

## Ep #93: The First Step to Holding a Boundary at Work



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**Heather Branscombe**

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Episode 93, The First Step to Holding a Boundary at Work.

Welcome to *Clinicians Creating Impact*, a show for physical therapists, occupational therapists, and speech-language pathologists looking to take the next step in their careers and make a real difference in the lives of their clients. If you're looking to improve the lives of neurodiverse children and families with neurological-based challenges, grow your own business, or simply show up to help clients, this is the show for you.

I'm Heather Branscombe, Therapist, Certified Coach, Clinical Director, and Owner of Abilities Neurological Rehabilitation. I have over 25 years of experience in both the public and private sectors, and I'm here to help you become the therapist you want to be, supporting people to work towards their dreams and live their best lives. You ready to dive in? Let's go.

Hi there, friend. How are you doing today? I'm recording this today deep into fall. Fall is definitely in full swing. I see it in the weather, the pace of work, the projects that I'm doing, the people that we're onboarding. And I have to tell you, it's so much fun. I just love my job, especially right now. It's fun to be in this routine.

Have you ever gone to an in-service or some other kind of meeting for professional development or education and then just wanted to share what you've learned with your colleagues? Well today, as you are one of my colleagues, I consider you one of my colleagues, and I love connecting with you, yeah you, I wanted to talk to you about an in-service that we actually just had this week here at Abilities.

So at Abilities, we have in-services on an almost monthly basis and this month was no different. What was different though, however, was because we got to hear from a very respected and seasoned veteran in the helping people space and we talked about boundaries.

So this isn't really about her per se, but just to give you a bit of a background, her name was Carrie Nielsen and she happens to be Australian and she lives in the rainforest of the Hinterlands of the Gold Coast in Queensland, Australia. I say that because that's how she wanted me to introduce her in her in-service

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this week. She also happens to be a classmate of mine in a coaching certification course that we're both engaged with this year.

So in March of this year, she retired from 46 years of working in private and public sectors of education. And the last 22 years of that, she spent as a high school counselor. So what I loved about Carrie, who I actually know as Kesa, is that she was able to come to speak to us from a position of lived experience, talking about holding and keeping boundaries as a helping professional.

So today, if you were not lucky enough to hear Kesa, like I am or was, I want you to benefit from her in-service and from some of my own insights in our conversation together. More importantly, I want to give you the first actionable step that you can take today to actually learn to integrate that skill of holding professional boundaries at work.

Now, before I do that, before I share these tools, I know you may already know this, but this podcast is a passion project of mine because I really do want all clinicians to have the opportunity and ability to use this kind of mindset and tool set as a way to magnify their impact, even if they never work with us or alongside us here at Abilities. I just love sharing tools and information like this to make your job easier because I know that that will help you to create an impact, not only for yourself, but also for your clients.

So you can help me make this more meaningful by helping to spread the message of this podcast. You can do that in a couple of ways. One, if you follow, rate, and review this podcast, wherever you're listening to it, that helps feed the algorithm so that when there's a clinician just like you searching for something just like this, this kind of podcast is going to come up for them. And second, if you can specifically share this podcast, or even better yet, a favorite episode with a colleague that you know, like, and trust.

If you've heard this before and you've meant to do so, but maybe you haven't done it yet, totally okay. I say that before and I'll say it again, let this be the sign. Today is the day that you can help your clinician friends just like you.

I do want to say if this is your first episode, first, welcome. Thank you so much for listening. And hopefully as you listen, you can decide who of your clinical

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friends would love to hear more of this kind of information to help them at work as well. So with that, thank you so much in advance for your action here and let's get back to the episode.

So one of the first things we talked about in this in-service this week, and really what hit home for me personally, is just the understanding that we all kind of intellectually get the notion that we should, first, have and secondly hold professional boundaries at work, both for the protection of our clients or patients as well as for ourselves.

And secondly, it can be a lot harder to do that in practice than it sounds like, especially when we're hearing about that in part of our education of things that we should do. Yeah, we can do that. We can write that down in a test, but what that actually looks like in a day-to-day basis, that's where the rubber meets the road.

One of the things that really struck me is that it's often most hard to hold these kinds of boundaries when we ourselves are taxed or at our limit because of things that are happening maybe in our personal lives, in our family lives, or maybe with our friends. And also it can be hard when things are happening in our professional work environment as well.

And if you think about it, it kind of makes sense. If you are feeling overall more stressed, it makes sense that your brain would find it harder to make decisions from that higher part of the brain that knows that it wants to have and hold professional boundaries, and not from that fight, flight, lizard part of our brain that just wants to make things easier, faster, and better for you.

I mentioned that lizard part of the brain because I don't think we always acknowledge that many of us who come into these helping kinds of professions, that we have a default in our mechanism, in that default lizard part of our brain, that the default mode is to help other people or even to people please. So we know that we like helping other people. We know that we even like people pleasing, and that's not necessarily wrong. But when our lizard brain is fired up and maybe running the show, that's the place that we go, maybe to our own detriment.

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So it makes sense that if it's the default part of our brain, when we feel more stressed, it's going to feel easy to choose other people's needs over our own needs to satisfy that instant response to move from the negative kind of feelings that come from feeling stress and that extra cognitive load we might be feeling when we need to hold some kind of professional boundary or any kind of boundary at work.

Ultimately it's really important for us to understand that our default part or that lizard part of the brain is hardwired to put other people's needs and feelings above our own. We are social beings and so having people like us, that is ingrained with us, that is part of our natural place to keep us healthy and happy.

I know that's really true for myself. When I am feeling more stressed, when my lizard brain is on fire, it is so easy for me to just put people's needs and wants over my own wants and needs. So again, it's not wrong to be kind and to think about other people's wants and needs, but if we're not accessing that higher part of our brain that includes not only the wants and needs of others, but also the wants and needs of ourselves and how we want to work, that's where we can get into trouble.

So the key question then becomes, how do you know when you are working in that default lower part of your brain? When do we know that that lizard part of our brain is large and in charge? And how do you know when you're using the higher part or all of the parts of your brain?

So the trick is, and therefore the first step is to be able to successfully check in with the body, hold the mind that's telling you what you need to do to solve things quickly and to check into your body to see how it feels. Now as clinicians, we often have cool and fancy words for this. Some will call that interoception, some will call that checking into our body sensations, and others of us will just call it something like a body compass, seeing how the body is reacting to a given situation.

We are set up in a world culturally that really values our minds and our thoughts. And I want to say, I love that. And you probably value your mind and your thoughts, that's what's helped you to be a great clinician. There is so much

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information, though, that can help us understand where we are personally and actually help us to make better decisions if we also consider the sensations or the feelings and the information that our body is giving us as well as our mind.

One of the quotes that I really loved from the in-service came as something like this. It said, work on your boundaries, darling, you can't be everything to everyone and nothing to yourself. So the first thing to being someone to yourself is to gather all the information that yourself actually has to offer, which not only includes the thoughts and the feelings from the mind, but also the sensations that you're concurrently feeling in your body.

So think about it. Think about it now just as an experiment. How does it feel to hold a boundary at work for you? What does that uniquely feel like in your body? Where in your body do you feel that? What does it actually feel like? Is it big or is it little? Does a sensation feel huge or does it feel little?

Given that you're listening to this episode, I'm going to make a big guess here that it's some kind of flavor of uncomfortable or negative. And if you haven't even considered this, think about the last time that you were specifically in a position to hold a boundary at work and what that felt like in your body.

Now, if you either don't know it or you can't remember what that looks like, that's totally fine. But notice that can be some super interesting homework for you to notice in the future.

We know as clinicians that the body holds a lot of amazing information. We ask our clients about their body and what they're feeling from a sensory point of view all the time, no matter what clinical position that we hold. But we often don't use that same level of curiosity for ourselves. So noticing and naming those sensations when they're happening can be so helpful to know if you might be in a more fight, flight, or that lizard brain mode, or more of a grounded, peaceful, whole brain mode.

Now, none of these modes or any variation between that, because it's often a continuum, isn't it, is right or wrong. It just is what is. It's really the validation of those sensations and the subsequent feelings that are coming from it or you just

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noticing it can help you to make a better decision of what you want to do next moving forward.

So my next suggestion is if you do find yourself in more of that fight, flight, lizard mode when you are making, keeping, or holding a boundary, that's the time to get support to help you to hold your boundary. Just like we wouldn't shame someone for needing a gait aid if they needed to use something to walk, there is no shame in needing support to help to hold a boundary as well.

In fact, I would say it's actually in getting that support and then seeing how the world doesn't actually end when you make a boundary, keep a boundary, hold a boundary, helps your brain to collect the evidence that it's actually safe to hold a boundary, and then therefore safe to build that skill on your own.

So when you're losing your mind holding a boundary, find your body. Or in this case, when you're losing your mind in holding a boundary, find your body as a first step. Notice the sensations that are coming up in your body, name them, and validate them as being completely fine in what they are because that is what your lizard brain is offering you.

Finally be ready to ask and accept support for holding that boundary as a way to scaffold yourself into building your own resilience. This can be from a trusted friend, be it a work friend or an outside friend, a supervisor or an outside mental health professional. Give it a try and let me know how it goes. Yes, I'm busy. You're busy. We're all busy, but I'm here to tell you I am never too busy to connect with you. Feel free to email me, [heather@abilitiesrehabilitation.com](mailto:heather@abilitiesrehabilitation.com). And with that, I hope you have an amazing rest of your week.

If you enjoyed today's show and don't want to worry about missing an episode, you can follow the show wherever you listen to your podcasts. And if you haven't already, I would really appreciate it if you could leave a rating and review to let me know what you think and to help others find *Clinicians Creating Impact*.

It doesn't have to be a five-star rating, although I sure hope you love the show. I'd really want your honest feedback so I can create an awesome podcast that provides tons of value. To learn more about me and the work that I do, visit my

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website at [www.abilitiesrehabilitation.com/clinicianscorner](http://www.abilitiesrehabilitation.com/clinicianscorner) to download your free getting it all done at work process and to see what I'm up to. Thanks so much.

Thanks for joining me this week on the *Clinicians Creating Impact* podcast. Want to learn more about the work I'm doing with Abilities Rehabilitation? Head on over to [abilitiesrehabilitation.com](http://abilitiesrehabilitation.com). See you next week.