2016

Professional Psychology Associations in the GCC: Positive Institutions Whose Time Has Come

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Recommended Citation

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Abstract: Professional associations have a mandate to protect and regulate those members deemed
qualified to provide mental health services to the public. This is accomplished through supervision
and policing of practitioners' conduct, informed by an understanding of the application of ethics.
Yet, in the Gulf Cooperation Council (GCC) countries, many hurdles preclude the development
and maintenance of professional organizations, such as a lack of understanding of the range of
services available within psychology, little professional oversight and no legal mandate for it, as well
as a disinterest in professionalizing the field. Yet, by adopting a positive psychology framework,
the current view from a focus on wrongdoing to an approach that encourages psychologists to
reach a state of professional excellence can be accomplished via the notion of positive supervision,
positive ethics, and organizational virtuousness. We explore how this can be done in the region.

تنطوي مهمة الجمعيات المهنية علي حماية وتنظيم الأعضاء المؤهلين لتقديم خدمات الصحة النفسية للعامة. ويتم إنجاز ذلك من
خلال الإشراف على و ضبط سلوك الممارسين، و الادراك الواعي لتطبيق أداب المهنة. ومع ذلك، لدي دول مجلس التعاون
الخليجي عقبات كثيرة تحول دون تطوير والمحافظة على المنظمات المهنية، مثل عدم معرفة و فهم مجال الخدمات المتاحة في
علم النفس، واغفال الرقابة المهنية وعدم وجود تفويض قانوني لذلك، وكذلك عدم الاهتمام في إضفاء الطابع المهني او
الاحترافي على و هذا المجال. ومع ذلك، باعتماد إطار علم النفس الإيجابي،يمكن تغيير النظرة الحالية الا وهي التركيز على
المخالفات و اتباع نهج أكثر إيجابية لتشجيع علماء النفس للوصول إلى حالة من التفوق المهني، ويمكن تحقيق ذلك عن طريق
مفهوم الرقابة الإيجابية والأخلاق الإيجابية، والاستقامة باعتبارها سمة تنظيمية. نعمل على استكشاف الوسائل التي من خلالها
يمكن تحقيق ذلك في المنطقة.

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Positive psychology has as its foundation the study of positive experiences, positive traits, and positive groups and institutions (Seligman & Csikszentmihalyi, 2000). Positive institutions, synonymous with families, religion, community, business, and education (Huang & Blumenthal, 2009; Seligman, Rashid, & Parks, 2006), are settings in which the development of positive individual and group traits like responsibility, work ethic and citizenship emerge (Peterson, 2006; Seligman & Csikszentmihalyi, 2000). They are also defined by their human involvement, moral goodness, and benefit to society (Cameron, 2003). These institutions are increasingly the focus of how organizations, laws, and policies can provide the structure for, and influence the development of community and individual well-being (Huang, 2016). For instance, in the law profession, positive institutions are settings in which attorneys are deeply engaged and feel a sense of purpose, where clients are valued, and communities benefit from contributions of the practice (Brafford, 2014; Huang & Swedloff, 2008). It is our belief that psychology associations fit the definition of positive institutions as they have at their core the goal of improving the human condition.

Professional associations serve many purposes, such as offering a platform for developing culturally relevant ethical practices, protecting the integrity of the field and those it serves through licensing requirements and disciplinary action, and providing support and resources to psychologists for professional development and career growth (Dodgen, Fowler, & Williams-Nickelson, 2013). Yet, in the Gulf Cooperation Council (GCC) countries (Saudi Arabia, Kuwait, Qatar, Bahrain, Oman, and United Arab Emirates), many hurdles preclude the development and maintenance of professional organizations, for which a recognized need exists and for which repeated calls have been made (Ahammed, 2015; Al Darmaki, 2015; Al Serkal, 2015; Lambert, Pasha-Zaidi, Passmore, & York Al-Karam, 2015).

These hurdles involve a lack of understanding among stakeholders of the breadth of services available under the umbrella of psychology, little professional oversight, disinterest in the professionalization of the field, and no legal mandate when associations do exist; consequently, professionals face many difficulties with implications for ethical (and sometimes legal) practice, as well as opportunities for growth that such work affords (Lambert et al., 2015; Milne, 2009). Further, there is resistance among some psychologists in supporting the development of a body understood by some to exist for no other reason than to evaluate practice, impose ethical guidelines, and offer unsolicited supervision. To address these issues, we propose that adopting a positive psychology framework can shift the current view from a focus on wrongdoing to a more positive approach that encourages psychologists to reach their greatest ethical potential

(Handelsman, Knapp, & Gottlieb, 2002) and attain a state of professional excellence currently difficult to achieve in the absence of such associations. We review how positive supervision, positive ethics, and organizational virtuousness can overcome these issues.

Professional Associations

Traditionally, professional associations evolved from trade or craft guilds that maintained standards of excellence and accountability for their members. Regulation opened the door to mechanisms wherein redressal procedures could be set in place in the event of failures to meet standards (Beaton, 2010). Provisions were made to support the acquisition of practical experience to supplement the theoretical foundation provided by educational institutions, assess professional qualifications, support the development of skills among its members, and offer the means to take action to maintain and protect the profession's title or designation. These activities evolved into autonomous professional bodies designed to promote and preserve the profession.

Today, associations are officially sanctioned bodies that have as their mandate the regulation, oversight, and administration of a profession and its members and aims to promote psychology as a science and a profession, and use the field's knowledge to promote wellbeing (Beaton, 2010; Dodgen et al., 2013). They further promote a degree of proficiency by offering opportunities for networking, professional development, employee assistance, continuing education, mentoring, and conferences (Jimerson, 2014). Professional organizations also influence national policies and frameworks and lead wellbeing initiatives aimed at the treatment and prevention of psychological issues as well as the promotion of mental health across society (Dodgen et al., 2013). Associations can even provide the leadership for the collection of data to support such initiatives and be instrumental in implementing these measures through the practices of their members. Finally, they have a charter that includes the legal right to determine who is qualified to practice (i.e., to use a protected title like 'psychologist'), or offer membership to those who are qualified or vetted by other legal bodies or government authorities, often requiring at a minimum, a graduate degree in the field and the completion of a mandatory number of supervised practice hours. A code of conduct demonstrates that the profession puts the interests and safety of the public ahead of its own.

Every profession has a code of ethics that members endorse and by which they are judged. Ethical codes in psychology promote respect for the dignity of people (i.e., respect for an individual's culture, religion, disability, gender, etc.), autonomy (the right of individuals to make decisions for themselves, including the norm of informed consent and the absence of coercion or influence), nonmaleficence and beneficence (seeking to do no harm, even unintentionally, and aiming to provide benefit within the limits of one's competence and scope of practise), and responsibility (being truthful, accurate, and fair in dealings with others) (Corey, Corey, Corey, & Callanan, 2015). These principles provide a standard for appropriate behavior which upholds these values, demonstrates accountability to clients and allows members to evaluate themselves and their peers against ethical standards (Vella-Brodrick, 2011). In psychology, it is not only clinical psychologists, but practitioners and researchers who work in teaching, administration, supervision, management, consultation, peer review, editorial, expert witness, social policy, or other roles

related to the discipline that are also held accountable. Thus, all psychology professionals will be familiar with their normative responsibilities and recognize the commitment to apply the code in all psychology activities, raise ethical issues with colleagues, and report or address unethical behaviour, in addition to considering their own actions and correcting their behaviour as necessary.

Middle East Psychology Association (MEPA)

Although there are professional associations in Egypt, Yemen, Tunisia, Jordan, Morocco and Iraq, the Middle East Psychological Association (www.mepa.me) was formed in Kuwait in 2010. In the preceding year, Arab and expatriate psychologists, counsellors, therapists, and social workers of all educational levels met to formulate guidelines for membership, develop a culturally and socially relevant code of ethics, create a framework to support skills development, provide oversight, and resolve complaints regarding the practice of professionals. As mental health services are not regulated in Kuwait, membership in the MEPA remains a voluntary endeavor. Those who choose to become members agree to abide by the Code of Ethics and complaints resolution process. Today, the MEPA has 100 members from at least seven countries and continues to grow.

In her role as MEPA's second elected president, Schuilenberg supported the board's efforts to promote the concept of an umbrella organization in the Middle East with independent professional chapters in different countries, similar to the American Psychological Association's regional chapters. Yet, the challenge for MEPA is the need to work across national boundaries and with local partners who understand the ethical parameters of the profession. Where complaints are brought to the organization, there is little that this (or any) association can do without formal jurisdiction in those countries. Raising awareness and 'naming and shaming' are the only sources of power of such an organization. These issues have been raised by regional professionals. During a forum on the role of associations held at the second International Psychology Conference, Dubai (IPCD, 2014) which attracted a large number of professionals from the GCC, the majority of concerns raised revealed misconceptions about the role of professional associations. For example, the lack of governance in practice was a concern and attendees gave examples of what they perceived to be unethical or unprofessional conduct but did not know how or where to address them. Bringing these complaints to relevant health authorities was unhelpful; the lack of understanding among licensing bodies with respect to clinical standards was a barrier.

Unlike other international associations that work within one country and have formal recognition from local and national bodies, MEPA must build a multi-national jurisdiction with varied professional and cultural populations across different political and health systems. So while MEPA attempts to model other successful professional bodies, its task in the region is unprecedented and limits its ability to advocate for change in the appropriate arenas.

Regionally, Saudi Arabia has in place a licensing process for professional psychologists that is regulated by the Ministry of Health and focused on the field's competencies, and that is independent of the Saudi Arabian Psychology Association. In Bahrain, Kuwait, Qatar, and Oman, the profession appears to be recognized for the purpose of a work visa, or where licensure exists, standards revolve around the regulation of the business of psychology rather than its practice. Nonetheless, in Oman and Kuwait, mental health is identified as a national priority for integration

into primary care and the school system, as well as providing additional training (WHO, 2010; 2014). Qatar, the only nation to have a National Mental Health Strategy is focused on increasing availability of services and developing standards towards improving the workforce in this sector (http://www.nhsq.info/app/media/1166). Saudi Arabia and the UAE have also identified mental health as an area of importance and developments are expected (Koenig et al., 2014; Qureshi, Al-Habeeb, & Koenig, 2013; WHO, 2012).

Professional Associations: What is happening in the UAE?

The UAE is comprised of an overwhelming number of expatriates, up to 90% of the population (Lambert et al., 2015); a situation for which few professionals (expatriates or nationals) are prepared, regardless of their training. Consequently, a psychology association would be an asset to professionals for the provision of cross-cultural, religious, and ethical supervision, as well as the development of protocol standards and guidelines for practice. In 2003, a request for approval for a government sanctioned Emirates Psychological Society (EPA) was made. While the EPA has the power to regulate policy and practice, it faces challenges in fulfilling its aims. As a government body, it must be led by UAE nationals, and despite the expertise that exists, there are few individuals who meet the criteria and/or who are willing to take on the role. As a result, the EPA has struggled to fill roles and functions, leading to an ill-fated situation given that government and policy makers prefer to consult with associations for policy decisions (Manickham, 2016).

In 2009, a committee of national and expatriate psychologists based in the UAE compiled a document outlining the 'Laws for Psychology Practice, Ethical Code and Professional Conduct of Psychologists and Scope of Practice for Psychology', which was commission by the Dubai Health Authority (DHA). However, this document is still pending formal approval and implementation (Al Serkal, 2015). If there was an active professional association to follow up on this document, the regulation of the professional infrastructure would be easier to implement and would address the stated concerns around competency and ethical practice in the country.

Other efforts have also been developed to bring professionals together. The biggest is the PsyDubai network that acts as a forum for information and networking. The International Psychology Conference Dubai (IPCD) also evolved to provide professional development and best practice forums for the professional community. Yet, with these initiatives developing separately, the UAE is left in a situation where there is a formal association given the power to work with agencies for complaints and monitoring, but which struggles to maintain an active committee, while a growing professional community cannot gain the formal recognition it needs.

A further challenge in setting up a professional body is that the group that comprises "UAE psychology" is very diverse in terms of professional fields, nationality, language, and training, and does not see itself linked through the practice of psychology. While a professional body would provide that link and professional identity, it relies on those same links for its growth (Jimerson, 2014). In other jurisdictions, this challenge was avoided as professional bodies developed alongside the industry's growth, but here, growth of the practitioner population has preceded the creation of a professional body. Any association must now be created from the top down.

Psychology in the UAE is also dominated by the biomedical model and limited to the areas of clinical psychology for which licensure is focused (Ahammed, 2015). In Dubai, three licensing bodies exist: Dubai Health Authority, Dubai HealthCare City, and Community Development Authority, while the emirate of Abu Dhabi has its own (Health Authority Abu Dhabi). The system is confusing, creates artificial boundaries and limits dialogue between sectors. As long as licensure remains the remit of health authorities, there is neither a mandate, nor motivation for practitioners to seek a professional body. The lack of mandatory membership adds to the failure of unifying the field (Manickham, 2016).

Finally, the codification of professions has also begun with the introduction of the UAE's National Qualifications Framework (www.nqa.gov.ae) that will eventually be applied to the field. This will enhance job mobility (potentially across the GCC), build confidence and consistency in the profession's skills and deter fraudulent, or educated but unlicensed professionals from practising. However, it will do little for the monitoring of ethics, nor for the regulation of other streams of psychology (organizational, forensic, sport, educational, etc.) who have managed to avoid all scrutiny and professional oversight to date (Al Serkal, 2015).

Ethical and Organizational Issues

There are many barriers in the development of an association and the implementation of an ethical code of conduct, all of which are highlighted here. The first issue inherent to the development of a professional association is resistance among psychologists who construe an association as an unwanted supervisory body that will regulate their practice. When an external body helps standardize guidelines and evaluates the effectiveness of a community of practice, evaluation anxiety over one's behavior, performance, and accomplishments is normal. Excessive evaluation anxiety (XEA) is characterized by an affective, cognitive, or behavioral response to concern over negative consequences contingent upon evaluation (Donaldson, Gooler, & Scriven, 2002). XEA often predicts resistance, lack of stakeholder cooperation, and the refusal to share pertinent information, such as specifics on practices that may border on the unethical on the part of psychologists themselves or their colleagues (Donaldson, 2007). To illustrate, a recent qualitative study (Court, Cooke, & Scrivener, 2016) of therapist opinions of mental health guidelines in the UK found that resistance is common and stems from the fact that therapists feel their freedom and judgment is curtailed as a result of imposed standards. In interviews, many admitted to giving their superiors the impression of following standards, but in reality, were not. Behaviors like these, the authors concluded, threaten the quality of standards, justify the need for guidelines, and reflect the widespread beliefs that clinicians hold of their correctness.

Alternatively, as existing codes of ethical conduct do not usually involve the pursuit of the highest moral character and positive aspirations are often absent in the development of good professional conduct (Handelsman et al., 2002; Lomas & Ivtzan, 2016), there may be an excessive focus on risk management, which leads to a focus on avoiding harm rather than an active effort to contribute to the good. Practitioners assume that if it is legal, it must be ethical; a low standard for virtuous practice. Still, others conflate their personal values with those of the profession (Al Serkal, 2015) assuming that the values which make them good friends or citizens can be substituted in

professional practice without considering that the role of a friend does not involve the same level of responsibility and standards that govern the practice of a psychologist.

For instance, consider a psychologist who withholds from the client the risks of a particular therapeutic treatment. In this case, the principle of informed consent is waived because, in the therapist's view, her expertise is great enough that she feels she will not make a mistake in applying the intervention, nor does she want to disappoint the client whom she feels needs to see her as the expert and someone in whom she can have faith. Good intentions aside, this behavior is unethical as the right approach is to value clients' abilities to make decisions for themselves and consequently, be honest and engage in full disclosure. Psychologists must fulfill ethical obligations by obtaining informed consent and in a manner that is respectful of the client's needs. Situations like these require the careful use of professional and personal character strengths (i.e., honesty, tact, sensitivity). This is where supervision can be helpful irrespective of the therapist's skill level.

Consequently, it is not surprising that the ethical culture which governs psychology evolved for a reason - to promote the wellbeing of clients (and practitioners) in the course of treatment - and not to develop friendships regardless of the larger social or cultural values that may exist and be customary. Professionals who fall prey to such ethical negligence engage in little reflection, or their self-esteem is so inflated that they do not see themselves as needing to ascribe to professional ethics as they assume their personal ones are sufficient (Knapp, Handelsman, Gottlieb, & VandeCreek, 2013). These professionals may have inadequate theoretical and practical training in ethics and minimize their relevance, or they may be trained in countries where standards do not exist or are regularly flouted. They may even scorn professionals who follow ethical standards or publicly support ethical values but do the opposite (Pillay, 2015).

A further difficulty in implementing any ethical code is learning the skills to navigate the social, political and cultural realities in which these take place. By definition, ethical issues have multiple, simultaneous, and often conflicting impacts (Pettifor, McCarron, Schoepp, Stark, & Stewart, 2011), from which no amount of training and years of experience will provide a practitioner total immunity. Thus, it is not enough to know about ethical values and standards; one must know how to make decisions and how to apply them in specific contexts (Korkut, 2010). Yet, in the absence of existing professional associations, from whom guidance could be sought, this task is left to the practitioner. We offer three examples gleaned from our professional experiences and those of other practitioners in the region to illustrate how real life cases can be complex.

Case 1. The wife in an expatriate couple has been seeing a therapist for the past month. Her husband has been embezzling corporate funds and she has only now discovered the news. He invested the money in an off-shore company, but has lost it all. They have an unpaid boat, two villas, several vehicles, and significant debt. As it is illegal to declare bankruptcy, they are left with no option but to leave the country with their children parting with all of their property. They are leaving on Friday; today is Tuesday. The therapist is conscious of a crime taking place.

Case 2. A male expatriate is brought to therapy by his parents for depression. The therapist soon realizes the teen is increasingly interested in an extreme view of religion and withdrawing from his friends and activities. He spends a lot of time online listening to religious sermons and is becoming belligerent with his parents and teachers accusing them of not being

religious enough. He has begun giving away his personal effects and telling students he will see them some time in the future. He now refuses to come to therapy stating that where he is going, there is no need for intervention. While the therapist is admittedly relieved, he is uneasy about the future and wonders whether his responsibility is over. Informing authorities would raise a flag, but the consequences of what the therapist imagines may happen (but in reality, has not happened) is worrying. There is no identifiable target at present and thus, the duty to warn has not materialized.

Case 3. A national female realizes she is deeply unhappy in her marriage and has begun to have an affair with her employer, both illegal and against company policy. She has two children and her husband has recently discovered her infidelity, demanding a divorce and child custody. He has photos of the two together and intends to use these as evidence in court. Her family knows she is seeing a psychologist, whom they are pressuring to come to her rescue during court and fabricate a story about her husband being physical abusive to her. Her family is influential and coincidentally owns the building in which the psychologist practises. A member of the family is on the premises asking to discuss the issue and has spoken to the owner of the counselling agency too.

We provide these vignettes as examples of the complexity psychologists encounter and for which it is imperative to have ethical discussions around what to do and why. Apart from the personal discomfort raised by the cases, there are a number of ethical values clashing as well, including cultural, social, legal and even religious factors to consider. For these reasons, it is vital that psychologists not only have prior formative ethical training, but ongoing guidance for the local context as the norms (and laws) naturally differ from those where most practitioners did their training. This is vital for all practitioners as there can be issues for which no legal or ethical guideline is readily available, or for which there is ambiguity around one's professional role. In the absence of established guidelines, protocols, and ethical standards, practitioners currently deal with these issues in isolation to the best of their ability. Apart from the professional liability to which this exposes them, psychology becomes a risky and stressful career to pursue given the lack of institutionalized support from the appropriate governing bodies, a precursor to job dissatisfaction and high turnover (DeTienne, Agle, Phillips, & Ingerson, 2012; Kim & Brymer, 2012).

For the purpose of addressing such situations, associations frequently have ethics boards to whom professionals can turn for guidance. Ethics boards offer ongoing training sessions, best practise updates, case studies for discussion, and presentations about implementing ethical principles in specific cases (i.e., for vulnerable populations, youth, domestic violence, physical and mental disability, etc.). They also provide information about amendments to legal and ethical codes in the country of practise that affect practitioners directly. Thus, ethics boards do not exist only for the purpose of discipline when things go wrong, but to work with practitioners to avoid problems, offer guidance when it is needed, and amend the code as a result of feedback about frequently-raised issues that require more clarity from the association or other government entities. Collaboratively, they consider how ethical standards can be best implemented in local GCC contexts by all professionals who work cross-culturally on a daily basis.

Another situation is the lack of data that is needed to make a case for professional associations, as there are no mechanisms or governing bodies to which one can direct complaints of unethical behavior. Thus, our speculations are based on anecdotal evidence given to MEPA,

which, once its presence was known, began to receive complaints of ethical violations. A lack of professional oversight, inadequate supervision and/or legal accountability resulted in professionals contravening ethical standards in many ways including sexual relationships, financial improprieties, incompetent and even bogus clinicians, breaches of confidentiality, as well as conflicts of interest and a lack of observance of professional boundaries (Bell, 2014). The misappropriation of the title of 'psychologist' also remains widespread in the region (Ahammed, 2015) and news reports abound with illegal professional behaviors as well as unethical ones. However, the latter are harder for the public to identify as there is no clear mandate for what psychology professionals are meant to do and it is likely that due to the stigma individuals experience as a result of seeking psychological services (Al-Darmaki, 2011), there may be others who refrain from speaking out.

Consequently, where formal regulation is absent or inconsistent, it falls to practitioners to ensure that the integrity of the profession is not compromised. An absent regulatory body or one that neglects its responsibilities in responding to unethical actions or does not define what those parameters entail, is inviting unethical behavior and will quickly lose public confidence (Lomas & Ivtzan, 2016; Pillay, 2015). Professionals whose practice is governed by a code of ethics from associations in their home countries or adopted from a relevant source within the GCC are thus tasked with protecting the public, educating practitioners, and supporting the development of standardized regulation of mental health services. It is a heavy burden to carry for practitioners; yet, one for which a professional organization is suited. We now examine pathways for building a foundation for ethical conduct through an association and consider the encouragement of intellectual humility among members, the creation of settings for the cultivation of positive professional relationships which may help in developing agreed-upon ethical standards in the absence of regulation and the use of positive supervision in inspiring organizational virtuousness.

Professional Associations as Positive Institutions

Positive institutions are those with a positive social influence through their ability to nurture traits and foster positive experiences that build stronger collectives and individuals (Peterson, 2006; Seligman & Csikszentmihalyi, 2000). These traits include altruism, civility, tolerance, a strong work ethic and sense of social and individual responsibility that can foster wellbeing, growth and excellence in individuals, groups, and institutions (Gable & Haidt, 2005; Seligman & Csikszentmihalyi, 2000). Research into positive institutions has so far extended to schools (Waters, 2011; Waters, White, & Murrary, 2012) and businesses (Cameron, Dutton, & Quinn, 2003; Huang, 2016) as the capacity for learning, mentoring, supervision, teamwork and adherence to codes of conduct and ethical behavior in these contexts offer the means through which positive institutions can be developed. Professional associations that regulate the field of psychology also fit the definition of positive institutions as they can foster civility, a strong work ethic, ethical conduct, and responsibility among members. The establishment of positive ethics and the fostering of positive supervision is a first step in shaping professional associations into positive institutions.

The same functions of professional organizations can play a role in nurturing virtuousness as well. Organizational virtuousness refers to an organization's ability to have a positive human impact, demonstrate moral goodness, and strive toward social betterment (Cameron, 2003). It

prioritizes responsibility, transparency, and integrity at the top levels of organization and in this manner, can fuel self-perpetuating cycles of virtuousness throughout institutions and closely align with the values and goals of a professional psychological association. Virtuousness can be valuable during times of financial and economic crises or when there is the possibility that trust may be eroded (Bright, Cameron, & Caza, 2006). Thus, a value placed on organizational virtuousness can offer high standards of behavior for associations and aspirational goals for their members.

The development of positive interpersonal relationships (Dutton & Ragins, 2007) that include mentoring relationships and professional networks (Chandler, Kram, & Yip, 2011) can also be assets in the development of virtue. These high-quality relationships are built on authentic and constructive emotional expression, openness, mutual respect, and reciprocity and can lead to a sense of enthusiasm, psychological safety, and learning (Carmeli, Brueller, & Dutton, 2009). They also provide social support in case of professional challenges and foster a collegial environment that can stimulate innovative practices and professional advancement. The relationships and capacity built within these functions boost social capital (Cameron, Bright, & Caza, 2004), which in turn ease communication, facilitate the transfer of knowledge, foster prosocial behavior and enhance organizational performance, something regulating professional qualifications cannot do.

Developing collegial environments can reduce resistance and anxiety by fostering an environment where members can engage in a participatory process to elicit the benefits that would be desirable and valuable to professionals in the GCC region and help shape and construct its defining features (Donaldson et al., 2002). In developing a national code of ethics in Turkey, Korkut (2010) came to the same conclusion; it is better to focus on the long-term process of developing a code that addresses contemporary needs, issues and cultural conditions (and in synch with international norms) versus merely creating an appropriate, yet contested and resisted text. Further, it would be good to learn about previous experiences with associations or regulatory bodies, if any, and what can be done pre-emptively to mitigate concerns, as well as prioritize a learning orientation over a punitive approach, where possible, to help professionals learn, discuss, and become socialized in mutually agreed-upon practices, navigate ethical challenges together, and support one another in developing new strategies that are beneficial to psychologists and clients.

Strategies to achieve this would be the development of psychological networks that meet for monthly discussions around professional development and ethical issues. These networks can work to reduce professional isolation and anxiety in which many practitioners currently work as well as reduce the cultural divides in the professional community, with the result of building a sense of collegiality and spawning initiatives to address many of the issues named so far. Local networks or country chapters structured under the MEPA umbrella can take on this function.

Positive Ethics

A positive psychology-derived approach to ethical responsibilities places the ethical ceiling higher than normative practices (Vella-Brodrick, 2011). To understand its underpinnings, it is useful to revisit positive psychology's orientations, which can be described as a framework with which to study the processes and conditions that contribute to individual and community flourishing (Seligman & Csikszentmihalyi, 2000) and contrasts with traditional psychology, which

focuses on illness, distress, and pathology (Bolier et al., 2013). Rather than seeing what is wrong with individuals and communities, positive psychology focuses on how to improve the human condition and strengthen what exists for greater functionality. The shift in focus demands a different approach to the work psychologists do, the standards to which they hold themselves, how they perceive their role as change agents in society, and what they expect from their practice, such that they pursue moral careers built on the foundations of excellence and are not only satisfying job requirements (Lomas & Ivtzan, 2016; Rosso, Dekas, & Wrzesniewski, 2010).

Positive ethics, an outgrowth of a positive psychology approach, involves a focus on achieving the highest ideals attainable in the application of ethics, rather than merely conforming to a code of conduct and avoiding unethical behavior (Handelsman, Gottlieb & Knapp, 2005; Handelsman et al., 2002). Positive ethics differs from normative ethics in that the latter focuses on what should not be, while the former focuses on what could be (Behnke, 2004; Handelsman et al., 2002) and demands an alternative orientation to situations by asking 'Who should I be?' rather than, 'What must I not do?'. As such, positive ethics shifts the focus away from simply deterring unethical behavior to actively fostering ethical fortitude and excellence (Sekerka, Comer, & Godwin, 2014). Thus, from the perspective of positive psychology, the aims of a positive institution are to facilitate virtuous behavior among its members and move away from ethically reactive and self-preserving conduct to a proactive ideal that can unlock the human potential to do good (Aoyagi & Portenga, 2010), and cultivate ethical strength for sustainable moral performance at the individual as well as collective levels (Sekerka et al., 2014).

Although positive ethics is a new area of research, there are ways to increase ethical strength. Handelsman, Knapp and Gottlieb (2009) recommend attention to three areas for the development of positive ethics in psychological associations—self-awareness, professional awareness, and global awareness. They recommend that psychologists should acknowledge self-interests, biases, and their entire range of feelings and motivations that can influence ethical behavior, be self-reflective of the ethical nuances of their work, and strive for personal meaning and wellbeing while caring for others. A good starting point is intellectual humility, defined as the accurate assessment of the limits of one's knowledge and the openness to new and alternative ideas (Krumrei-Mancuso & Rouse, 2016). As such, it represents a love of learning and a desire to fill the gaps in one's knowledge (Haggard et al., 2016). Psychologists and experts have extensive education and experience; yet, they can stagnate in the absence of growth opportunities. Fostering intellectual humility and encouraging a love of learning and professional growth can set psychologists upon a trajectory for achieving new levels of excellence, as well as creating a deeper commitment to the field. Moreover, intellectual humility serves as a pre-condition to learning from each other, being open to suggestions, and valuing discourse that diverges from one's own beliefs, a skill that in diverse societies like the UAE and GCC region, cannot be overemphasized.

Practitioners may be more familiar with the term reflexive practise (Finlay & Gough, 2003), the ability to reflect on how well one is evolving professionally. This insight can be useful in cross-cultural contexts and when developing cultural competence (a feature of ethical practise), and involves reflecting on where personal assumptions of normality originate and how our worldviews can sometimes limit our understanding of others. Cultural competence is not only having cultural

knowledge, but more so, being aware of our cultural biases and assumptions and being willing to overcome them and engage respectfully with others (Plante, 2014; Walker, Schultz, & Sonn, 2014).

Offering training sessions that encourage reflection on values to support the development of cultural competence is imperative. Regardless of where professionals have received their training, every potential client, stakeholder, or colleague in the UAE reflects the diversity of more than 180 nationalities. A savvy professional could develop a bilingual cultural competency program based on local norms, values, ethical systems, and laws that offers guidance and the tools for practitioners to evaluate their biases and assumptions. A portion of this program would include exposure to local norms, but also issues unique to the region like third culture kids, local returnees and reverse acculturation, cultural and religious identity, cross-cultural workplaces, collective societies, as well as more psychologically-oriented topics like cultural manifestations of mental illness, cultural and religious understandings of wellbeing, suicidality and legal issues, psychiatric confinement and so forth. This would be invaluable as there are currently no guidelines or protocols for these issues, except those that may be addressed by health authorities. A successfully delivered, empirically sound program could be taken on by an association and made mandatory for all practitioners initially and with periodic renewal over time.

Positive Supervision

Positive supervision, an approach to supervision that engages a positive psychology orientation, may be helpful in transforming reluctance to belonging to a professional organization to welcoming of its opportunities for excellence, especially when professionals are new to the field, region, or wanting to develop a new skill set. Positive supervision (Howard, 2008) focuses on the formative functions of the supervisor/supervisee relationship, namely, to learn skills, adhere to established legal and practice standards, and ultimately, be accepted into the profession by its gatekeepers. It also prescribes normative roles - to develop appropriate ethical responses as a matter of automaticity, appropriately use skills in a competent manner and include its lesser known, yet equally important restorative function (Lomas & Ivtzan, 2016; Milne, 2007; O'Donovan, Halford, & Walters, 2011). While the formative and normative functions may be achieved through a learning orientation and the management of evaluation anxiety, Howard (2008) proposes that the restorative function is where positive psychology has its greatest influence as the focus is on facilitating wellbeing opportunities and managing the emotional demands of the work. Thus, supervisees, across a range of professional and developmental stages can benefit from ongoing supervision focused on maximizing their emotional growth throughout their career.

Taking a positive approach to supervision posits that all professionals commit to lifelong learning regardless of how advanced their skill set is. Thus, positive supervision becomes an opportunity rather than an obligation, which provides a positive setting in which to develop good professional character in the context of one's work (Gerber & Hoelson, 2011). This approach can make belonging to a professional organization far more attractive as it focuses on developing supervisory relationships that foster safety and trust, rather than just corrective and gatekeeping functions. Positive ethics and positive supervision evolved from the awareness that prescriptive ethics and more traditional forms of supervision were neither foolproof, nor considered best

practice in promoting ideal behaviors as they do not address issues of character (Aoyagi & Portenga, 2010). Psychology is one of the few professions where the tool of intervention (in our case, the psychology practitioner) is not subject to quality control; thus, as positive institutions, professional organizations, through their ethical codes and supervisory functions, play a role in treating ethical lapses once they happen, but more importantly, in preventing their occurrence and promoting aspirations towards greater ethical virtues over time.

While developing supervisory relationships is difficult in the absence of a mandate to do so, a mentor program can be established within a network system where voluntarily, professionals can be matched with one another to learn, discuss, and otherwise inquire about how each is progressing professionally. Casual connections can help develop familiarity and provide a space to discuss the joys and struggles of work. A voluntary directory can be developed where those who have a skill can offer it to those who want one. We opine that the mere act of being publicly listed can bring about more ethical behavior as the public gaze of others is known to foster accountability (Bateson, Callow, Holmes, Redmond Roche, & Nettle, 2013; Burnham & Hare, 2007).

Conclusion

Despite the argument that professional organizations can and do promote wellbeing and growth for the field and for the professionals who practice in it and the clients they serve, the need to belong to a professional association is not always recognized by professionals who see these organizations functioning as a gatekeeping tool rather than one for professional excellence. Further, due to a lack of government recognition in the region and lack of support by professionals themselves, the field of psychology as a whole is being undermined as professionals are unable to unite and advance their cause (Al Serkal, 2015; Manickham, 2016). The field has a long way to go until it can take its place in playing a supportive role in society. As a result, there is an urgent need to socialize practitioners to the necessity of belonging to an organization, like MEPA or other functioning national association, and to understand how positive institutions can protect and promote professional interests and the wellbeing of all (Knapp & Keller, 2001; Knapp et al., 2013).

Clearly, legislative changes are needed. One possible approach would be for existing boards to be open to any licensed, competent psychologist for the sake of protecting and promoting the field. Within this framework, a significant portion of the board composition would be comprised of local professionals who can ensure that local needs, interests and opportunities are safeguarded as a matter of policy and practise, and that cultural competence permanently remains on the agenda. At the same time, actions of local groups in the region, like IPCD in Dubai, must be commended and given encouragement to seek greater heights. Engaging in activities such as organizing monthly discussions, establishing a members' directory, and/or joining forces with MEPA as a country chapter and adopting their code of ethics are worthwhile options.

Psychology professionals in the UAE and across the GCC have an opportunity to develop clinical excellence in one of the most unique contexts in the world by joining, nurturing and ethically aligning with professional organizations and nurturing them as positive institutions. Investing in a vibrant, viable positive institution like a professional association, participating in supervision and mentoring, pursuing competence in cross-cultural counselling, and aspiring to the

highest standards of ethics can raise the standard of practice in the Gulf States and protect the field over time. Yet, this requires the commitment of professionals; if we value the work we do, it is we who need to pursue such institutions. As professionals, we must recognize the importance of our work and understand that there are few areas where psychology does not have an influence on the human condition (Ahammed, 2015; Knapp & Keller, 2001). But more than anything, joining a professional positive institution can develop a sense of professional identity of which psychology professionals can be proud. Even when membership is voluntary, the impact on the wider community can be positive, providing an invaluable resource for skills development, peer support, collegial collaboration, and a platform from which flourishing becomes possible for everyone.

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