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REVIEW ARTICLE

Practical viewpoints on ethical questions and dilemmas in schema therapy.

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Abstract

BACKGROUND: Ethics is an inherent part of psychotherapy that protects the interests and rights of all parties engaged in the therapeutic relationship. This article focuses on ethical issues and dilemmas that may arise when using schema therapy.
METHOD: We created a narrative review by searching the databases PubMed, Web of Science, and Scopus with the keywords "psychotherapy", "schema therapy", "therapeutic relationship", "ethics", "ethical questions", and "ethical dilemmas". In addition, we focused on the clinical experience of therapists, training instructors, and supervisors.
RESULTS: Ethical psychotherapy requires adherence to ethical codes and standards. Among the most important ethical principles are confidentiality, informed consent, boundaries of the therapeutic relationship, and dual relationships. Understanding transference, countertransference, and one's modes and schemas is essential to ethical reflection in schema therapy. The article presents examples of ethical dilemmas in schema therapy and suggests possible solutions. At the same time, we point out the need for further research in this field.
CONCLUSION: Similarly to other psychotherapeutic approaches, one of the schema therapist's core competencies is following the profession's ethical principles and productively finding solutions to the occasional ethical dilemmas.

Ethics is a prominent part of all psychotherapeutic sessions. Still, it becomes even more central when working with challenging issues such as personality disorders that schema therapy routinely treats. More research on the topic is needed.

INTRODUCTION

Professional ethical codes regulate, educate, and help practitioners improve their work (Frankel 1989). Ethics and psychotherapy share a strong connection. Human issues, challenges, and emotions, both one's own and those of others, are at the heart of psychotherapy practice. Problems in human reasoning and how they reflect the values of others are also essential to the field of ethics (Vyskocilova & Prasko 2013a). Philosophers have grappled with ethical dilemmas for as long as recorded history. Philosophy, anthropology, and psychology were all brought together during this period as part of a "holistic study of humans," looking at how people think and act toward one another, as well as toward the rest of creation (Corrie & Lane 2015; Vyskocilova & Prasko 2013b). Nevertheless, more than a philosophical and anthropological perspective is needed to unravel the complex ethical dilemmas in everyday psychotherapy practice (Corrie & Lane 2015).

Overall, the detailed principles on ethical principles that can be indirectly applied in psychotherapy are outlined in the ethical principles and code of conduct of the American Psychological Association (2016) and American Psychiatric Association (2008) as well as in the European Federation of Psychologists Associations (2011). These codes of conduct apply to psychologists and psychiatrists. As such, they can be extrapolated to most schema therapists in these professions. There are also specific codes of conduct regarding ethical dilemmas outlined in the European Association for Psychotherapy (Young 2011), developed specifically for psychotherapists who may not necessarily have a basis in clinical psychology and psychiatry.[8] Schema therapy, as one form of psychotherapy, focuses on identifying and changing unhealthy schemas that can influence an individual's thinking, emotions, and behaviour (Young *et al.* 2003). Nevertheless, schema therapy's specific aspects of ethics need to be better defined. Thus, this article focuses on ethical issues and dilemmas that may arise when using schema therapy.

In psychotherapy, the therapeutic effect is achieved through the therapist's behaviour towards the client and the client's gradually increasing autonomous activity (Rushton *et al.* 2023). The therapist's behaviour directly affects the client by what and how the therapist does (Baudry 1993; Adshead 2004; Vyskocilova & Prasko 2013c). It is, therefore, necessary for the client that the therapist treats them honestly, fairly, and morally. Ethical principles are a vital part of the therapeutic relationship. A well-established therapeutic relationship gives the patient an atmosphere of safe risk (Adshead 2004). It is a space in which many previously impossible things were possible. The patient does not have to worry about the impact of their thoughts on their life and can try new behaviours, attitudes, etc., without being afraid to fail.

In contrast to real life, mistakes in therapy can give an opportunity to explore and learn about oneself, others, and the world. Ethics in psychotherapy includes adherence to ethical codes and standards that protect the rights and interests of both parties to the therapeutic relationship. The most important ethical principles include confidentiality, informed consent, boundaries of the therapeutic relationship and dual relationships (ISST 2021).[14] Understanding transference and countertransference and understanding one's modes and schemas are essential to ethical reflection (Baudry 1993; Vyskocilova & Prasko 2013a; Prasko *et al.* 2023a).

Ethical reflection is a critical element of schema therapy and supervision practice. It allows therapists to apply ethics in the therapy of a particular client and resolve ethical dilemmas that may arise. The article presents examples of ethical dilemmas in schema therapy and suggests possible solutions. At the same time, we point out the need for further research in ethics and schema therapy.

METHOD

We used a narrative review, which enables a semi-systematic literature search and a summary of available information on a given topic (Greenhalgh *et al.* 2018). We searched the PubMed, Web of Science, and Scopus databases for articles using the keywords "schema therapy," "psychotherapy", "therapeutic relationship," "ethics", "ethical questions," and "ethical dilemmas". The search was carried out without language and time restrictions. Publications were sorted according to relevance to the topic, and other key citations from individual references were found.

In addition, we focused on a summary of the clinical experience of therapists, training instructors and supervisors who have practical experience using schema therapy. This approach allowed us to understand the ethical issues and dilemmas that may arise when using this therapeutic approach.

ETHICAL QUESTIONS IN SCHEMA THERAPY

Ethics is an integral part of psychotherapy and schema therapy. Therapies require adherence to ethical codes and standards that protect both parties' rights, needs, and interests in the therapeutic relationship.

The importance of ethics in psychotherapy and schema therapy

Ethics generally reflects every person's morality, justification, legitimization, and legalization (Adshead 2004;

Beauchamp & Childress 2013). As part of ethics, we ask ourselves, "Why do we do something?" "What is good?", "What is the meaning of my actions?" The therapist's approach to their work is based on their assumptions, life experiences, attitude, phase of professional development, and knowledge of professional ethics, reflecting the ethical aspects of views and problems within therapy.

Ethics is an essential part of psychotherapy and fundamentally influences the quality and effectiveness of the therapeutic process (Kohen & Conlin 2022). Ethics in psychotherapy includes adherence to ethical codes and standards that establish principles for the professional conduct of psychotherapists and the protection of patients' rights (Barnett 2008; ISST 2021). Ethical codes and standards are essential for maintaining the credibility and integrity of psychotherapy.

During psychotherapy, changes occur in the client, some of which are consciously desired, some are suspected, and some of which the client would rather renounce. As a rule, they cannot estimate the consequences of their change for themselves and those around them, whether there will be irreversible changes in relationships, or whether they will lose relationships without wishing so in advance (Prasko *et al.* 2023b). An important aspect of therapy is building the patient's autonomy. A therapist must adapt to the patient's realistic options and abilities and consider their current state, e.g., lack of energy, problems in concentration, depressed mood, etc. A therapist is not in the role of any "wise man" who "already knows", looks mysterious and keeps many observations to themselves.

Ethical issues and dilemmas are as important in schema therapy as in other forms of psychotherapy. Since schema therapy focuses on identifying and changing unhealthy, deeply rooted schemas (Young *et al.* 2003), an ethical approach is necessary for the successful resolution of the use of this method. One of the main ethical principles of schema therapy is that interpretations are not translated to the client as facts. Instead, hypotheses are developed, and their validity is collaboratively tested.

Core ethical principles

Therapies require adherence to ethical codes and standards that protect both parties' interests, needs and rights in the therapeutic relationship. The most important ethical principles of psychotherapy include confidentiality, informed consent, boundaries of the therapeutic relationship, and dual relationships (Martinez 2000; Corey *et al.* 2016; ISST 2021).

A psychotherapist has to maintain confidentiality about the information they learn from a client during therapy. Confidentiality is an essential element of psychotherapy (Adshead 2004). Therapists are required to protect the privacy of their clients by not disclosing the content of the therapy or the fact that the client is in treatment.

Informed consent means a client must be informed about the course and expected therapy results and agree to it (Crowden 2008; Wislocki *et al.* 2023). Informed consent is when a client receives information and decides on the therapy. A therapist should provide a client with information about the goals of treatment, expected outcomes, risks and side effects, and alternatives to therapy (Prasko *et al.* 2012). A common misconception is that informed consent is a one-time procedure. It is a continuous process that aims to secure a solid understanding and valid agreement at all psychotherapy points (Kazdin 1986; American Psychological Association 2016).

The boundaries of the therapeutic relationship relate to the professional behaviour of the psychotherapist and their relationship with a client. Boundaries in a therapeutic relationship are essential to maintain professionalism and protect the client (Gabbard 2009; Bruijniks *et al.* 2018). The American Psychological Association (2016) distinguishes between boundary crossings and violations. A common example of the first type is a self-disclosure. When carefully applied, it may increase the quality of the therapeutic bond and positive attitudes towards the psychotherapy. The therapist might be self-absorbed, out of tune, or neglected when misapplied. Boundary crossings are grey areas of psychotherapeutic conduct, while boundary violations harm the client and their therapeutic progress. Examples of boundary violations are sexual or romantic relationships with a client, accepting gifts from a client, or having any other than a professional relationship with a client (Altis *et al.* 2015).

Boundary violations partially overlap with unchecked dual relationships. These are interpersonal situations where a psychotherapist has a relationship with a client other than a therapeutic one (e.g., friendship or business) (Robertson & Walter 2008). For example, a therapist may also be a teacher or supervisor of their client. Dual relationships can be problematic, leading to conflicts of interest and disruption of the therapeutic relationship (Robertson *et al.* 2007; Hofmann *et al.* 2012). Some are preventable by verifying the absence of dual connections when admitting the patient into the treatment. Other dual relationships become apparent later in the therapy and usually present a roadblock to successful treatment. The most problematic dual relationships seem to be those voluntarily established during the psychotherapy – for example, a client as a lover or a lender.

A therapist is working with a client who suffers from anxiety. A good, confidential relationship was established. Anxiety is being managed, but during one session, the client tells the therapist that she is having relationship problems with her new boyfriend and is afraid he will leave her. While describing his behaviour and characteristics, the therapist realizes that the client's partner is her old friend and finds herself in a dilemma regarding how to respond to this situation. On the one hand,

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she knows the client's boyfriend, values him, and sees him differently than the client, and on the other hand, she realizes that she wants to help the client because she is struggling in the relationship.
In this case, the therapist could consider several options. For example, she could continue in therapy and work with the client to resolve her relationship issues while respecting confidentiality and maintaining confidentiality about what she knows about her boyfriend. She could also discuss the situation with the client, explain her dual relationship with her boyfriend, and look for ways to ensure the therapy is not affected. On the other hand, she might decide that it is best to end the psychotherapy and recommend that the client seek help from another therapist.

Ethical principles in psychotherapy are also related to the main principles of bioethics, which include respect for autonomy, harmlessness, beneficence, and justice (Beauchamp & Childress 2013).

Autonomy refers to the right of an individual to make decisions about themselves. In health care, the patient has the right to decide about their treatment and what information about their health s/he wants to share (Dimic *et al.* 2023). Autonomy is significant because it allows individuals to express their values and preferences and make informed decisions about their health. Several ethically relevant questions come to mind when determining treatment goals. The therapy goals should be established by equal free agreement between therapist and client (Flückiger *et al.* 2018).

However, equality and freedom of decision can be just an empty phrase. The therapist has greater knowledge of treatment options, experience with similar clients, and ambitions and beliefs about the adaptive goal. As a rule, clients want to escape from the emergency where they find themselves and willingly or unwillingly depend on the therapist (Egozi *et al.* 2023; Mozny & Prasko 1999). As an expert, a therapist usually has a dominant position when discussing goals and should handle them sensitively and modestly. However, the feeling of power arising from a client's dependence can be blinding. Therapists can promote what they consider desirable for the patient, either directive ("If we do not reach this goal, the symptoms will easily return") or non-directive yet manipulative ("Let us try to look at it; don't these goals seem too little to you? If you resigned to higher goals, would you be happy with that? And so would your family?"). In both cases, the client's free decision is illusive. The therapist's dominant approach can also strengthen the feeling of one's indispensability, especially in cases where therapeutic care is unavailable for multiple reasons, such as a shortage of therapists or a greater increase in clients.

Ideally, the therapists should openly ask what the client would like to be able to do at the end of the therapy and their own goals. Then, discuss the advantages and disadvantages of achieving these goals for the client and the consequences for their life, including significant relationships (Mozny & Prasko 1999; Prasko *et al.* 2007). However, sometimes empathetic confrontation is needed, especially when the client sets minuscule goals, when these goals depend on other people (e.g., My goal is to be able to go shopping with my husband to the supermarket), or when the goal is fully transferred to the other person (At the end of the treatment I want to make my husband love me).

Similarly, the difficulty arises when the goals are too ambitious ("I want to feel no anxiety") or vague ("I want to be happy at the end of therapy"). Self-reflective questions such as the following may help: "Are these my client's goals or my goals?" "Do I respect their experience, wishes, and freedom of choice?" "Is the client's goal adaptive enough from his point of view, or are they just worried about setting a more useful goal?"

Nonmaleficence means that harm should be avoided. In health care, physicians should be careful that their treatment does not cause more harm than good to the patient (Purgato & Cortese 2023). Nonmaleficence is crucial because it protects patients from dangerous or ineffective treatment (Visagie *et al.* 2020).

Beneficence means that steps should be taken to help others. Physicians should ensure their treatment benefits them in the best way possible (Watter 2018). Beneficence is important because it supports the provision of quality care to patients.

Justice means that benefits and risks should be shared fairly (Hall & Resnick 2008). In health care, available resources should be equitably distributed among patients. Equity is important because it promotes equal access to quality care.

Other critical ethical principles include respect, competence, and responsibility (Jain & Roberts 2009; Prasko 1990):

Respect is another important ethical principle in psychotherapy. That means that the psychotherapist should respect the dignity and rights of the client (Salgó *et al.* 2021). This includes treating clients with kindness, compassion, and empathy and recognizing their autonomy. Respect also includes respecting the client's cultural, religious, and personal values (Louis *et al.* 2021; Corey *et al.* 2015).

Competence means the psychotherapist should be sufficiently qualified and educated to provide quality therapeutic care. This includes initial education and training, ongoing education and supervision (Corey *et al.* 2015). A psychotherapist should be able to provide therapy consistent with current industry standards and practices.

A psychotherapist should also be *responsible* for their actions and decisions and ensure that their actions follow ethical principles. This includes tracking the ethical codes and standards applicable in the country or organization (Corey *et al.* 2015). Admitting mistakes and accepting responsibility for the consequences of their actions are other facets of this principle (Prasko *et al.* 2023a). It is important to note that

ethical principles and related legislation may differ in some aspects in different countries and organizations. Therefore, it is essential to familiarise yourself with them as they apply in a given country or organization.

Understanding transference and countertransference as part of ethical reflection

Transference and countertransference belong to the therapeutic relationship as a self-evident part (Coburn 1997; Cavalera *et al.* 2021). Transference phenomena are perceived as a reenactment in the therapeutic relationship of key elements of previous significant relationships. Transference means the client transfers feelings and attitudes to the therapist (Gilbert & Leahy 2007; Gabbard 2010; Prasko *et al.* 2010). Countertransference implies that the therapist reacts to these feelings and attitudes by activating their early maladaptive schemas, which can manifest in countertransference behaviour (Vyskocilova & Prasko 2013b). Transference and countertransference could be significant sources of insight into the patient's inner world, the therapist, and the supervisor (Hoffart *et al.* 2006; Fletcher & Delgadillo 2022). A therapist works to create a good therapeutic relationship from the first meeting with the patient. They are an expert who offers help while clearly defining cooperation.

The basis of the therapeutic relationship is a feeling of safety for the patient (Gale *et al.* 2017). This relationship includes trust in the therapist's competence and morals on the patient's part, understanding and acceptance of the patient, and respect from the therapist. The therapist's task is not to assume the roles into which the patient is sometimes manoeuvred but to behave authentically while understanding some of their inadequate manifestations (Nissen-Lie *et al.* 2017). When the therapist suspects that countertransference may develop, they could try to identify what modes the patient is entering and what early maladaptive schemas are being activated and reflect on whether such a reaction benefits the patient (Prasko *et al.* 2021b). An essential point of supervision is understanding the therapist's countertransference reactions and their management. Self-reflection and awareness of countertransference can help the therapist overcome it, and it may be necessary to overcome stagnation in therapy (Holmes & Adshead 2009). It is important to note that schema therapy, in contrast to short-term cognitive behavioural therapy, is primarily a long-term treatment. Thus, transference and countertransference become even more essential, especially within limited reparenting.

Compared to psychodynamic therapy, schema therapy uses the language of schema modes due to activated schemas that help better understand and tailor the adequate response. Specifically, a therapist needs to respond from their Healthy Adult mode rather than from one of the dysfunctional modes (e.g. Demanding mode) due to countertransference. Understanding the patient's activated schema modes is also helpful in conceptualizing and dealing with their transference towards a therapist.

Every contact between a therapist and a patient might have a therapeutic or anti-therapeutic effect. Avoiding complementary behaviour, for example, not responding to the patient's aggression with aggression, not providing relief in case of the patient's excessive loyalty, etc., is one of the most challenging things in good psychotherapeutic work (Bell *et al.* 2017). Hasty conclusions, e.g., that the client is too lazy and therefore there is no point in trying or avoiding the client altogether, indicate the therapist's countertransference (Jain & Roberts 2009). These are almost always related to the need for more understanding and conceptualization. The unresolved countertransference might lead the therapists to communicate in demeaning (authoritarian or too self-evident) behaviours such as criticism, reproaches, ordering, and ostentatious acts. Understanding transference and countertransference is thus vital to ethical reflection (Horowitz & Möller 2009).

A therapist is working with a client with defiant tendencies. During one session, the client begins to express anger at the therapist from his Angry Child mode, accusing her of not wanting to help him. The therapist realizes that her countertransference is being activated and that she is beginning to feel anger towards the client (Angry Protector mode). The therapist finds herself in a dilemma of how to respond to this situation. On the one hand, she wants to help the client solve his problems with authorities and work with him to overcome his anger. On the other hand, she realizes that her emotions can affect the therapy, and she has to find a way to manage them.

In this case, a therapist could consider several options. For example, she could continue in therapy and work with the client to resolve his problems while being aware of and trying to manage her countertransference. She could also discuss the situation with the client, explain what is happening, and find ways to work together to overcome their anger. On the other hand, she might decide that it is best to end the session and seek supervision from a colleague to sort out her emotions and find a way to work better with the client.

Understanding one's modes and schemas as part of ethical reflection

Schemas are unhealthy patterns of thought, emotion, and behaviour that develop in childhood or adolescence and can affect individuals throughout life (Young *et al.* 2003; Vyskocilova & Prasko 2013b). Moods are states of mind that activate specific schemas (Young *et al.* 2003). Understanding one's modes and schemas is an integral part of ethical reflection. It allows the therapist to work better with the client and resolve ethical dilemmas that may arise.

The therapist is working with the client suffering from insomnia. The client is paying for the therapy himself and has already, at the second meeting, requested that the therapy be faster, more

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effective, and more narrowly focused on the goal. The request is justified by the financial cost of the therapy and the reluctance to devote more time to the therapy than, in his opinion, is necessary. The therapist uses standard methods, but the client repeatedly draws the therapist's attention to the low efficiency and supposed uselessness of the standardized therapeutic approaches. He read about the sleep restriction on the internet and intends to try it. It only requires practising specific techniques to ensure better sleep. He is self-assertive in front of the therapist, repeatedly asking about the therapist's previous experience and qualifications. He questions the procedure and its results. Consequently, a feeling of inadequacy grows in the therapist. A strong countertransference reaction and schema of her inadequacy and incompetence from childhood activate her.
In this case, the therapist could educate the client about the need to follow a standardized therapy procedure and explain the importance of case analysis for the context and results of the therapy. Furthermore, she should be aware of and treat the activated schema, discuss the transference and countertransference reaction with the client and the possibilities of further cooperation, reformulate the case, and possibly offer free therapy options when possible. Furthermore, she can consider supervision and, if it is a repeated problem affecting her practice, maybe also personal therapy.

Maria is a schema therapist working with individuals who have experienced trauma. Alex is a new patient referred to her due to his struggles with anxiety and depression following a traumatic event. Maria has a history of experiencing a schema of Unrelenting Standards, sometimes triggering her Perfectionistic Overcontroller and Demanding modes.
During one of the sessions, Alex revealed to Maria that he has a history of substance abuse, which he used as a coping mechanism after the traumatic event. He admits that he's been using substances sporadically to numb his emotions. This information creates an ethical dilemma for Maria, as she recognizes that Alex's substance abuse risks his physical well-being and should be addressed first. However, due to her Unrelenting Standards schema, her Demanding mode emerges, making her Vulnerable Child doubt her abilities as a therapist and creating anxiety about handling the situation effectively. As a result, her coping mode is triggered (Perfectionistic Overcontroller), causing her to feel pressured to fix Alex's problems quickly.
Recognizing her schemas and schema modes, Maria takes a step back and uses schema therapy techniques that help evoke her Healthy Adult mode. This allows her to manage her reactions before addressing the ethical dilemma with Alex. She acknowledges her tendencies toward perfectionism and self-criticism, reminding herself she doesn't need to have all the answers immediately.
In the following session, Maria uses the therapeutic alliance she has built with Alex to gently explore his substance use, its triggers, and the emotions he's attempting to avoid. She introduces the concept of schema modes and asks Alex to identify any modes he might be experiencing. This helps Alex become more aware of his coping mechanisms and triggers.
Together, they develop strategies to manage Alex's substance use, including identifying healthier coping mechanisms and setting realistic goals. Maria's ability to recognize her own schemas and schema modes allowed her to approach the ethical dilemma with empathy, understanding, and effective therapeutic techniques, which helped Alex make positive changes in his life.
In this example, Maria's self-awareness and schema therapy skills enabled her to navigate the ethical dilemma with compassion and professionalism, ultimately benefiting her patient's progress in therapy.

ETHICAL QUESTIONS IN SCHEMA THERAPY PRACTISE

In practice, various ethical dilemmas may arise that require solutions. An ethical dilemma is when the therapist must decide between two or more options that conflict with ethical principles (Vyskocilova & Prasko 2013c; Kitchener 2000; Prasko *et al.* 2023a). An example would be when a therapist must decide whether to keep client information confidential or share it with another professional to protect the client or others.

In this part of the article, we focus on examples of dilemmas in practice, the possibilities of their solution and how to learn ethical reflection. Ethical reflection is a process in which the therapist examines their values, beliefs, and behaviours in the context of ethical principles and standards. As such, ethical reflection aims to help the therapist understand ethical questions and dilemmas and find appropriate solutions (Martinez 2000).

It is important to proceed systematically and judiciously when dealing with ethical dilemmas. Koocher and Keith-Spiegel (2008) formulated an ethical decision-making model with three pillars – documentation, reflection, and consultation. An initial analysis focuses on finding if a situation contains an ethical dilemma. If the therapist confirms that it does, other steps follow. The process resembles the traditional problem-solving technique. A thorough analysis of the situation should highlight all characteristics of the case. The next step is to seek guidance from the established codes of conduct and other ethical guidelines. Discussing the matter with a supervisor or a trusted colleague is also mentioned as commendable. Brainstorming generates potential solutions, which are subsequently analyzed concerning their pros and cons, including the needs and interests of the client, as well as all costs and risks. The therapist then creates a plan, implements it, and evaluates its outcomes. Detailed documentation and continuous consulting help solve the issue to all parties' satisfaction.

Ethical reflection is essential to a therapist's professional development (Markowitz & Milrod 2011). Therapists should regularly reflect on their practice and examine how they apply ethics to the therapy of a specific client. Supervision and continuing education are also important tools for developing ethical reflection (Orchowski *et al.* 2009).

The "Five P Model," introduced by Koocher and Keith-Spiegel (2008), is a valuable and comprehensive framework for ethical decision-making. This model encompasses five critical components: Person, Problem, Place, Principles, and Process. In the realm of Grief Counseling, which is also a part of the Schema Therapy process, the Five P Model is widely utilized (Gamino & Ritter 2009). Notably, this model seamlessly integrates with concepts from Schema Therapy, enriching and enhancing the ethical decision-making process.

1. Person: Understanding the Individual
When confronted with ethical decisions, it is important to thoroughly examine the characteristics of the individuals involved. This includes their age, gender, educational background, professional experience, and economic status. Other significant elements include marital status, familial relationships, social support network's cultural identity and personal strengths, which are also influential factors that must be considered. Additionally, exploring past experiences of loss or preferred decision-making approaches can provide valuable insights into their perspective on ethics. By incorporating Schema Therapy's emphasis on comprehending clients' schemas, it is possible to gain a deeper understanding of their underlying values.

2. Issue: Identifying the Ethical Problem
It is crucial to clearly define the ethical problem at hand. This entails expressing the central ethical dilemma being confronted. Acknowledging the individuals or groups responsible for shaping this issue and other relevant stakeholders is important. It is crucial to gain an understanding of all the elements. Just like Schema Therapy emphasizes how schemas are activated in ethical dilemmas, recognizing these triggers allows for a deeper comprehension of the situation.

3. Context: Situating the Dilemma
The context in which the ethical dilemma arises holds significance. Location matters in a medical setting such as a clinic, hospital, hospice facility, or a more personal environment like someone's home or place of worship. Consideration must be given to both public and private aspects and any institutional involvement that may be present. Like Schema Therapy's focus on environmental triggers, recognizing schema-related influences within this context provides valuable insights for making ethical decisions.

4. Principle: Core Ethical Values
Identifying the fundamental ethical values pertinent to addressing the issue is crucial. Autonomy, beneficence, nonmaleficence, justice, and fidelity play a significant role. It is also vital to adhere to professional ethics or codes of conduct outlined by organizations like the ADEC Code of Ethics. Schema Therapy highlights how schemas greatly influence an individual's connection with ethical principles.

5. Approach: Unveiling the Decision-Making Process
The decision-making process needs to be well-organized and structured. This entails gathering relevant information, considering different perspectives, upholding ethical principles, and effectively resolving dilemmas through careful planning. By incorporating Schema Therapy concepts such as acknowledging biases inherent in decision-making and striving for balanced choices, counsellors can enhance their ethical decision-making process.

Examples of ethical dilemmas in practice

Various ethical dilemmas can arise in schema therapy. Here are some examples:

Sharing information about one's emotions: A therapist may face the dilemma of sharing information about one's feelings with the client, a self-disclosure (Barnett 2011). For example, a client may evoke strong emotions in a therapist, and a therapist may decide whether to share those emotions with the client or withhold them. This dilemma requires careful consideration because sharing emotions can benefit therapy, but it can compromise the boundaries of the therapeutic relationship (Prasko *et al.* 2021a).

A therapist is working with an anxious client. During one session, the client talks about his fear of flying, and the therapist realizes he occasionally experiences similar anxiety. The therapist finds himself in the dilemma of responding to this situation. On the one hand, he wants to support the client and share his experiences to show him that he is not alone. On the other hand, he wants to maintain professional boundaries and prevent the session from being influenced by his emotions.
In this case, the therapist could consider several options. For example, he could share his emotions with the client and show him that he is not alone in his fear. He could also use his own experience to understand the client better and help him find ways to cope with his anxiety. On the other hand, he might decide that sharing his emotions might threaten the boundaries of the therapeutic relationship and instead focus on providing support and helping the client cope with his fears.

Using a specific technique: A therapist may face the dilemma of using a method that might be uncomfortable for the client (Prasko & Vyskocilova 2010). For example, a therapist may use an exposure technique that requires clients to face their fears. This dilemma requires careful consideration as the method can benefit the therapy but also be stressful for the client (Adshead 2004; Meyer *et al.* 2014).

The therapist works with a client who has problems with low self-esteem and negative self-perception. During one session, the therapist suggests using an imagery technique requiring the client to present their "ideal" version of themselves and work to bridge the gap between their current and ideal version.

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The client is very concerned about this proposal, and the therapist finds herself in a dilemma regarding how to respond. On the one hand, he wants to help the client improve his self-esteem and knows the technique can be effective. On the other hand, he realizes that this idea can be stressful for the client because the client tends to overcompensate what he would like and how he feels, which can worsen his condition.
In this case, the therapist could consider several options. For example, he could continue using the technique and help the client gradually work to bridge the gap between his current and ideal version. He could also discuss the situation with the client and look for other ways to help him improve his self-esteem. On the other hand, he might decide that using the imagery is inappropriate and instead focus on different therapeutic methods.

Dual Relationships: A therapist may discover that a client is in a dual relationship with another therapist (Robertson & Walter 2008). In such a case, a therapist must decide whether to continue or terminate the therapy. This dilemma requires careful consideration because dual relationships can threaten the boundaries of a therapeutic relationship and lead to conflicts of interest.

A therapist is working with a client with depression. During one session, the client tells the therapist he is seeing another therapist for other issues. The therapist finds himself in the dilemma of responding to this situation. On the one hand, he wants to continue the therapy and help the client solve his issues. On the other hand, he realizes that dual relationships can threaten the boundaries of the therapeutic relationship and lead to a conflict of interest.
In this case, the therapist could think of several approaches. For example, he could continue therapy and work with a second therapist to ensure coordinated care for the client. He could also discuss the situation with the client and explain the possible risks of dual relationships. On the other hand, he might decide it is best to end therapy and recommend that the client concentrate on working with the other therapist.
This dilemma requires careful consideration and an individual approach. The therapist should follow ethical codes and standards and consult the situation with colleagues or a supervisor.

Disclosure of Client Information: The therapist may face the dilemma of disclosing information about a client, for example, when the client poses a danger to themselves or others (Prasko *et al.* 2023a). This dilemma requires careful consideration because disclosure of information may be necessary to protect security but may also violate client confidentiality and rights.

A therapist is working with a client with aggressive tendencies. During one session, the client tells the therapist they are having thoughts of harming themselves or others. The therapist finds himself in the dilemma of responding to this situation. On the one hand, he wants to protect the safety of the client and others and consider the possibility of publishing information about the client. On the other hand, he wants to respect the client's confidentiality and rights.
In this case, the therapist could reflect on several options. For example, he could continue therapy and work with the client to address his aggression issues. He could also discuss the situation with the client and explain the possible consequences of disclosing information about him. On the other hand, he could decide that it is necessary to release information about the client to ensure his safety and that of others.

A therapist is working with a mother with a borderline personality disorder. During one session, the client tells the therapist that she sometimes physically attacks her child when angry. The therapist finds herself in the dilemma of responding to this situation. On the one hand, she wants to protect the child's safety and consider the possibility of publishing information about the client. On the other hand, she wants to respect the confidentiality and rights of the client and continue the therapy to help her solve her problems.
In this case, the therapist could think of several options. For example, she could continue therapy and work with the client to address her problems with aggression and impulsivity. She could also discuss the situation with the client and explain the possible consequences of disclosing information about her. On the other hand, she could decide that it is necessary to release information about the client to ensure the child's safety.

A therapist is working with a client who struggles with alcohol abuse. During one session, the client admitted to driving drunk and causing an accident. The therapist finds himself in the dilemma of responding to this situation. On the one hand, he wants to help the client solve his problems with alcohol and prevent other dangerous conditions. On the other hand, he wants to respect the client's confidentiality and rights.
In this situation, the therapist could consider several options. For example, he could continue in therapy and work with the client to address his alcohol problems. He could also discuss the situation with the client, explain the possible consequences of his actions, and offer him support to prevent further dangerous situations. On the other hand, he could decide that it is necessary to report the accident to the authorities to ensure the safety of other road users.

Working with Traumatized Clients: A therapist may face the dilemma of working with clients who have experienced trauma. For example, a therapist may rescript a traumatic memory in imagery, partially requiring the client to confront their traumatic memories (Nguyen 2011). This dilemma requires careful consideration as the technique can benefit the therapy but also be stressful for the client (Prasko *et al.* 2012).

A therapist works with a client who has experienced a traumatic event. During one session, the therapist suggests using imagery rescripting, which would require the client to present their traumatic event and work on processing it. The client is disturbed by this suggestion, and the therapist finds himself in a dilemma regarding how to respond. On the one hand, he

wants to help the client process his trauma and knows the technique can be effective. On the other hand, he realizes that the method can be stressful for the client and worsen his condition.
In this case, the therapist could consider several eventualities. For example, he could continue using the imagery and help the client gradually work through his trauma. He could also discuss the situation with the client and look for other ways to help him process his trauma. On the other hand, he might decide that using the technique is inappropriate and instead focus on different therapeutic approaches.

Working with Clients Having Different Values: A therapist may face the dilemma of working with clients with different values (Vyskocilova *et al.* 2015). For example, a therapist may work with a client with strong religious beliefs that differ from the therapist's. This dilemma requires careful consideration because the therapist needs to respect the client's values and work with them to achieve their goals in therapy (Rushton *et al.* 2023).

A therapist is working with a client with strong religious beliefs. During one session, the client tells the therapist that he is having problems in his relationship with his girlfriend because their religious beliefs differ. The therapist finds himself in the dilemma of responding to this situation. On the one hand, he wants to help the client solve his relationship problems and respect his religious beliefs. On the other hand, he realizes that some of his beliefs strongly differ from the client's, and he struggles to accept the client's viewpoint, which can affect the therapy.
In this case, the therapist could consider several options. For example, he could continue therapy and work with the client to resolve his relationship problems while respecting his religious beliefs. He could also discuss the situation with the client and look for ways to help him balance his religious beliefs and relationship needs. On the other hand, he might decide that it is best to end therapy and recommend that the client seek help from another therapist who shares his religious beliefs.

Working with Clients from Different Cultural Backgrounds: A therapist may face the dilemma of working with clients with different cultural backgrounds (Rodriguez *et al.* 2008). For example, a therapist may work with a client from a culture where it is common to express emotions differently than in the therapist's culture. This dilemma requires careful consideration as the therapist must respect the client's cultural mores and work with them to achieve their goals in therapy.

The therapist is working with a client from a culture where it is common to express emotions openly. At the same time, he wants the therapist to hug and comfort him. During one session, the client begins to cry and express his feelings very emotionally. The therapist finds himself in the dilemma of responding to this situation. On the one hand, he wants to help the client express and process his emotions. On the other hand, he wants to maintain professional boundaries, prevent the session from becoming too emotional, and accommodate the client's wishes, who has a cultural tradition of touching and hugging, which would likely intensify the transference. On the other hand, he perceives that the client feels rejected when he does not want to hug him.
In this case, the therapist could consider several options. For example, he could help the client express his emotions and process them using techniques appropriate for his cultural habits. He could also discuss the situation with the client and find ways to help him cope with his emotions while respecting his cultural mores. On the other hand, he might decide it is best to maintain professional boundaries instead of focusing on different therapeutic methods.

Working with Clients Having Different Sexual Orientations: The therapist may face the dilemma of working with clients with a different sexual orientation than themselves (McGeorge *et al.* 2015; Nieder *et al.* 2020). For example, a therapist may work with a client who is homosexual or bisexual. This dilemma requires careful consideration as the therapist must respect the client's sexual orientation and work with them to achieve their goals in therapy (Haldeman 2010; King 2015).

A therapist is working with a client who is in a polyamorous relationship. The client has a girlfriend who also has a male partner. During the session, the client tells the therapist that she is troubled and hurt by this relationship, but at the same time, she thinks that polyamory is the right path for her. The therapist finds herself in a dilemma of how to respond to this situation. On the one hand, he wants to help the client solve her relationship problems and respect her beliefs about polyamory. On the other hand, she realizes that she looks down on polyamory, which can affect the therapy.
In this case, the therapist could consider several options. For example, she could continue therapy and work with the client to resolve her relationship issues while respecting her beliefs about polyamory. She could also discuss the situation with the client and find ways to help her cope with her emotions and find a balance between her beliefs and needs in the relationship. On the other hand, she might decide that it is best to end therapy and recommend that the client seek help from another therapist who is more understanding of polyamory.

Working with Clients in Small Communities: The therapist's work within small communities can be particularly challenging. For example, the therapist may face a lack of privacy (Schank *et al.* 2010) and the constant risk of entering into a dual relationship. This requires a cautious approach to setting boundaries and addressing out-of-session contact.

A therapist from a small rural area has been working successfully with a client for several years, reducing her Subjugation schema and promoting independence. The work was concluded half a year ago. However, the therapist knows that her former client moved to live next door, and her children will go to the same kindergarten group as the therapist. One day, the therapist

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meets a former client at her gate, and she is pleased to share the news of her life and expresses the hope that their children will be friends. The therapist feels confused about what to say to the ex-client and worried because he feels that work intrudes into his private life.

In this case, the therapist could consider several options. For example, he can remind the client that the therapy has ended and ask again if the client has a new request. He can express gratitude for the client sharing her life events but remind her that the therapist's code of ethics does not allow dual relationships, reminding her that it is in the client's best interests, even if the therapy has recently ended. The therapist can also confirm his adherence to the principle of confidentiality and explain that he will not reveal to his children that he has worked with the client. The therapist may consider supervision options to understand his feelings and find the best ways to restore boundaries.

These are just a few examples of ethical dilemmas that can arise in schema therapy. Each difficulty requires careful consideration and an individual approach. The therapist should follow ethical codes and standards and consult the situation with colleagues or a supervisor.

Resolving ethical dilemmas

Managing ethical dilemmas requires careful consideration of all options and their consequences. Therapists should act according to ethical codes and standards and ensure their decisions are in the patient's best interest (Prasko *et al.* 2023a). Part of the therapist's practice is a regular reflection on their work, where ethical reflection is important. In it, a therapist considers whether the therapy preserves the basic principles of ethics, such as helping, not harming, not exploiting, and others. In some cases, it may be helpful to discuss the dilemma with colleagues or a supervisor (Koocher *et al.* 2008; Corey *et al.* 2015).

In practice, various ethical dilemmas may arise that require solutions. When dealing with ethical dilemmas, it is important to proceed systematically and judiciously (Vyskocilová & Prasko 2013). A therapist should identify a particular case's ethical issues and dilemmas (Barnett 2019). Subsequently, s/he should consider various solution options and choose the most suitable one. When making decisions, s/he should consider ethical principles and standards, as well as the needs and interests of the client (Vyskocilova *et al.* 2015).

How to learn ethical reflection

Ethical reflection is a process that enables a therapist to work better with the client and resolve ethical dilemmas that may arise. Therapists should learn ethical reflection by regularly studying ethical codes and standards and participating in supervision and discussions with colleagues (Prasko *et al.* 2023a).

Ethical reflection involves examining a therapist's values, beliefs, and behaviours in the context of ethical principles and standards (Vyskocilova *et al.* 2015). Therapists should regularly reflect on their practice and examine how they apply ethics in the therapy of a specific client (Vyskocilova & Prasko 2013). Supervision allows therapists to discuss their cases with colleagues and gain new perspectives on ethical issues and dilemmas (Sookman 2015). Continuing education, such as attending seminars or conferences, can help the therapist stay informed about the latest developments in ethics.

In practice, various ethical dilemmas may arise that require solutions. It is important to proceed systematically and judiciously when dealing with ethical dilemmas. A therapist should first identify a particular case's ethical issues and dilemmas. Subsequently, they should consider various solution options and choose the most suitable one (Vyskocilova & Prasko 2013a). When making decisions, they should consider ethical principles and standards, as well as the needs and interests of the client (Sookman 2015).

A therapist is working with an anxious client. During one session, the client tells the therapist that he is having relationship problems with his new girlfriend and is afraid she will leave him. While describing her behaviour and characteristics, the therapist realizes she is his ex-girlfriend. The therapist recognizes that he may be biased and have a conflict of interest. So, he decided to conduct an ethical reflection and discuss the situation with his supervisor. Together, they conclude that it would be best for the therapist to refer the case to another therapist to ensure the best care for the client.

This example shows how a therapist uses supervision to work through their ethical reflection to identify a possible conflict of interest and to find the best solution for the client. Ethical reflection enables him to understand ethical questions and dilemmas better and find appropriate solutions.

Case studies focused on ethical issues and their place in schema therapeutic supervision

Case studies help explore ethical issues and dilemmas in schema therapy. They allow therapists to discuss situations and seek solutions (Kohen & Conlin 2022). Supervision is important for discussing ethical issues and dilemmas in schema therapy. It will enable therapists to share their experiences and collaboratively search for solutions (Prasko *et al.* 2023a). The supervisory relationship has areas in common with but differs from the therapeutic relationship. The supervisor shares an interest with the supervisees in the well-being of their client. Supervision aims to ensure that clients' needs are met and monitor the effectiveness of therapeutic interventions. However, the supervisor's attention focuses on the professional competence and development of the supervisee because it is by working with the supervisee that the client's interest is protected. Supervision is a formal collaborative process that aims to help supervisees maintain ethical and professional work standards and increase their effectiveness and creativity as therapists and practitioners.

Sarah is a schema therapist who has worked with Emily for three years. Emily initially sought therapy to address childhood trauma and struggles with self-esteem. Over the years, they have developed a solid therapeutic relationship, and Emily often expresses that she sees Sarah as a maternal figure and feels safe and supported in therapy. As part of schema therapy, Sarah has been helping Emily develop the Healthy Adult mode, encouraging her to practice techniques like imagery rescripting and caring for her emotional needs. However, despite their long-term work- Emily still seems reluctant to apply these techniques independently and often seeks reassurance and guidance from Sarah.

The ethical dilemma Sarah faces revolves around Emily's autonomy and progress. On the one hand, Sarah understands that therapy should help clients become more self-sufficient and capable of managing their emotional well-being outside sessions. On the other hand, Sarah recognizes the deep attachment and dependence Emily has formed with her and the perception of her as a maternal figure. Sarah wonders if she's inadvertently contributing to Emily's dependence by being too accommodating and providing excessive support. She is concerned that Emily may not develop the skills needed to function autonomously outside therapy.

Sarah also acknowledges the significance of the therapeutic relationship and its role in Emily's progress. She knows the strong transference and attachment dynamics might influence Emily's reluctance to work more independently. In addition, the therapist wonders whether it is appropriate to set a clear time limit on therapy, considering Emily's desire to continue indefinitely. Sarah is concerned that an abrupt ending might harm Emily's progress and well-being. Finally, Sarah contemplates whether transferring Emily to another therapist who can provide a fresh perspective and perhaps less of a maternal figure might encourage Emily to engage more actively in her therapeutic work.

Sarah sought supervision to address this ethical dilemma, which helped her reflect on the situation and find possible solutions. After thoughtful consideration, Sarah initiated an open and honest conversation with Emily about her progress, goals, and long-term vision for therapy. Also, she discussed the importance of her autonomy and growth beyond the therapeutic relationship. After the conversation, they agreed to work collaboratively to gradually reduce the frequency of sessions while emphasizing her ability to use the learned techniques independently. This approach helped her to provide a balance between gradual autonomy and continued support. In the following sessions, they also discussed her feelings of attachment and dependence. It helped Emily understand how these dynamics might affect her progress and autonomy.

In this case, Sarah's ethical dilemma highlighted the complex balance between fostering patient autonomy and maintaining a therapeutic relationship. Her thoughtful consideration of Emily's needs, progress, and potential interventions demonstrates a commitment to ethical decision-making and her patient's well-being.

CONCLUSIONS

Ethics is an integral part of psychotherapy, and schema therapy requires adherence to ethical codes and standards that defend the rights and interests of both parties in the therapeutic relationship. Ethics fundamentally influences the quality and effectiveness of the therapeutic process. Therapists must adhere to ethical codes and standards that establish principles for professional conduct and protecting patients' rights.

We described some of the most important ethical questions and dilemmas in psychotherapy. We showed that these questions are also relevant for schema therapy, where specific ethical questions may arise. In conclusion, we recommend further research on ethical issues and dilemmas in schema therapy. This research could bring new knowledge about how to solve better ethical questions and dilemmas in practice and how to ensure the highest possible quality of the therapeutic process.

CONFLICT OF INTEREST STATEMENT

The authors declare that the article was done in the nonappearance of any commercial or economic relationships that could be understood as a potential conflict of interest.

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