FROM SELF-AWARENESS TO PRACTICE: THE ROLE OF THERAPEUTIC BOUNDARIES AND BURNOUT PREVENTION IN THE INITIAL TRAINING OF PSYCHOTHERAPISTS

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Abstract

This article examines the relationship between professional boundary competencies and burnout prevention among psychotherapists in initial training, proposing a unified applied framework for two topics usually treated separately in master's curricula. Building on a four-dimensional systematization of boundaries proposed here on the basis of the existing literature, temporal, emotional, digital/spatial, and ethical, and on the classical three-dimensional burnout model (emotional exhaustion, depersonalization, and reduced personal accomplishment), complemented by the Job Demands–Resources model, the article argues, from the existing literature, that the gradual erosion of professional boundaries may function as an early, and potentially modifiable pathway toward burnout, and that explicitly training these competencies during graduate studies may contribute to primary prevention. The article proposes a conceptual map linking each boundary type to the burnout dimensions, together with applied recommendations, role-play and case studies, for integrating this theme into initial training. The paper is theoretical-applied in nature; its contribution lies in systematizing and arguing for the proposed explanatory mechanism rather than in reporting empirical data.

Keywords: therapeutic boundaries; burnout syndrome; professional prevention; initial training; emotional self-regulation.

1. INTRODUCTION

Burnout syndrome is one of the most consistently documented occupational risks among mental health practitioners, with consequences for both the therapist's well-being and the quality of the services provided to clients (Maslach, Schaufeli, & Leiter, 2001). Although the specialized literature has extensively investigated the risk factors and interventions applicable to therapists already engaged in independent practice, a considerably smaller portion of this literature focuses on the initial training stage and on the transition to independent practice, a body of research that has begun to consolidate only recently (*e.g.*, Davies *et al*., 2022; Glebova, Lal, Girard, & Van Ligten, 2022; Um & Bardhoshi, 2022), the period

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during which the relational and professional patterns that will later influence the therapist's vulnerability or resilience to exhaustion are built, often implicitly and without a systematic didactic approach.

Among the variables associated with burnout risk, professional boundaries occupy a particular place: on the one hand, they are concrete enough to be taught and practiced didactically (unlike, for instance, more stable personality traits); on the other hand, they function as a mechanism regulating the therapist's emotional exposure, with a potentially direct impact on their long-term professional trajectory (Barnett, Baker, Elman, & Schoener, 2007). Nevertheless, in many training programs, professional boundaries and burnout prevention are treated as adjacent themes, taught separately and without an explicit argument for the connection between them.

The present article aims to address this gap through a twofold contribution. First, drawing on a synthesis of the existing literature, it argues for an explanatory mechanism through which the gradual erosion of professional boundaries contributes to the onset of burnout syndrome, offering a conceptual map of the relevance of each boundary type to the three classic dimensions of professional exhaustion. Second, it proposes a set of applied recommendations for the initial training of psychotherapists, structured so that boundary competencies are explicitly taught as a measure of primary burnout prevention, rather than merely as a matter of professional etiquette.

1.1 APPROACH TO THE LITERATURE SYNTHESIS

As with other conceptual-applied papers, the methodological nature of the article should be made explicit: it does not report data collected empirically from a sample of participants, but rather constitutes an argumentative synthesis and an applied proposal grounded in the existing specialized literature.

Regarding the strategy for identifying and selecting the literature underlying this theoretical synthesis, the databases consulted included PsycINFO, PubMed/MEDLINE, ScienceDirect, and Google Scholar, using combinations of the terms "therapeutic boundaries", "professional boundaries", "burnout", "psychotherapist burnout", "clinical supervision", and "digital boundaries". This initial search was supplemented by targeted searches and backward citation tracking in three areas identified as underrepresented during the review process: burnout among therapists in training and in the early career stage, boundaries in technology-mediated practice, and the Job Demands–Resources model. Priority was given, on the one hand, to foundational works that established the model's core constructs (therapeutic boundaries, professional exhaustion, emotional intelligence) and, on the other hand, to recent peer-reviewed articles (from the last 5–10 years) documenting burnout among psychotherapists and trainees, boundaries in technology-mediated practice, and the protective role of -supervision. The selection criterion was direct thematic relevance to each boundary type discussed and to the proposed explanatory mechanism, rather than the exhaustiveness of a systematic

review, which is not required by the conceptual-applied aim of this paper. No lower date limit was imposed for foundational and conceptual works; empirical evidence was drawn predominantly from studies published within the last ten years, the most recent dating from 2025.

Inclusion criteria were: (a) peer-reviewed articles, scholarly books, or handbook chapters; (b) publication in English; and (c) direct relevance to at least one boundary type, to at least one burnout dimension, or to the training and early-career stage. Studies on helping professions other than psychotherapy and counseling were excluded unless they introduced constructs central to the model, such as the Job Demands-Resources framework.

The synthesis followed a structured narrative approach: each retained source was coded according to the boundary type(s) and burnout dimension(s) it addressed and to the type of evidence it provided (theoretical, qualitative, cross-sectional, or review).

The convergence of sources on each boundary–dimension pair served as the basis for the relevance levels in Figure 2: high relevance indicates convergent support from several sources; moderate relevance, support from a single source or indirect evidence; and low relevance, the absence of direct support in the reviewed literature. The resulting conceptual map therefore reflects a structured theoretical assessment, not measured statistical relationships.

2. THEORETICAL FRAMEWORK

2.1 THERAPEUTIC BOUNDARIES: DEFINITION AND TYPOLOGY

Therapeutic boundaries can be defined as the limits that delineate the professional framework of the relationship between therapist and client, simultaneously protecting the functionality of the therapeutic relationship and the well-being of both participants. Building on the specialized literature on professional boundaries in psychotherapy (Zur, 2007; Gutheil & Gabbard, 1993), the present article proposes a four-dimensional systematization, useful for both theoretical analysis and applied training: temporal boundaries, concerning the duration and frequency of sessions as well as the therapist’s availability outside the established framework; emotional boundaries, concerning the degree of affective involvement and the line between empathy and emotional fusion with the client’s experiences; digital/spatial boundaries, concerning communication outside the formal framework (messages, social media; Drum & Littleton, 2014; Manalili, 2024) and the physical/spatial distance of the interaction; and ethical boundaries, concerning adherence to the profession's deontological principles, including the avoidance of dual relationships or conflicts of interest.

The degree of originality of this systematization should be stated explicitly. The temporal and spatial components correspond to the boundary dimensions of time and of place and space described by Gutheil and Gabbard (1993), who also introduced the widely used distinction between boundary crossings, which may be

benign or even helpful, and boundary violations, which harm the client; the ethical component draws on the analysis of dual and multiple relationships developed by Zur (2007).

The grouping of these elements into four dimensions, the separation of an emotional dimension centered on the therapist's affective involvement, and the inclusion of a distinct digital/spatial dimension constitute the author's own conceptual organization, proposed for didactic purposes rather than as an empirically derived classification.

The digital/spatial dimension requires particular attention, since it is the area in which the boundary framework has changed most rapidly. Drum and Littleton (2014) argued that clients and clinicians may lack a clear schema of what boundaries look like in technology-mediated settings, which makes boundary challenges more likely.

The large-scale transition to online therapy after 2020 made this concern concrete: therapists' concerns about connectedness in online sessions predicted a more negative view of online therapy and of its perceived efficacy (Békés *et al*., 2021). A scoping review of telepsychology identified boundary-related concerns and insufficient training among the main ethical issues, and clinician exhaustion among the main clinical concerns (Manalili, 2024).

Among professional psychotherapists, telepressure, the urge to respond quickly to work-related messages, was positively associated with both emotional exhaustion and depersonalization (Kotera *et al*., 2021). Taken together, these findings support treating digital availability as a distinct boundary domain in initial training, rather than as a peripheral technical issue.

This typology has significant didactic value, as it allows the specific type of boundary under pressure to be identified in concrete situations, thereby facilitating targeted formative intervention rather than a generic approach to the topic of "professional limits".

2.2. THE PROTECTIVE FUNCTIONS OF BOUNDARIES AND THE ROLE OF EMOTIONAL SELF-REGULATION

From a functional perspective, therapeutic boundaries act as a mechanism regulating the therapist's emotional exposure, keeping the volume of affective demand at a manageable level over the long term. This function is closely linked to the concept of emotional self-regulation, discussed in the literature on emotional intelligence through the ability model (Mayer & Salovey, 1997), mixed models (Goleman, 1995, 1998, 2006; Bar-On, 1997, 2000, 2006), and the trait model (Petrides *et al*., 2016).

A therapist with a limited capacity for emotional self-regulation is, theoretically, more vulnerable to the erosion of their own boundaries, for example, through the repeated extension of session time or the acceptance of a disproportionate emotional involvement, since boundaries function, in part, as a behavioral extension of internal regulatory capacity.

The absence of clear boundaries is therefore not merely a matter of professional discipline, but also a possible indicator of an underlying difficulty in emotional self-regulation, which suggests the need to address the two topics together, rather than separately, in initial training.

2.3 BURNOUT SYNDROME: DIMENSIONS AND RISK FACTORS IN PSYCHOTHERAPEUTIC PRACTICE

The classic three-dimensional model of professional exhaustion, initially developed by Maslach and Jackson (1981) and later consolidated in the review literature (Maslach, Schaufeli, & Leiter, 2001), describes burnout syndrome through three components: emotional exhaustion (experiencing a chronic state of depletion of affective resources), depersonalization or cynical detachment (a detached, sometimes even negative, attitude toward the recipients of the service provided), and reduced sense of personal accomplishment (a diminished perception of one's own professional efficacy and worth). As a complementary model, the Job Demands-Resources (JD-R) framework offers an additional perspective on this phenomenon, proposing that burnout results from a high job demands combined with insufficient job resources (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001); applied specifically to psychotherapists in training, the population targeted by the present article, the model has received empirical support in this population: among marriage and family therapy trainees, supervision satisfaction, clinical caseload hours, and caseload dissatisfaction significantly predicted burnout (Glebova, Lal, Girard, & Van Ligten, 2022), and among counselors-in-training, demands and resources significantly predicted burnout (Um & Bardhoshi, 2022).

In the specific case of psychotherapists, the documented risk factors include intense and repeated emotional involvement, difficulty managing countertransference, professional isolation, exposure to indirect traumatic content, and, not least, the difficulty of maintaining clear professional boundaries in a profession structurally defined by a high degree of relational intimacy (Simionato & Simpson, 2018; Van Hoy & Rzeszutek, 2022; Zarzycka, Jankowski, & Krasiczyńska, 2022).

The JD-R perspective is particularly useful for the argument of the present article, because it allows boundary-related processes to be described in terms of demands and resources. In its original formulation, high job demands were linked primarily to exhaustion, whereas the lack of job resources was linked primarily to disengagement (Demerouti *et al*., 2001).

Requests to extend sessions, expectations of availability outside working hours, and unregulated emotional involvement can be understood as job demands, whereas boundary competencies, together with supervision, can be understood as resources that limit the impact of these demands.

From this perspective, boundary erosion is not a separate cause of burnout, but a process through which demands increase while the resources that would buffer them are progressively weakened. Accordingly, the Maslach model

is retained in this article to describe the outcome, the three dimensions of burnout, while the JD-R model is used to describe the process leading to it.

2.4 THE EXPLANATORY MECHANISM: FROM BOUNDARY EROSION TO PROFESSIONAL EXHAUSTION

Based on the literature synthesized in Sections 2.1–2.3, the article proposes an explanatory mechanism according to which the gradual erosion of professional boundaries may represent an early, observable, and potentially modifiable pathway toward the onset of burnout syndrome (Figure 1). The mechanism can be described as a sequence of hypothesized links: the absence of explicit training regarding professional boundaries is expected to increase vulnerability to demands that exceed the optimal framework (extended sessions, excessive availability outside working hours, unregulated emotional involvement); in JD-R terms, these are accumulating demands which, in the absence of compensatory resources and recovery, are expected to produce chronic emotional overload (Demerouti *et al*., 2001; Kotera *et al*., 2021); in the absence of intervention (self-regulation, supervision, boundary adjustment), this chronic overload may, over time, contribute to the specific dimensions of burnout syndrome.

Conversely, a consistently maintained therapeutic boundary may function as a mechanism protecting the therapist's emotional resources, theoretically supporting a sustainable professional trajectory over the long term.

This reading is consistent with a recent meta-synthesis of the strategies that practising therapists report as helpful in preventing burnout, whose authors recommend that such strategies be included and practised in therapist training programmes and stress the complementary responsibility of organisations (Duncan & Pond, 2024).

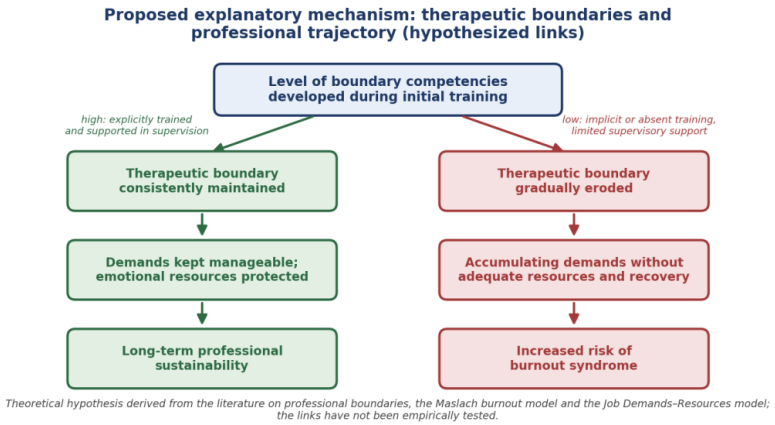


Figure 1. The proposed explanatory mechanism, through which maintaining or eroding therapeutic boundaries hypothesized to influence the therapist's professional trajectory.

This explanatory proposal has heuristic value, it directs the attention of trainers and students toward professional boundaries as an early, didactically accessible "point of intervention" – but, as discussed in Section 5, it requires further empirical validation before it can be confirmed as a causal relationship rather than merely a plausible theoretical association.

2.5. ETHICS TOWARD THE SELF AS A COMMON FOUNDATION

The concept of ethics toward the self provides a common foundation for professional boundaries and burnout prevention, positioning the therapist's responsibility for their own psychological state as a professional obligation complementary to, not subordinate to, ethics toward the client.

From this perspective, maintaining a boundary (for example, declining to extend a session beyond the allotted time) is not merely a technical norm but an act of ethical responsibility toward oneself, with direct implications for the therapist's capacity to remain, over the long term, a present and competent professional for their clients.

This reconceptualization, of boundaries as an ethical, not merely technical, act constitutes, in the author's view, an additional argument for the explicit inclusion of the boundaries theme within the ethical component of initial training, alongside its technical component, which is traditionally better represented in the curriculum.

2.6. THE ROLE OF SUPERVISION AS A MECHANISM SUPPORTING BOUNDARIES

Maintaining professional boundaries is not, in practice, a purely individual act, but benefits significantly from a supportive relational framework, primarily, the supervisory relationship, identified by recent qualitative research as a central resource in mitigating burnout, both among integrative psychotherapists (Tragantzopoulou, Giannouli, Filippou, & Demirtzidou, 2024) and specifically among novice psychotherapists (Demirtzidou & Tragantzopoulou, 2025); in JD-R terms, supervision functions as a job resource whose perceived quality is associated with burnout as early as the training stage (Glebova *et al*., 2022).

Supervision offers the therapist in training a space in which pressures experienced on their own boundaries (for example, the difficulty of declining a request from a client in intense distress) can be discussed openly, before they erode the boundary in question.

From this perspective, the ability to bring a boundary-related difficulty to supervision early, rather than only retrospectively, after it has already been crossed, can itself be considered a preventive competency, complementary to the competency of establishing the boundary in direct interaction with the client.

Training programs that explicitly integrate the topic of boundaries into the structure of the supervisory relationship theoretically provide an additional layer of protection, beyond the individual competency practiced through the didactic activities described in Section 3. Findings on novice therapists point in the same direction, suggesting that training structures should place greater emphasis on

boundary management and should frame supervision as both a clinical and an emotional resource (Tsamalidou & Tragantzopoulou, 2025).

3. APPLIED RECOMMENDATIONS FOR INITIAL TRAINING

3.1. CONCEPTUAL MAP OF THE RELEVANCE OF BOUNDARIES TO THE DIMENSIONS OF BURNOUT

To guide the didactic prioritization of the four boundary types in relation to the three dimensions of burnout syndrome, the article proposes the conceptual map presented in Figure 2, constructed on the basis of the literature discussed in Section 2, according to the coding procedure described in Section 1.1.

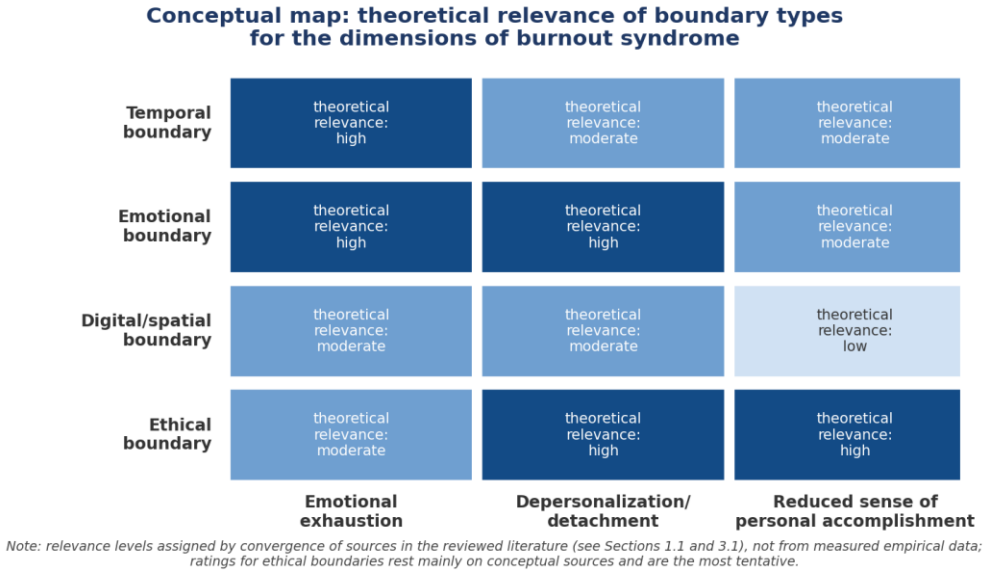


Figure 2. Conceptual map of the theoretical relevance of each boundary type to the dimensions of burnout syndrome.

The conceptual map suggests, for example, a high theoretical relevance of emotional boundaries for both emotional exhaustion and depersonalization, as well as a high relevance of ethical boundaries for depersonalization and for reduced personal accomplishment — a link explainable by the fact that repeated ethical violations (for example, unacknowledged dual relationships) can erode both the optimal professional distance and the therapist's sense of professional integrity.

The relevance levels were assigned as follows. For emotional exhaustion, temporal and emotional boundaries were rated high because workload indicators,

weekly working hours and clinical caseload, were associated with burnout in both practising and trainee therapists, and specifically with emotional exhaustion in practising psychotherapists (Glebova *et al*., 2022; Kotera *et al*., 2021), while intense emotional involvement is among the risk factors identified in reviews of psychotherapist burnout (Simionato & Simpson, 2018; Van Hoy & Rzeszutek, 2022).

Emotional boundaries were also rated high for depersonalization, given the documented link between the therapeutic relationship and burnout (Zarzycka *et al*., 2022). The temporal dimension was rated moderate for depersonalization, because working hours predicted depersonalization as well as exhaustion, but in a single study (Kotera *et al*., 2021).

The digital/spatial dimension received moderate ratings for emotional exhaustion and depersonalization, since its support comes mainly from one cross-sectional study on telepressure (Kotera *et al*., 2021) and from review-level evidence on telepsychology (Manalili, 2024). The high ratings for ethical boundaries rely predominantly on conceptual literature (Gutheil & Gabbard, 1993; Zur, 2007) and should therefore be regarded as the most tentative cells of the map.

A low rating indicates that no direct support was identified in the reviewed literature, not that a link is absent; the map serves to prioritize didactic activities.

3.2. BOUNDARY TYPOLOGY AND REFERENCE DIDACTIC EXAMPLES

Table 1 summarizes the typology of the four professional boundaries, together with a typical example of pressure on each and the burnout dimension most frequently theoretically associated with it, according to the analysis in Section 2.4.

Table 1

Typology of Therapeutic Boundaries, Typical Examples of Pressure, and the Most Frequently Theoretically Associated Burnout Dimension

Boundary Type	**Typical Example of Pressure on the Boundary**	**Most Frequently Associated Burnout Dimension**
Temporal	Repeated extension of sessions beyond the allotted time; constant availability outside working hours	Emotional exhaustion
Emotional	Disproportionate affective involvement; difficulty maintaining an optimal empathic distance	Emotional exhaustion; depersonalization
Digital/spatial	Responding to client messages outside working hours; accepting contact on social media	Emotional exhaustion
Ethical	Unacknowledged dual relationships; unclarified conflicts of interest	Depersonalization; reduced personal accomplishment

3.3. RECOMMENDED DIDACTIC ACTIVITIES

Building on the proposed typology and explanatory mechanism, the article recommends a set of didactic activities, theoretically grounded in the literature discussed, suitable for the explicit integration of the boundaries–burnout theme into

the initial training of psychotherapists (Table 2). The recommended activities rely predominantly on role-play and case study – didactic methods with high experiential value for topics that, by their nature, involve a relational component difficult to convey through purely theoretical means.

Table 2

Recommended Didactic Activities for Integrating the Boundaries–Burnout Prevention Theme into Initial Training

Targeted Boundary Type	**Recommended Didactic Activity**	**Main Formative Objective**
Temporal and emotional	Role-play: repeated request to extend a session / excessive emotional involvement	Practicing the formulation of a firm and empathic refusal
Digital/spatial	Role-play: request for contact outside the formal framework	Practicing the clarification of the communication framework
Ethical	Case study: situation of a possible dual relationship or conflict of interest	Analysis of ethical dilemmas and possible solutions
All boundary types — integrated perspective	Case study: early signs of burnout in a fictional therapist, correlated with boundary erosion	Recognizing the link between boundary erosion and burnout risk

Role-play on themes of violated boundaries is recommended as the primary method for temporal, emotional, and digital/spatial boundaries, as it allows the student to practice, in a safe setting, formulating a firm and empathic refusal in the face of a request that exceeds the optimal framework, a competency difficult to develop through theoretical exposure alone.

Case study is recommended, as a complement, for ethical boundaries and for identifying early signs of burnout, as it allows for a more nuanced analysis capable of integrating several contextual variables simultaneously (financial pressure, professional isolation, a pattern of excessively accepting client requests) than the more dynamic format of role-play permits.

3.4. EARLY INDICATORS FOR SELF-MONITORING OF BOUNDARY EROSION

Beyond activities structured around didactically constructed vignettes, initial training can be supported by a set of early behavioral indicators that students can use for self-monitoring during the practical placements that follow theoretical training. Table 3 proposes an indicative list of such indicators, organized according to the four boundary types discussed in Section 2.1 and derived from the analysis of the explanatory mechanism presented in Figure 1.

This list does not constitute a psychometrically validated screening instrument, but rather a didactic sensitization tool, useful for translating the otherwise abstract concept of "boundary erosion" into a set of concrete signals observable in day-to-day practice.

Table 3

Early Behavioral Indicators Useful for Self-Monitoring of Boundary Erosion During Practical Placements

Boundary Type	**Early Self-Monitoring Indicator**	**Associated Warning Sign**
Temporal	Frequently extending sessions beyond the allotted time, even without a clear clinical justification	Increasing difficulty respecting one's own schedule
Emotional	Frequently thinking about a client outside working hours, in a way that affects one's mood	Emotional involvement experienced as difficult to “let go of”
Digital/spatial	Checking and responding to client messages immediately, regardless of the time	A sense of permanent availability, without real breaks
Ethical	Avoiding discussing in supervision a situation in which an unusual client request was accepted	Reluctance to raise an ethical dilemma in supervision

3.5. AN INTEGRATED DIDACTIC SEQUENCE: FROM BOUNDARY TO PREVENTION

Beyond individual activities, the article recommends that training on boundaries and on burnout prevention be taught as a single didactic sequence, rather than as separate modules. Such a sequence would begin with practicing the recognition of boundary types (through role-play on boundary situations under pressure), would continue with an analysis of the consequences of repeated boundary erosion on the therapist's emotional resources (through a case study on early signs of burnout), and would conclude with each student developing a personal prevention plan that explicitly links the maintenance of boundaries to the protection of their own professional sustainability (Table 4).

Table 4

Proposed Integrated Didactic Sequence: From Recognizing Boundaries to the Personal Prevention Plan

Stage	**Didactic Method**	**Expected Formative Product**
1. Recognizing boundary types	Role-play on boundary situations under pressure	Analysis grid of boundary type and ethical solution
2. Analyzing the consequences of boundary erosion	Case study on early signs of burnout	Identification of the risk factors specific to the analyzed case
3. Developing a personal prevention plan	Individual synthesis, with an explicit boundary–sustainability link	Personal plan, with at least one measure for each boundary type

4. DISCUSSION

The central argument of this article, that early training in boundary competencies constitutes a measure of primary burnout prevention, rests on a coherent synthesis of the existing literature on professional boundaries (Zur, 2007; Gutheil & Gabbard, 1993), emotional self-regulation (Mayer & Salovey, 1997; Goleman, 1995, 1998, 2006; Bar-On, 1997, 2000, 2006), and professional exhaustion (Maslach & Jackson, 1981; Maslach, Schaufeli, & Leiter, 2001), complemented by the Job Demands-Resources model (Demerouti *et al*., 2001), as well as on more recent evidence concerning therapists in training and in the early career stage (Davies *et al*., 2022; Demirtzidou & Tragantzopoulou, 2025; Glebova *et al*., 2022; Um & Bardhoshi, 2022) and boundaries in technology-mediated practice (Drum & Littleton, 2014; Kotera *et al*., 2021; Manalili, 2024).

The main contribution lies in the explicit articulation of the link between these bodies of literature, which are often treated separately in the training curriculum, and in translating this link into a conceptual map and a set of concrete didactic recommendations.

Several limitations of this approach must be explicitly acknowledged. First, the explanatory mechanism proposed in Figure 1, although theoretically plausible and congruent with the existing literature, has not been empirically tested within this paper; its validation would require a longitudinal design capable of capturing the evolution over time of boundary competencies and burnout risk within the same cohort of therapists, from initial training through the early stages of independent practice.

Second, the conceptual map in Figure 2 reflects an argumentative assessment made by the author on the basis of the cited literature, rather than the result of an inter-rater evaluation procedure or a survey among experts in the field, a direction that could strengthen the validity of this map in future research.

Third, the proposed applied recommendations (role-play, case study) are theoretically grounded in their generally recognized didactic value for developing relational competencies, but their specific effectiveness for the boundary-burnout theme has likewise not been empirically evaluated within this paper.

Fourth, the synthesis is a structured narrative review rather than a systematic one, so the selection of sources may reflect the author's theoretical orientation; moreover, much of the recent evidence on which the model draws is qualitative or cross-sectional, which supports plausible associations but not causal or temporal conclusions.

A broader implication of this analysis concerns the design of the curriculum for master's programs in clinical psychology: to the extent that the proposed mechanism is empirically confirmed, there would be an argument for repositioning the topic of professional boundaries from a predominantly technical/deontological theme into a central component of the institutional strategy for burnout prevention across the entire profession, with benefits for future therapists and, indirectly, for the quality of the services provided to their clients.

A final implication concerns the relationship between individual and institutional responsibility in burnout prevention. Although the article focuses on individual boundary competencies, it would be an excessive simplification to attribute responsibility for maintaining them exclusively to the student or future therapist.

Training programs and, subsequently, the institutions that employ psychotherapists likewise bear a structural responsibility, for example, through the allocated caseload, facilitated access to supervision, or institutional norms regarding availability outside working hours, which can either support or undermine the boundary competencies practiced during initial training.

The model proposed in this article should therefore be interpreted as a necessary, but not sufficient, condition for burnout prevention, one that remains dependent on organizational factors beyond the scope of individual training as well.

5. DIRECTIONS FOR FUTURE EMPIRICAL RESEARCH

Validation of the explanatory mechanism proposed in this article would benefit from a longitudinal design, with repeated measurements at admission to the master's program, at the end of initial training, and, ideally, 1–2 years after the start of independent practice.

The variables of interest could be operationalized through already existing standardized instruments in the literature, for example, the Maslach Burnout Inventory (MBI) for the three dimensions of professional exhaustion, together with a dedicated instrument for assessing professional boundary competencies, which could be specifically developed and validated for this line of research, since the current literature does not, to the author's knowledge, offer an established standardized instrument for this specific variable.

Such research would allow empirical testing of the central hypothesis of this article: that the level of boundary competencies, measured at the end of initial training, partially predicts the subsequent level of professional exhaustion, even after controlling for other relevant variables, such as self-reported emotional intelligence or workload, workload, or the job demands and resources specified by the JD-R model.

6. CONCLUSIONS

Based on a synthesis of the literature on professional boundaries and burnout syndrome, this article has argued for an explanatory mechanism whereby early training in boundary competencies can function as a primary prevention measure against professional exhaustion in psychotherapists.

The contribution of the paper lies in the explicit articulation of this connection, usually treated separately in the training curriculum, in the proposal of a conceptual map of the relevance of each boundary type to the dimensions of

burnout, and in a set of applied recommendations, grounded in the cited literature, for the didactic integration of this theme.

The empirical validation, through a longitudinal design, of the proposed relationship between boundary competencies consolidated during initial training and the subsequent trajectory of professional exhaustion risk remains an open direction for future research.

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