	
	382	considerations?	
	383		
	384	C: If the client's needs exceed my competence or the frame—acute risk	
Referral decisions and ethical judgment	385		
	386	requiring crisis response, complex specialist needs—I'll discuss options and,	Boundaries protect client and counsellor's safety.
Reflective Ethical Self-Management	387	with consent, liaise with GP or relevant services. Sometimes it's about the	
	388	fit: if a client needs a highly structured approach and my way isn't meeting	Protects counsellor ethical responsibility.
Ethical Decision-Making	389	them, we talk honestly. Referral isn't rejection; it's care for the person's	
	390	goals and safety.	
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	392		
	393	I: Could you speak to record-keeping as a boundary practice?	
	394		
	395	C: Minimal, respectful, and secure. I write brief process notes, not	
	396	narratives, and I store them encrypted. I let clients know what I keep and for	
Record keeping as boundary practice	397	how long. The boundary is about dignity—writing only what's necessary and	Policies and boundaries maintain ethics and strengthen professional relationships.
Dynamic, Contextual Practice	398	remembering the person may one day see what I wrote. That thought alone	
	399	is a good ethical guide.	Consideration for how the client may feel if they ever needed to read counsellor notes.
Ethical Boundaries	400		
	401		
	402	I: Let's touch on rupture—when a client feels a boundary as a slight or a	
	403		

Boundary rupture management. Reflective Ethical Self- Management Rupture Repair Adjusting boundaries based off feedback. Dynamic, Contextual Practice Time and Professional Boundaries	404 rejection. What then? 405 406 C: I invite it in: “Can we talk about what happened when I ended the 407 session?” and I thank them for the courage to tell me. I listen for the 408 history—often the hurt is older than the room. I don’t defend; I stay curious. 409 Sometimes I’ll validate the wish: “I get why you wanted more time; what you 410 shared matters,” and then restate the boundary and our commitment to 411 keep working with the feelings it evokes. Rupture held well becomes 412 material for growth rather than a reason to leave. 413 414 I: Is there a time you adjusted a boundary after client feedback? 415 416 C: Yes. One client found the five minute time warning jolting. We 417 experimented: I shifted to a gentler cue—naming we were “beginning to 418 land”—and watched how it affected their regulation. They reported it felt 419 kinder and less abrupt. The structure remained; the delivery changed. 420 421 I: How do you integrate creative elements—writing, drawing—within 422 boundaries? 423 424 C: We agree the purpose and the frame. If we use art materials, we set up	Showing how boundary ruptures can be used to encourage growth and strengthen the therapeutic relationship. Shows flexibility and client-centered adaptation within a consistent framework.
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Summary of humanistic approach to boundaries. Relational Safety Philosophy		people meet with depth and honesty. Held with warmth and transparency, they don't limit the relationship—they allow it. I: Beautiful. Thank you, Chris. C: Thank you.	Highlights the humanistic, relationship-focused principles behind all boundary work.
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Appendix B:

Theme map

Theme	Initial codes	Interpretation
1. Boundaries as relational safety	"clear limits expand freedom" "reliable structure builds trust" "clients relax when they know what is happening" "boundaries allow clients to take emotional risks" Attention to safety and containment	Boundaries create psychological safety and help clients feel relaxed Being consistent shows reliability and strengthens the relationship. Predictability reduces anxiety and supports emotional openness. Matches humanistic and attachment-based views that boundaries form a secure base. The participant links boundaries to emotional holding and protection
2. Boundaries as dynamic contextual practice	not one-size-fits-all" "adapt depending on the client" "consider the client's background"	Boundaries are adjusted depending on clients' needs and situations. Flexibility is part of ethical practice.

	“watching trauma cues” “being careful with endings” “digital boundaries feel different”	Boundaries are adapted to personal and cultural needs Trauma awareness shapes boundary decisions. Shows sensitivity to attachment and the emotional impact of endings. Online therapy introduces unique boundary challenges.
3. Boundaries as reflective ethical self-management	“I can over-give sometimes” “need to notice when I’m tired” “take it to supervision” “important not to take on too much” “reflecting on my reactions helps me adjust”	Recognising personal patterns that may affect boundaries. Awareness of emotional and physical limits is key to ethical practice. Supervision used as containment, reflection, and ethical monitoring. Boundary setting protects practitioner wellbeing and prevents burnout.

AI acknowledgment:

I confirm that I have not presented any AI generated text as my own work. I can confirm that I have copies of my drafts, notes, and resources that I have used for this essay.