

Code of Ethics and Professionalism in Light of Cultural Competency: A Guideline for Saudi Psychologists, Supervisors, and Trainees

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Abstract This paper presents an overview of ethical issues in professional psychology. Specifically, it addresses the broad ethical ideas and views of psychological practices, in light of cultural competency. Its aim is to be the first Saudi document about ethics and professionalism, with a specific purpose as a guideline for trainees becoming culturally competent ethical psychologists. This paper describes the ethical code through three main categories: General Ethical Standards; Ethical Issues about Assessment and Treatments; and Cultural Competency and Professionalism Issues. Furthermore, it attempts to illustrate some of the cultural dilemmas connected with the application of international psychological ethical guidelines, particularly in Saudi Arabia. This project concludes it is essential for trainees, supervisors, and training program advisors to understand ethical and professional responsibilities, as they relate to culture competence and work, during trainees' internships.

Keywords Ethics · Professional psychology · Clinical psychology training · Cultural competence · Saudi Arabia

Introduction

Ethical standards are driven from guiding principles. These guidelines define practical rules and instructions for appropriate conduct in different settings within the field of

psychology. These guidelines include general standards, which are applicable to all professional psychologists (Pope & Vasquez, 2010). The application of professional ethics in several settings is required to secure quality psychological services for clients (Lindén & Radestrom, 2008).

Although almost all professional ethics are the same, they are absorbed differently in different cultural contexts (Sadat-Ali, 2004). Ethics and professionalism are culturally defined. They could be described as a set of characteristics and behaviors, but the Western frameworks of medical professionalism may not resonate with the cultural values of Arab cultures (Al-Eraky, Donkers, Wajid, & van Merrienboer, 2014). For instance, a culture often frames medical ethics within the context of where they should be applied (Tangwa, 2004). The international guidelines of professional ethics acknowledge the application of ethical standards needs to account for cultural values and traditions (American Psychological Association, 1992; Dickens, 2005).

Building awareness of ethics in certain cultures could be one main purpose of an internship. This awareness includes the ability to identify and resolve ethical difficulties when they occur in different situations and cultural contexts. The curriculum of training programs could serve as a way to evaluate the relationship between the ethics of cultural competence and normative Western ethics (Paasche-Orlow, 2004).

Cultural competence means, in part, to approach the psychological process from the context of the personal culture of the client (Sue & Sue, 2012). Professional ethics oblige psychologists to ensure their cultural values and biases do not override those of the client (Forester & Davis, 1995).

Muslim health professionals mostly form their conclusions from Islamic law (SHARIA) and Islamic medical

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ethics (IMANA Ethics Committee, 2005; Padela, 2007). A minimum level of cultural ethic awareness is necessary for healthcare professionals in Muslim communities, which usually are sensitive to their cultural ethics (Gatrad & Sheikh, 2001).

The term “inculturation” represents a compromise between global standards and complete local conditions. Inculturation modifies possible international norms to suit local sensitivity. Inculturation here means the embodiment of the international ethics message in a particular cultural context. Conflict in professional ethics occurs when the psychologist faces ethical dilemma in a professional situation (Colnerud, 1997). The ability to identify ethical issues does not always come naturally (Pope, Tabachnick, & Keith-Spiegel, 1987). Professional ethics and codes of conduct need to be developed early through training programs (Burke, Harper, Rudnick, & Kruger, 2007). There is concern that medical schools in Saudi Arabia could face gaps regarding ethics and professionalism (Al-Eraky, Chandratilake, Wajid, Donkers, & van Merriënboer, 2013).

Graduate psychologists face ethical issues in their careers from the first year. Like other medical students in Saudi Arabia, psychology students obtain their ethics education passively (Aldughaiter et al., 2012), using Western ethical theories and backgrounds. Psychologists then face further challenges when they compare their ethical and cultural backgrounds with what they encounter in real practice (Satterwhite, Satterwhite, & Enarson, 2000).

The Saudi Commission for Health Specialties (SCHS) is tasked with ensuring psychologists adhere to the highest standards of professional practices. SCHS emphasizes the importance of the ethical code of conduct for psychologists to guide their professional and scientific duties.

Despite high-quality psychological services, highlighted by authoritative bodies such as the Ministry of Health (MOH) and SCHS, there have been observations of unprofessional behaviors in the health sector in Saudi Arabia (Sadat-Ali, 2004). In psychological services, the absence of clear standards for ethics and professionalism was readily visible. There were dual absences of (1) the official documents that regulate psychological professionalism; and (2) essential ethical guidelines for training and trainees, which could build ethical awareness among psychologists at the early stages of their efforts to refine their professional skills.

It is necessary to develop guidelines on ethics and best practices culturally sensitive to the Arab region as a whole, and to the Saudi cultures in particular. It is not sufficient to use international standards as they are, without taking into consideration the differences that affect these standards in a culture built on Islamic law. These guidelines highlight that a code of conduct for practitioners, however noble it may appear, cannot break the laws of the society involved.

Because of the absence of any official Saudi documents addressing the code of ethics for psychology, developing a set of guidelines on ethics and best practices for institutions, supervisors, and trainees during the training and internships programs is an urgent need.

General Purposes

The primary aim of this code of conduct is to ensure that psychological services are steered appropriately, professionally, and ethically according to Islamic law, the MOH, and SCHS policies. This paper aims to present general ethical guidelines and codes of conduct for psychologists, believed to be universally valid by international bodies, and which can at the same time be adapted and accepted culturally and professionally by Saudi authorities. Another purpose is to supply institutions, supervisors, and psychological trainees in Saudi Arabia with a document regarding ethics and professional behavior. Therefore, this code of ethics was simplified, combined, and abridged to serve the main issues that usually arise at the beginning of the psychologist’s professional career.

Method: Sources of Ethical Standards

Step 1: Several Islamic charts of health ethics and codes on professionalism were reviewed comprehensively. Items from the international code of ethics standards were collected, adopted, modified, or were subject to inculturation. Other items emerged from constructs in the literature, describing ethics and professionalism in light of Islamic values.

Step 2: Then, an initial draft of this guideline was sent to experts in the field: licensed consultant psychologists, both male and female, holding a PhD degree with many years of experience. Ethics, professionalism, and cultural issues were discussed, and subsequent revisions were made.

Step 3: The draft underwent internal review by the two authors, followed by external peer reviews through group discussion (with academic professors holding a PhD in psychology), using specific evaluation questions about recommendations or counter-arguments that emerged from Step 2. The group was given the opportunity to raise and discuss any issue, recommendation, and counter-argument. During this process, it was essential to take into consideration the sociocultural background of the Saudi population, for whom the code of ethics was intended. Counter-arguments were reconciled, and a consensus was reached.

Step 4: The paper was revised again by the authors accordingly.

This methodology led to consideration of what is required for professional settings and cultural needs. In this paper, the code of ethics and professionalism has been divided into three categories: General Ethical Standards; Ethical Issues about Assessment and Treatments; and Cultural Competency and Professionalism Issues.

Finally, due to the awareness of gender and sexual sensitivity in our culture, it was important to have a female psychologist involved in developing these guidelines. One of the authors, Al Tamimi, is a female psychologist who has the experience from her professional practice to reflect gender sensitivity from a female perspective, both as a clinical psychologist and as a marital therapist. Moreover, some members of our professional panel were female psychologists, chosen as experts in their clinical practices to give their points of view on reality from a female perspective which could be absent from a male psychologist's point of view.

Category One

General Ethical Standards

Ethical Standard 1: Respect

Psychologists should respect the rights and basic values of all human beings in all circumstances. These include, but are not limited to, client/institutional rights of privacy, confidentiality, self-expression, and autonomy. Psychologists will not discriminate based upon age, identity, gender, ethnic background, religion, socioeconomic status, or disability.

Respect for Clients Psychologists are aware of personal and sociocultural differences among human beings, such as gender, ethnic background, race, religious belief or ideological conviction, values, political opinions, culture, disability, language, and socioeconomic status. Psychologists are to take appropriate precautions in order to minimize these differences.

Respect for Colleagues Psychologists respect the knowledge, viewpoint, responsibility, and experience of their colleagues and other professionals. Psychologists do not discriminate against age, identity, gender, ethnic background, religion, socioeconomic status, or disability.

Respect for the Law When legal obligations contradict the above rights, psychologists need to attempt to find a

suitable resolution. The law in Saudi Arabia is based on the Islamic law known as SHARIA. Accordingly, psychologists must obey the law and encourage legislation and establishment of social policies in the best interests of their clients and the public in general. In case of a conflict between the ethics code and legal instructions, psychologists should honor the law.

Ethical Standard 2: Competence

Psychologists have the responsibility to complete recognized education and evidence-based knowledge according to international standards, the requirements of the Saudi Minister of Higher Education, and psychologists' professional requirements by SCHS.

Psychologists have to be aware of their personal, professional qualities, and skills, in order to take the essential steps necessary to improve themselves. In light of this awareness, psychologists need to evaluate their own competency while taking on a new endeavor.

Psychologists should never accept services demanded by patients, service users in general, patients' relatives, clinicians, or institutions, when such service is beyond their skills and knowledge. They should clearly acknowledge their limitations to others. Equally, psychologists should make the effort to seek professional supervision and advice when the need arises. This will protect both the service user and the practicing psychologist.

Basic Competence Requirements Psychologists must work in areas only within their competence, based on their education, experience, and skills. Prior to undertaking any kind of work in any subspecialty, psychologists need to judge whether they have the adequate professional knowledge, skills, and experience necessary for this subspecialty. If psychologists feel they are not competent in an area, they should refer the patient to a competent colleague in that area of practice.

Improving Competence In order to maintain and improve competence, psychologists need to follow scientific and evidence-based training on a consistent basis and must integrate this, along with their education/training, experience, and skills. Psychologists shall obtain training and/or supervision in order to improve their competence.

Competence and Professionalism Psychologists must develop awareness regarding their roles in the professional relationship, their own personal needs, attitudes, and values, and then practice accordingly. They should know all the boundaries of the profession and seek to clarify new ones that may arise from practice.

Competence and Ethical Awareness Apart from their competence, psychologists need to stay aware, updated and familiar with ethical principles and standards, applying the appropriate ethical process and if necessary, consult with colleagues, preferably those who are senior and more experienced.

Ethical Standard 3: Non-maleficance

Psychologists must use their knowledge and methods to provide the best practice to their clients and institutions, and focus their attention on clients' or institution's best interests, while avoiding any harmful actions.

Avoiding Harm in General Psychologists do not misuse psychological knowledge or practices. They do not use their power or status in a way that would endanger their clients' or institution's commitment or trust. Essential protections should be taken in order to minimize predictable and inevitable harm, and clients or institutions should be informed of this in advance.

Avoiding Harm in the Relationship Psychologists are aware that the basic intention is to establish a professional relationship with all clients. Islamic law prohibits illegal sexual relations in any form or shape with any individual or gender. In Saudi Arabia, the culture is sensitive regarding intimacy and fraternal relationships with a preference toward male/female segregation. Consequently, psychologists must avoid turning the professional relationship into a private one, seeking personal gratifications and benefits, and instead must remain professional in their relationships with the users of their services.

Dual Relationships When psychologists take on an additional role in a relationship with someone who is closely related to his client, it is called a dual relationship. In this case, psychologists must pay attention to professionalize the relationship and protect all parties involved.

Ethical Standards 4: Responsibility and Confidentiality

Psychologists will obtain and maintain the highest standards of professional responsibility. They need to be aware of the quality and consequences of their professional activities. They must explain their professional responsibility to those with whom they are in professional relationships, and tailor their work methods to the needs of the client they treat.

Dilemma of Responsibility Psychologists could face ethical dilemmas while they are involved in professional activities, and are responsible for solving these

dilemmas. In instances where psychologists cannot resolve the ethical dilemma on their own, they are encouraged to consult their colleagues, experts, and various institutions, and if necessary, to collaborate with them in order to solve the dilemma and protect the interests of their clients.

Responsibility and Maintaining Confidentiality Psychologists are obligated to protect confidential information obtained from clients and institutions to whom they provide services. They must protect the clients' or institution's confidentiality in their writing, storage, and transference of records at their disposal, whether written, recorded, or stored in any other way. Psychologists must discuss with all clients and institutions the limits of confidentiality and the foreseeable uses of the information generated through their psychological activities.

Responsibility and Maintaining Confidentiality of the Records Psychologists must protect all information, assessments, written records, or any material that belongs to their clients and institutions. They are obliged to obtain a consent form from their clients and institutions before recording their voices or images.

Responsibility and Consulting Colleagues Psychologists may discuss confidential information with professionals only for scientific or professional purposes, given that they protect the identity of their clients and institutions.

Responsibility to a Third Party The presence of an additional person during the course of service, or during the course of research, will take place after the attainment of informed consent from the research participant, the client, or his/her legal representatives.

Responsibility to Disclose Confidentiality Psychologists may face some conditions in which confidentiality may not be maintained:

- If the client or institution has already harmed or will harm himself or a third party.
- All types, forms, and shapes of abuse, and harassment conditions including a child or an adolescent who is under the age of 18, a woman, the elderly, or a person with a psychological disorder or mental impairment, who are legally incapable.
- Clear evidence of other professionals' or psychologists' intentional abuse or neglect which results in abusing or harming the individual.

Responsibility and Work Within a Group When psychologists assign duties to their employees, supervisees, or

research assistants, they must provide them with adequate and clear supervision and guidance.

Psychologists have the responsibility to practice to their students, assistants, or supervisees in the scientific and professional field in an ethical manner. While doing this, they need to teach several psychological methods, ethical principles, and standards, as well as learn them themselves.

Psychologists need to ensure the colleagues with whom they work have adequate knowledge, education, and training, and be satisfied with their competence. It is their own ethical, legal, and moral responsibility to manage junior staff when they take them on board for training. The overall responsibility is placed with the senior psychologist, since he/she has accepted them under his/her supervision.

In the case of referring clients, psychologists need to be convinced about the competency of the practitioner to whom they refer the client, and inform the client of the knowledge, education, and experience of the referred practitioner.

Ethical Standard 5: Integrity

All psychologists should behave in an honest, fair, and respectful manner toward others. Psychologists should refrain from deception when describing their skills, services, products, research, and methods of teaching. They should be accurate, show neutrality in the science, avoid misrepresentation of facts, avoid making unrealistic and unclear promises, and clearly define their roles in all areas of practice, showing scope and limitations honestly and frankly.

Integrity and Competence Psychologists must avoid deception and false statements when introducing themselves. They must avoid make false or fraudulent statements concerning their academic degree, credentials, affiliations, training, experience, competence, and publications.

Integrity and Causing Harm Psychologists should describe and document their services as reliably as possible, while protecting the integrity of their profession, and refrain from harming colleagues and clients.

Category Two

Ethical Issues about Assessment and Treatments

Ethical Issues about Assessment

1. Certain valid international assessments contain items that are unaccepted culturally (Kaslow, 2004). Psychologists must use assessment

instruments whose validity and reliability have been established for use in Saudi Arabia and/or with the Arabian population.

2. Since most psychometric assessments are originally from the Western perspective with a different culture and language, psychologists need to be alert and aware that these differences can influence results.
3. While choosing and using the proper instruments for assessment, psychologists must be aware which instruments are sensitive toward and suitable for the Saudi culture.
4. Psychometric results are based on sufficient and adequate evaluations. When such evaluations are not applied, psychologists should document the efforts and limitations of their conclusions and recommendations, indicating they are based on interviews, observations, etc., not on testing.
5. Psychologists who are not qualified or trained for assessments and interpretation should not use the assessments or have access to assessment material or results.
6. Psychologists should be fully prepared when using tests, reading them carefully in advance and be well practiced with them, as well as training those under their supervision. Psychologists should never utilize or present a full assessment version in an entertainment session or in non-specialist teaching.
7. The client has the right to have all test results fully explained. The assessment results should be explained in a way that is easy for the client to understand. The client is fully entitled to a proper assessment results report. If the psychologist cannot provide such a report, for any reason, he should state such at the beginning or not carry out the assessments.
8. Informed consent should be obtained from the client or a guardian. The information should include an explanation of the nature and purpose of the assessment, as well as the limitations of all interpretations. Psychologists should provide sufficient opportunity for the client to inquire and receive answers.
9. When a trainee provides the assessment, the legal responsibility is fully shouldered by the supervisor (Falender & Shafranske, 2004). The client should be informed about the involvement of a trainee from the beginning of the assessment, and the client has the right to begin or end the evaluation at any time.
10. Psychologists should make every effort to maintain the integrity and security of all assessment materials and results through the materials' copyright and adherence to this ethics code.

Ethical Issues About Treatments

1. As early as possible, psychologists should inform clients about the nature and anticipated course of intervention. Psychologists should provide sufficient opportunity for the client to inquire and receive answers.
2. When clients are not able to make decisions for themselves, then permission is obtained from the legal guardian. In such a case, the privacy rights of the client are protected as much as possible.
3. All clients have the right to begin or end the treatment whenever the client wishes. However, psychologists are obliged to establish a trustworthy rapport and attempt to maintain the relationship with the client.
4. Psychologists need to be aware of updated knowledge and practices regarding any possible treatment approach considered for a given client.
5. When intervention will be provided by a trainee, the legal responsibility is shouldered fully by the supervisor. The client is informed about this situation at the beginning of treatment, and the client has the right to begin or end the intervention at any time.
6. Psychological intervention should be provided through conventional settings. In cases of providing psychological intervention through unconventional settings, it is obligatory to obey all the ethical rules included in this code. Providing psychological interventions through e-therapy such as telephone calls, e-mails, chat, or videoconference calls are considered unconventional settings. Practicing videoconference counseling necessitates special requirements including ethics, training, supervision, and competency issues (Mallen, Vogel, & Rochlen, 2005).
7. Psychologists should clarify their expected arrangements in terms of time, activities, and financial considerations, when applicable, to the client at the start of care.
8. Psychologists may end the intervention when it becomes reasonably clear that the client no longer needs the intervention, is not likely to benefit from the intervention, or is being harmed by sustained intervention.

Category Three

Cultural Competency and Professionalism Issues

Psychologists who work in Saudi Arabia and other Arab countries need to be cognizant of the varying perceptions of health shared by people of different religious, cultural,

and linguistic backgrounds in order to deliver culturally sensitive health care (Ypinazar & Margolis, 2006). Our research tried to summarize and highlight the most culturally sensitive issues in the field of practicing psychology. Saudi clients are very sensitive toward their culture. Like other clients from different cultures, Saudi psychological clients want to feel that the therapist is a caring and a real person (Aviera, 2002).

Several models describe how intern psychologists learn to appropriately consider cultural factors in their clinical work with culturally diverse clients (Lopez et al., 1989). This cultural competency needs to be taught in concurrence with teaching ethical standards in order to establish balance and professionalism early on in being a practicing psychologist in Saudi Arabia.

Ethics and Inculturation

Psychologists should develop an awareness of cultural values. The curriculum of training programs should not ignore cultural competence and must highlight the most culturally sensitive issues in the field of practicing psychology in Saudi Arabia:

1. **Accepting Gifts:** The confusion regarding accepting a gift or politely rejecting it, whether between the same or different genders, depends on the culture and region (Zur, 2006). According to the Saudi culture, a psychologist would find it difficult to adhere to an absolute “No Gift” policy as exists in the international standards and code of ethics. An inculturation gift policy could permit gift giving, referring here to small gifts, with an emphasis on the importance of minimizing such behavior.
2. **Accepting Social Invitations:** Problems with a psychologist declining relations occur mainly when the psychologist comes from a different culture (Nilchakovit et al., 1993). For example, choosing whether to accept or decline a client’s social invitation is not a simple decision in the Saudi culture. The client in this culture is very sensitive to a rejection of an invitation, especially if it is for coffee. An inculturation policy could permit acceptance of a simple invitation, with the emphasis on the importance of minimizing such behavior.
3. **Shaking Hands and Sitting Closer:** Some studies show that most clients want their doctors to shake their hands (Makoul et al., 2007). Handshakes between a client and doctor represent more than just a greeting. It has been shown to improve the empathy between both (Vinjamuri et al., 2009). However, according to SHARIA law, a handshake and touching members of the other gender, when not related, is not permissible.

According to Islamic law, handshakes between males and females are not accepted. According to Islamic law, shaking hands is limited to using right hand only, and within the same gender. For a woman, shaking hands or even sitting closer to a man is prohibited. A man or woman will easily turn down an outstretched hand for shaking from an opposite gender because of SHARIA law (Winslow & Honein, 2007). Males in general, whether local or non-local, become accustomed to SHARIA law and become less likely to shake the hand of the other gender.

4. Wearing Hijab in a Therapeutic Session with a Male: To Muslim women, covering up the body, mainly face and hair, is important when they are in the company of non-mahram males (those not related by blood or marriage). Interestingly, Saudi female clients may feel safer and more secure talking about personal embarrassing or shameful issues when behind her veil to protect her identity, especially if she is confident that most if not all therapists will not ask her to reveal her face as an adherence to SHARIA law (Inhorn & Serour, 2011; Atighetchi, 2007). Missing the feedback of facial expressions and eye contact behind the female client's veil should be noted in the psychological session and documented as a part of that respected limitation.
 5. Privacy, Confidentiality, and Khalwa: The SHARIA is a list of rules and principles derived from Islamic sources. Psychological Western standards, applied to services in Islam, are somewhat limited (Pridmore & Pasha, 2004). One typical example regards psychologist–client relations and whether a male psychologist can treat a female client or vice versa. The more specified inquiry here is about Khalwa (Rispler-Chaim, 1993). According to SHARIA law, privacy between a female and a male who is not Mahram (i.e., not her father, brother, uncle, husband, or son) is prohibited. Accordingly, for a female to be alone with a male, even in a professional setting, with a closed door is not permitted (Inhorn & Serour, 2011). Unlike the situation in other medical specialties, the nature of psychological intervention often requires that the psychologist and client are present alone in a room. The confidentiality created by this Khalwa is essential for the success of the therapy (Atighetchi, 2007). Sometimes, the husband will not accept his wife or daughter being with a male psychologist who is a foreigner behind a closed door, even for a professional issue (El-Islam, 2008). Consequently, confidentiality could be affected. Possible solutions to this include:
 - Having a foreign nurse inside the clinic the entire time, preferably a female.
 - Alternatively, having the door open to break the isolation of the male psychologist and the female client, and be a curious scene for the passersby.
- However, as long as there is a real belief that this private Khalwa is going to support the intervention, and that the male psychologist is a devout Muslim, the Khalwa will be legitimized (Al-Sheikh Alsharawi, 1990).
6. Treatments: Relaxation and Hypnosis: Applying certain types of therapy, such as the implementation of relaxation techniques and hypnosis, could be restricted due to gender sensitivity in our culture. The implementation of such may require the female therapist to be closer to the male client, or the male therapist to be closer to the female client. Suggesting relaxing body parts with a relaxing or calming tone of voice could be confusing for both of them, and thus, it is very possible to refuse applying such techniques due to cultural issues. The most sensitive cultural component here is again about Khalwa of the male psychologist with a female client or vice versa. A female assistant or nurse in attendance is highly recommended in such psychological interventions.
 7. Training Psychologists in a Mixed Gender Environment: In Saudi Arabia, working or training in a mixed gender environment is very limited. On the other hand, clinical training for healthcare students, including psychologists, in a mixed gender environment such as hospitals, is common. Psychological trainees should understand the proper and professional boundaries in dealing with different genders in a way that is beneficial for both, without misinterpreting this professional relationship. Frequently, medical staffs work together in multidisciplinary teams with both male and female specialists to provide the best diagnosis and intervention available for clients. Understanding the concept of teamwork and the concept of sharing knowledge with full respect to the cultural norms and without violating personal rights should be given full and careful attention (McLean et al., 2010).
 8. Sexual Topics: A female psychologist will refrain as much as possible from asking sexual questions unless she has to. Accordingly, sexual topics or disorders could be the reason to refer a client to another psychologist to deal with such issues. The same applies when dealing with marital dysfunction, where sometimes clear direct sexual questions should be asked and could follow with clear sexual education. Due to cultural issues, many female psychologists could feel embarrassed and uncomfortable to talk about these issues clearly in front of the couple or with a male client alone. If such a case occurs, referring the patient to another psychologist skilled in these issues is

recommended (Ali, 2008; Rispler-Chaim, 1993). According to SHARIA, sexual orientation changes or behaviors will not be accepted (Jaspal & Cinnirella, 2010). Homosexuality and bisexuality will always be seen as a sin, and officially as a crime (Shannahan, 2009). The Saudi psychologist should not accept cases for transgender therapy. The only condition in which a Saudi psychologist would accept such a case would be treatment to eradicate such behavior.

9. Practicing Islamic Rituals: Religiously, the daytime of the adult Saudi is extremely structured. Practicing Islamic rituals regulates all activities of daily life. For example, each day contains five mandatory periods for prayers. Occupying the periods of prayer with anything, including psychological treatment and interventions, is very sensitive and is not accepted. Consequently, this could harm the relationship with the client and may affect results (Miller & Thoresen, 2003). Psychologists, in delivering their therapeutic services, should consider the timing of regular prayers and practices. Patients should be given time for prayer to show some flexibility and cultural understanding (Mir & Sheikh, 2010). They should pray before or after the psychological sessions, but not during the sessions.

Conclusion

Since this is the first effort to establish ethical standards in Saudi psychology, this will serve as a comprehensive document, culturally accepted to provide practical guidance regarding ethical behavior for psychologists.

This article highlights the ethical standards of respect, competence, non-maleficence, responsibility and confidentiality, and integrity, as well as specific issues in assessment and treatment, in detail. This document helps professional psychologists be thoughtful about ethical principles and cultural challenges, as well as getting optimal training and supervision. Following the recommendations of a previous study (Sue, 2001), the strength of this document is that it deeply illustrates the need for cultural competency, paving the way for trainees and new psychologists who need better cultural competency (Handelman et al., 2005). Stern (1996) believed that ethics and professionalism are rarely taught in internship and training programs. Teaching ethics and a code of conduct in a cultural and practical format throughout an internship and training program might therefore improve ethical awareness and bridge the gap between theory and practice (Corey et al., 2014).

The ethical guidance outlined in this paper is intended to increase psychologists' awareness, during their training

program, about ethics and cultural competence, in order to maximize professional services and to minimize unprofessional behaviors (Barnett & Bivings, 2002; Burke et al., 1999; Hall, 1997). It emphasizes the need to consider teaching professional psychologists ethics and a code of conduct during their training program (Koocher & Keith-Spiegel, 1998; Smith, Constantine, Dunn, Dinehart, & Montoya, 2006) and within the cultural environment (Cannon, 2008) which has influenced psychology in Saudi Arabia.

It is essential for trainees to understand their ethical and professional responsibilities, not only to ensure their knowledge is complete, but that their actions and behaviors are ethical and professional, with best practices to be accepted culturally (Ali et al., 2004; Falender, & Shafranske, 2007; Pope & Vasquez, 2010). This paper can be used as a reference source for ethical and professional standards in psychology for all of Saudi Arabia's programs, and as a guide for national and regional usage. It can also be used as a reference for a non-Muslim psychologist who wants to work in a Muslim culture. This cultural guideline offers an opportunity for the profession of psychology to play an essential role in bridging religious, ethnic, and cultural boundaries (Pridmore & Pasha, 2004).

The authors are aware that publishing these guidelines is not enough to be implemented in practice. Therefore, they call upon experts from different governmental, private, and academic institutions to support these guidelines and to assist in implementing them in the future. An acknowledgment goes to those experts as they reflect their governmental, scientific, and practical positions.

Limitation

This paper focuses primarily on ethical issues and codes of conduct that arise while training psychologists in practical settings. This effort is not intended to replace the national Saudi code of ethics, because it is not established yet. Rather, it serves as a guide to develop and adapt the national guideline.

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