

# Boundary Self-Assessment Worksheet

Professional Ethics & Boundaries • Theme 1B • THW Continuing Education

## SUPPLEMENTAL HANDOUT

# Boundary Self-Assessment

*Reflecting on Your Boundary Practices*

Rate yourself honestly on each statement. This is for personal reflection, not evaluation. There are no “right” answers — the goal is to increase your awareness of your own boundary practices.

### RATING SCALE

1 Never · 2 Rarely · 3 Sometimes · 4 Usually · 5 Always

## Section 1: Professional Boundaries

Statement	1	2	3	4	5
1. I maintain consistent boundaries across all the people I support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I discuss boundary expectations at the start of peer relationships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel comfortable saying “no” when asked for something outside my role.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I consult with my supervisor before making boundary decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 2: Self-Disclosure

Statement	1	2	3	4	5
5. I share my experiences with a clear purpose in mind.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I keep my self-disclosure brief and focused on the other person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I only share experiences I have processed and healed from.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I consider if sharing is serving the other person or meeting my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 3: Dual Relationships & Digital Boundaries

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Statement	1	2	3	4	5
9. I acknowledge dual relationships openly when they exist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I have clear social media boundaries with people I support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I plan for encountering people I support in public settings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I consider transferring to another peer when conflicts arise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Reflection

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**1. Which area do you feel strongest in? What practices support this strength?**

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**2. Which area presents the most challenge for you? What makes it difficult?**

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**3. What is ONE specific action you can take to strengthen your boundary practices?**

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**4. What support do you need (supervision, training, resources) to grow in this area?**

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