

2026 *Boundless vs Boundaries*

As 2025 drew to a close and 2026 entered its second month, we pause to examine professional boundaries from varying perspectives.

Whether you are a young graduate or a seasoned employee, boundaries can be a slippery concept to implement in our lives.



A Fresh New World

As a fresh graduate, with all the excitement, eagerness, and anticipation, I was all too ready to plunge into the world that is *life*. From saying “yes” to every *potential* that opportunity that would propel my career to being the designated “therapist” for my friends who are going through the same life hurdles, I realized the lines I had drawn for myself were quickly becoming blurred. There was very little that was protecting my internal wellbeing. Coming to you as a fresh graduate, I can tell you that the longer you fail to protect your own boundaries, the harder it is going to be to do so in the future. Sometimes I do need to let my “counselor” hair down and just be present with by friends. Sometimes I do need to say “no” to a potential work opportunity because I do not possess the mental energy to deal with it. Protecting your boundaries does not make you a failure. It gives you the space to be your best self as you move into the future.

*With love,
Ally*

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The Seasoned Life

Initially, in my career, professional boundaries seemed straightforward, purely academic, abstract, and uncomplicated. Discussions were theoretical.

However, joining the military introduced complexities I never encountered in graduate school, dominating nearly every interaction. Ethical quandaries arose over whether the client was the individual in my office, or if my loyalty lay with the military, national security, or the Uniform Code of Military Justice. This made even seemingly simple cases incredibly complex.

We had to thoroughly consider the primary, secondary, and third-order impacts of basic clinical care, relying on peer and supervisor support—and still, doubt often remained. I found myself navigating vague, "squishy" guidance open to interpretation, alongside rigid rules that appeared to contradict the clear roles presented in academia. As I matured professionally, I identified my personal "red lines" and learned how to strategically navigate complex systems and advocate more effectively for the people in the room, rather than solely the systems we all belonged to.

The military community also normalized overlapping dual roles within its unique ecosystems. While seeing clients at the gym or grocery store was easily managed, the real challenge emerged when clinical relationships had to be paused to prioritize a mission. This context fostered the concept of "embedded providers," who worked alongside unit members, serving as trusted confidantes.

The clinical questions then shifted to matters of continued fitness for duty, competency, suitability, and career impact. Theoretically, only the most senior and experienced clinicians were assigned to these situations. Yet, reconciling theory with the practical realities of manpower shortages, budget deficits, service needs, and geopolitical demands often meant that new providers were assigned roles far exceeding their experience. For instance, before I was even licensed, I was placed as a Division Chief overseeing 22 providers, including psychiatrists, social workers, and addiction counselors, at the age of 24. All senior providers had deployed for Operation Iraqi Freedom and Operation Enduring Freedom, forcing me to rely on a non-military provider for clinical supervision to navigate this professional minefield.

Fortunately, after 20 years as a veteran providing psychological support in both conventional and unconventional settings, the professional boundary challenges I encounter today are significantly less complicated in many respects. My main focus now is maintaining a healthy work-life balance and resisting my old habit of overcommitting and taking on too much.

*With love,
Abbey*