



This lesson is designed to maximize patient engagement and talk time. The focus tasks, small-group sizes, collaborative objectives, and individual work assignments are included strategically to meet this purpose. The timing, number of sessions, and room makeup may be adjusted according to need.

Setting Boundaries

(This lesson can stand alone or serve as the first hour of a two-part lesson on setting and communicating boundaries)

Setting healthy boundaries is a vital skill in recovery, yet many people struggle to set or commit to them. Often, a person may not even know what a healthy boundary is; perhaps they came from a home without a solid foundation and were never taught what they looked like or how to enforce them. Without clear, firm boundaries, it is easy to be taken advantage of or be manipulated by others, and the creation of codependent relationships is likely. Boundaries are essential to recovery because healthy boundaries promote independence and ownership over oneself, allow for the avoidance of triggers, and help build healthier relationships.

Session Objective:

By the end of this session, participants will be able to identify boundaries in the domains of work, relationships, and family. They will also be able to apply a rubric for healthy boundary setting to determine if the boundaries they're trying to set are healthy for all involved parties.

Delivery Time: 60 Minutes

Materials: Notebook paper, writing materials, whiteboard markers (2 colors), clipboards (if no desks/tables are available), Learning How to Create Boundaries* PDF (1 copy per participant), Healthy Boundaries Rubric PDF (1 copy per participant), My Boundaries and Contingency Plans PDF (1 copy per participant), Personal Space Violations PDF (1 copy)

Set-up:

1. If possible, set chairs and desks in a semicircle. If no desks are available, distribute clipboards so participants have a sturdy, portable means of taking notes and completing tasks.
2. If a whiteboard or projector is available, write the session objective; Print the Personal Spaces Violations PDF, and tape it below the session objective.

Procedure:

1. **Session Objective** – Read the session objective aloud.
2. **Introduction (10 Minutes)** - Guide the group's attention to the two photographs (Personal Space Violations PDF). Ask them to consider what both have in common. Take a few responses, and lead the group toward observing the personal space violations in each picture if necessary. Personal space is an example of a boundary that people have. Personal space expectations can vary by person and culture, but we all have them. You know how close someone needs to get to you without permission to make you feel uncomfortable.

Personal space is an example of a boundary or expectation you have for others. Boundaries are often specific or vary according to certain areas of our lives - relationships, work, school, family, etc.

Write those four categories on the board. As a group come up with an example of a boundary for each of the four. Then split the group into pairs and give each pair a category. Have them come up with some boundaries they think might be important for recovery for their assigned categories (the same category will be assigned to more than one group depending on size, which is fine)

Give the group 5 minutes to come up with these, then ask them to write them up on the board in the appropriate column once done.

- 3. Stop and Jot/Small Group Discussion (15 minutes)** – Remind the group that it is normal at first to have trouble identifying or creating boundaries. Explain that you will give them a document and read it while taking notes. The notes can be simple bullet points of information that may be new to them or that they feel is essential regarding recovery. Distribute the [Learning How to Create Boundaries PDF](#), notepaper, and a writing tool.

After reading, break participants up into groups of 3-4. First, have each member share what they noticed about the document. Then, have them turn to the section, "**How do I know if I'm practicing unhealthy boundaries?**" Each member should select a statement that resonates with them (not expressing my true needs and wants, allowing others to make decisions for me, etc.) and explain how addressing it would help their recovery.

Now go back to each boundary on the board and discuss if the group thinks it's healthy or unhealthy as it relates to their lives (use a different color marker for the healthy/unhealthy label).

- 4. Small-Group Brainstorm and Picking a Side (25 Minutes)** - Break out into groups of 3-4.. Go back to the boundary categories on the whiteboard, starting with "relationships." Have the small groups brainstorm and write down additional boundaries they associate with relationships (*expecting immediate texts back/demanding to see a person's phone or email, including hacking into them/guys' or girls' night out/having lunch with a friend of the opposite sex or ex*). It is expected that not everyone in the group will agree. Once groups are finished, board some of the responses they share. Some common boundaries in relationships include:

- Expecting immediate texting back
- Demanding to see a person's phone email (or hacking into them)
- Guys/Girls Night Out
- Going out to lunch with a friend of the opposite sex or ex

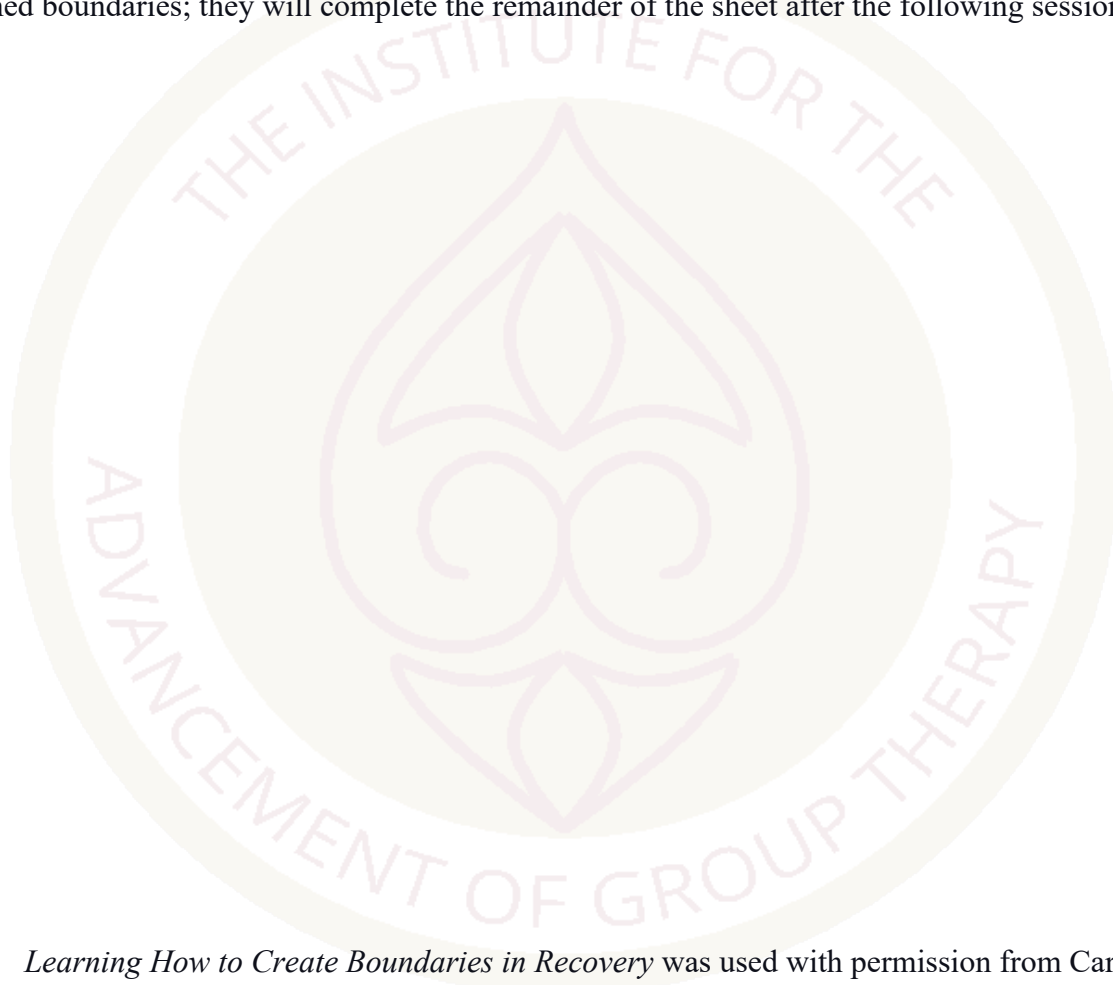
Next, have all participants stand up. Read a boundary example from the board. If someone believes it to be problematic, have them move to the left side of the room; move to the right if they understand and accept it. For example, if you feel expecting immediate texts back is unreasonable, move the left; for reasonable, move the right.

After the room has been divided, pair up opposite opinions to have them explain their reasoning to the other person. Encourage questioning so each side has the opportunity to understand the opposing viewpoint; this will help to create empathy and understanding. *It is okay to have groups larger than two for uneven numbers, but move on from examples with near-unanimous agreement to avoid anyone feeling ganged up on.*

Once finished, repeat this exercise with other boundary categories:

- Family (*you're in recovery, but family members still drink or use/your family doesn't allow you in their house if you're actively using/family member(s) frequently are belittling or negative*).
- Work (*your boss calls or emails all the time, even when you're not on the clock/you are expected to be on time every day, without exception/a co-worker speaks inappropriately around you*)
- Alcohol and Drug Use (*you are at a work function or social event where alcohol is present/you're invited to a friend's house, but you know they often use*)
- Money (*a friend or family member asks to borrow money/asks to borrow money but hasn't paid you back in the past/shared checking accounts with a significant other/being put on an allowance*)

5. **Healthy Boundaries Rubric and Pair Revisions (10 minutes)** – Have participants sit back down in new pair groups. Distribute the Healthy Boundaries Rubric. Assign pairs and have them discuss the boarded boundaries according to the rubric. If it passes the test, it is a solid boundary; if not, the partners should revise it to meet the criteria of a healthy boundary. After 5 minutes, have pairs partner with other teams to share their revisions.
6. **Group Discussion (5 minutes)** Bring everyone back together as a group. What were the major takeaways from the split-room exercise? What did you learn about another perspective that you haven't thought of before? Now that you've had a chance to consider different types of boundaries and apply them to different situations, do any resonate with you? Have you struggled with any of these areas in the past that contributed to use and addiction? (*an open discussion or ball throw would work well here*).
7. **Wrap and Home Practice** - Distribute the My Boundaries and Contingency Plans PDF. Based on what they have learned, instruct participants to complete the first column of the sheet (3 different examples of defined boundaries; they will complete the remainder of the sheet after the following session).



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*this article was first published in [*In the Rooms*](#), a global recovery platform