

## **Enhancing the Level of Competency and Ethical Practice as Clinical Psychologists/Therapists**

### **Abstract**

Enhancing the competency and ethical practice of clinical psychologists and therapists is essential for delivering high-quality mental health services. This study investigates the interplay between professional competence and ethical standards through a comprehensive literature review and qualitative interviews with four experienced clinical psychologists from Malaysia, the UAE, Sudan, and Kashmir. Key focus areas include the importance of robust educational foundations, continuous professional development (CPD), effective supervision and mentorship, and proficiency in evidence-based therapeutic modalities such as Cognitive Behavioral Therapy (CBT) and Dialectical Behavior Therapy (DBT). Additionally, the report addresses core ethical challenges, including maintaining professional boundaries, ensuring confidentiality in the digital age, fostering cultural competency, and managing the ethical implications of emerging technologies. Findings highlight that a balanced integration of rigorous training, ongoing education, and ethical vigilance is crucial for enhancing clinical competence and upholding ethical standards. The report recommends implementing comprehensive training programs, improving accessibility to CPD, strengthening mentorship frameworks, and promoting self-care practices among practitioners to support sustained professional integrity and effective therapeutic outcomes. This research contributes to the field by providing actionable strategies for advancing both competency and ethical practices in clinical psychology, ensuring culturally sensitive and ethically responsible mental health care.

### **Introduction**

The field of clinical psychology integrates scientific research and professional practice to address mental health issues, primarily devoted to assessment, diagnosis, and research surrounding the study of psychological factors involved in health and illness, focusing on both health promotion and the prevention and treatment of psychological disorders (Bocharov et al., 2023). It is a general practice – one that focuses on a broad range of cognitive and behavioural disorders – and is characterized by the integration of knowledge and skills from many disciplines, both inside and outside of psychology (American

Psychological Association, 2022). Clinical psychology thus plays a significant role in enhancing individual and societal well-being.

But how do clinical psychologists assure provision of high quality and integral services? The answer lies in enhancing two fundamental pillars supporting the field; competence and ethical practices.

Falender & Shafranske (2023) refer to competence in clinical psychology as the adeptness to skillfully utilize psychological frameworks and practices in a clinical context, ensuring that healthcare providers have the necessary skills to administer evidence-driven interventions personalized to individual client needs. Ethical practices can be described as a set of principles that guide the conduct of practitioners to ensure that client information is protected and professionalism is observed in the course of therapy (Snyder et al., 2012).

The write-up critically evaluates three broad domains: a) competency in clinical psychology, b) ethical practices and c) integration of competency and ethics to enhance therapeutic outcomes, in the light of existing literature and interview insights from four clinical psychologists with 5+ years of experience, each from Malaysia (Dr. Agnes), UAE (Mr. Raiyes), Sudan (Ms. Hind) and Kashmir (Dr. Aijaz Bhat) respectively. The purpose of including insights from clinical psychologists across four countries is to highlight any cultural differences across regions in the application of competency and ethical standards in clinical practice. The write-up also explores modern technological challenges in practice and strategies to address them, maintenance of cultural competence and mental health of the practitioners to uphold professional integrity and sustained well-being in the clinical practice.

In light of the interviews with Dr. Agnes, Mr. Mohammad Raiyes (Center, n.d.-b), Ms. Hind (Center, n.d.-a) and Dr. Aijaz Bhat, this work aims to underscore the importance of improving competency and ethical practices in clinical psychology. These practitioners' experiences illustrate the issues and approaches to implementing competency and ethics into practice, as informed by current literature and practical scenarios. Extra effort is made in explaining the Cognitive Behavioral Therapy (CBT) and Dialectical Behavior Therapy (DBT) models, which are the most valuable approaches in current practice.

### **Competence in Clinical Psychology**

Competency is the key to successful treatment. It includes not only theoretical and practical competencies, which one can learn at the university, but also problem-solving skills in the context of changing environments and clients (Sperry, 2011). Dr. Agnes and Mr. Raiyes reiterate the importance of

basic education and training, CPD or continuing professional development, and the role of supervision and mentorship in order to enhance and maintain high levels of clinical competence.

### **1.1 The Relevance of Educational Background and Training**

The 1973 Vail Conference in Colorado, sponsored by the National Institute of Mental Health, endorsed the "scholar-practitioner" model to align psychological training more towards addressing clinical practice needs and less academic research (Routh, 2015). This historical development led to the PsyD degree, producing more graduates than the traditional Boulder model.

In order to implement evidence-based practices (EBP) in clinical psychology training across different settings, the need for competency-based approach is imperative for the development of relevant knowledge, specific skills, attitudes and behaviors in the field (Allen et al., 2021). A strong academic background is therefore necessary to raise a competent clinical psychologist. Mr. Raiyes and Dr. Aijaz's educational background in psychology and mental health training from different institutions strengthens the importance of holistic learning and preparation of clinicians with adequate theoretical and practical knowledge. Enduring various teaching approaches, they both gained a deeper insight into the principles of psychology and the approaches to treatment. This foundational education, along with practical experience, is essential for students to build critical thinking skills and apply theoretical knowledge in practical clinical situations. Dr. Aijaz's decade long working experience with MSF (Médecins Sans Frontières/Doctors without Borders) abroad prior to starting his private clinical practice in Kashmir enhanced his clinical expertise and cultural competence.

Likewise, Ms. Hind and Dr. Agnes both reflected upon their internship period, which gave them practical experience with many different cases, and helped them to fill the gap between their academic and practical experiences. The respective courses enabled them to develop their diagnostic and therapeutic skills in clinical practice, which was very useful in understanding the needs of the clients. Dr. Agnes' specialisation in chronic pain management also forms an essential part of her clinical psychology research and practice.

But how do clinical training programs assess whether trainees have really incorporated their theoretical knowledge into their practice? The Objective Structured Clinical Examination (OSCE) is one such comprehensive approach for evaluating clinical skills in a reliable manner, in order to ensure that trainees are equipped with the right skill set for the real-world application (Yap et al., 2021).

## 1.2 Continuing Professional Development (CPD)

Bernstein et al. (2024) describe the ever evolving discipline of clinical psychology as evident through the integration of latest research findings, technological advancements, and the newest models for clinical training and accreditation, hence warranting the need for continuous professional development to ensure that clinicians are competent and up to date with the latest knowledge in the industry. For instance, Dr. Agnes explained the need to consistently engage in CPD activities, such as advanced training programs, workshops, seminars, peer input, and self-directed learning, etc., to update practice and certification in CBT (Cognitive Behavioural Therapy). These programs not only help her to update the conceptual framework but also provide her with new and improved techniques for her practice. Through CPD, clinicians can learn new therapeutic tools, interventions and evidence-based practices that will help make their work relevant and in line with best practice.

Another example is Mr. Raiyes' participation in international conferences like the Advances in Psychiatry Across Ages Conference (APPA) shows how CPD enhances the dissemination of knowledge and professional development. These events are an excellent way for psychologists to meet colleagues and present and listen to new ideas in their field of study.

However, several barriers have been identified that hinder the sustainability of CPD, such as time, resources, and the availability of training opportunities. We must address these barriers to support further development of CPD as a method of professional learning (Drude et al., 2019).

## 1.3 Supervision and Mentorship

Supervision and mentorship play vital roles in the professional growth and competency development of clinical psychology trainees (Lawrence et al., 2024). While supervision involves a more structured and evaluative relationship, mentorship on the other hand puts more emphasis on personal and career development (Bogwu, 2020). Dr. Agnes recalled how her supervisor's advice has stuck with her over the years, about the role of a clinical psychologist being that of a helper, and not a superhero tasked with saving lives. Given the importance of supervision and mentorship in the clinical practice landscape, the lack of such guidance will have many implications. Dr. Aijaz highlighted the lack of a mentorship culture in Kashmir for the budding clinical psychologists there, underscoring the dire need to raise awareness and work on practical solutions to address the concern.

Dr. Agnes' commitment to her profession encourages her to engage in regular supervision and self-reflection for professional growth, stay updated on evolving psychological approaches and changing societal dynamics. After attending supervision workshops, she also made significant changes to how she

herself supervised her students, incorporating strategies to individually supervise trainees according to their level of knowledge and experience rather than having a uniform practice which may not accommodate individual differences in learning styles.

Mr. Raiyes also reiterated the importance of supervision, especially if one is practicing multiple therapeutic approaches in practice. He seeks regular supervision to guide his practice in CBT, DBT and matrix models, endorsing for a multi-approach mentorship as well. However, mentorship is distinct from supervision as it focuses more towards career development of mentees by sharing industry-related advice with them, facilitating networking opportunities, and promoting psychosocial well-being (Bogwu, 2020). It is a relationship that exists beyond the training phase.

Overall, supervision and mentorship are crucial parts of competency enhancement for clinical psychology trainees, preparing them for independent practice and promoting a supportive environment.

#### **1.4 Proficiency in Therapeutic Modalities: CBT and DBT**

The article also seeks to shed some light on therapeutic competency as a vital component of clinical competence which warrants the need for clinicians to have knowledge of several evidence-based therapeutic interventions that are useful for the health of the client (Barber et al., 2007). The most popular and empirically supported treatments in the current clinical psychology practice are CBT and DBT. It is clear that both modalities have systematic ways of regulating emotions and behaviors, and effectiveness has been confirmed for many different kinds of psychological problems.

##### **1.4.1 Cognitive Behavioral Therapy**

CBT is a form of psychotherapy that is rooted in the assumption that cognition and affect are related in a negative way, and that negative cognition results in negative affect and behaviour (Brewin, 2006). A particular CBT strategy used by Dr. Agnes is 'thought records', which requires the patients to notice how their thoughts make them feel (Josefowitz, 2017). The practical and evidence-based nature of CBT makes it useful in the management of different mental disorders, such as depression, anxiety disorders and PTSD (Post-traumatic stress disorder) (Kar, 2011). According to Mr. Raiyes, it is imperative to preserve one's skills in CBT given that the field is dynamic; there is always new research that informs better ways of practicing and intervening. He also pointed out that while CBT is beneficial, one of the problems is that the patient may not fully cooperate, especially when it comes to home-based assignments, which are an essential part of the therapy process but can sometimes be ignored.

### 1.4.2 Dialectical Behavior Therapy (DBT)

DBT is a modification of CBT that includes strategies for independent regulation of emotions, handling interpersonal conflicts, tolerating emotional experiences, and mindfulness (Malivoire, 2020). It is most helpful for people who have BPD (Borderline Personality Disorder) and other disorders characterized by an inability to manage emotions (Gunderson et al., 2018). Mr. Raiyes also described the specific aspects of DBT, including the emphasis on acceptance and authentication, which allow patients to cope with their feelings during the process of learning how to regulate them. Mr. Raiyes talked about the use of DBT to help patients who engage in self-harm, helping them learn how to manage their emotions using distraction and other coping skills.

While therapeutic competence is essential for competency development, the relationship between therapeutic competence and treatment outcome may not always be linear. In a study by Steil et al. (2023) on D-CPT for youth with PTSD, therapeutic alliance played the key role in treatment outcomes and not therapeutic competence or adherence to a fixed protocol. This highlights how other factors may also have a role in enhancing therapeutic outcomes for clients.

The assessment of competencies in clinical psychology faces significant difficulties, such as the dilemma of defining competencies in measurable terms and building reliable assessment tools. This is further compounded by the need to ensure that assessments reliably reflect the integration of knowledge, skills, and attitudes, and provide effective feedback and remediation (Lichtenberg et al., 2007). Also, high-level clinical expertise without ethical rigor risks client safety; conversely, ethics alone cannot compensate for insufficient training. These limitations underscore the requirement of a more structured and evidence-based approach to training and assessment of competencies in clinical psychology to ensure the provision of effective mental health services.

## **Ethical Practice in Clinical Psychology**

Bush (2017) describes ethical practices in clinical psychology as a set of principles and guidelines created to promote integrity, professionalism and respect for client's humanness in the therapeutic settings. Adherence to ethical codes such as those put forth by the American Psychological Association (APA) is an essential part of sound ethical practice as these codes guide practitioners in maintaining competent ethical standards in situations where they may be confronted with complex ethical dilemmas.

Ethical decision-making is a vital process, requiring sound judgment and colleague consultation to tackle issues like dual relationships, informed consent, and competence boundaries (Barnett & Behnke, 2012). The insights shared by Dr. Agnes, Mr. Raiyes, Ms. Hind and Dr. Aijaz reveal the kind of difficulties psychologists encounter and the ways of responding to them to ensure adherence to ethical norms.

### **2.1 Core Ethical Challenges**

**2.1.1. Maintaining Boundaries and Dual Relationships:** This article found that managing dual relationships is one of the most common ethical dilemmas. Mr. Raiyes also provided examples of patients trying to build relationships and foster friendship by inviting him to their events. He stressed the significance of respecting the principles of professionalism and avoiding situations that may lead to ethical violations and compromise the therapeutic connection.

**2.1.2. Confidentiality in the Digital Age:** Lannin and Parris (2021) explain how in the contemporary digital era, ethical considerations also encompass online engagements and social media platforms, necessitating that psychologists adeptly balance transparency and confidentiality.

Telepsychology and the usage of AI have also raised new ethical questions, especially on the issue of privacy (Gamble et al., 2015). For instance, Dr. Agnes stressed the need to create secure places and have clear limits when using digital technologies in learning. Mr. Raiyes had concerns regarding the use of AI, as according to him AI does not take into consideration the cultural and contextual differences. He stressed that patient confidentiality cannot be guaranteed as much as when a human clinical judgment does it.

**2.1.3. Cultural Competency:** Cultural sensitivity is a fundamental component of ethical practice, which requires a competent level of understanding and respect for the diverse backgrounds of the clients in order to ensure efficacy and feasibility of psychological interventions across diverse cultural settings (Page et al., 2022). Ms. Hind exhibited this by explaining her strategy when handling patients of different cultural orientations; by asking questions and not making assumptions, she made sure that the things that she did would be culturally appropriate and sensitive. However, there is continuing concern over the provision of training in cultural competence within the field.

**2.1.4. Managing Emerging Technologies:** Some of the concerns that come with the rise of emerging technologies include issues with data privacy, diagnostic accuracy, and the misuse of the technology. According to Dr. Agnes, although these tools are helpful in intervention planning, they cannot help in decision-making and understanding culture. In this way, innovation needs to be matched with corporate and social responsibility.

Dr. Aijaz also highlighted the rise of unethical practices by some pseudo-practitioners in Kashmir who are provided platforms solely based on their social media follower count, with zero regards to fact checking their credentials. Most of them have been spreading wrong information on mental health via their respective online platforms, causing a matter of grave concern for the regulating authorities and warranting the need to curb such practices.

**2.1.5. Informed Consent in Sensitive Situations:** It is not uncommon to encounter dilemmas in practice, especially when dealing with children or persons with a low IQ. Informed consent implies that the service provider has to explain the treatment procedure to the patient.

## **2.2. Ethical Decision-Making Models**

Ethical decision-making models are critical in clinical psychology, offering structured guidance for resolving moral dilemmas related to care and professional conduct (Kumpf, 2012). These frameworks allow clinicians to weigh competing principles and make informed decisions that respect both client rights and public safety.

The Tarasoff v. Regents of the University of California, duty to warn case (1976) illustrates the tension between confidentiality and protective action. Dr. Moore disclosed a patient's threats against Tatiana Tarasoff, prioritizing public safety. This action, though ethically grounded, revealed systemic

weaknesses, such as destroyed records and insufficient institutional support, which undermined professional efforts (Munakomi, 2023).

This case set a global precedent, emphasizing the need for risk assessments, confidentiality protocols, and institutional accountability (Tarasoff v. Regents, 1976). These measures enhance decision-making processes while maintaining ethical integrity in practice.

Clinicians applying ethical models, such as risk-benefit analysis or the Four-Principles Approach, ensure decisions meet professional standards and align with client needs (Kumpf, 2012).

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### **2.2.1. Four-Principles Approach**

The Four-Principles Approach is a widely used ethical decision-making model in clinical psychology, grounded in four core principles. The four principles of the code include: autonomy, beneficence, non-maleficence and justice (Page, 2012; APA, 2017). Autonomy focuses on the patient's ability to make rational decisions regarding their treatment. At the same time, beneficence is the principle that the clinician should act in the best interest of the patient to enhance the patient's health. The principle of non-maleficence entails avoiding causing the client any form of harm, be it physical, emotional, or psychological, and ensuring that the actions taken do not compound the patient's situation. Finally, justice promotes non-discrimination and equality, whereby patients should obtain services without bias and with a right to the proper standard of care. Mr. Rayes often uses this model when discussing boundary issues and confidentiality concerns, such as the question of how much to allow the patient and how much to impose on the patient.

### **2.2.2. Integrative Decision-Making Model**

Dr. Agnes presented an integrative decision making model which is a step by step process that may be used by clinicians in their ethical decision making especially in moral problems. The first step entails ethical issue identification, which entails defining the ethical conflict or dilemma, analyzing the circumstances surrounding the problem and facts surrounding the issue, and understanding the views of the people affected by the issue. The following information needs to be obtained to make further decisions, including ethical frameworks, legal requirements and regulations, client's history, cultural background, and requirements. Once all the information gathering is done, clinicians look for ethical principles, professional ethics codes, and best practices in the field to determine viable options, as well as the possible outcomes and ethical issues associated with each option. Dr. Agnes also encourages the participants to seek advice from colleagues, supervisors or ethical boards to help them make better decisions with a clearer understanding of the ethical implications based on the best practices. This teamwork is essential when ethical dilemmas include cultural differences, legal requirements, or concerns such as patient consent so that the decision made is ethical and relates to the specific situation.

### **2.2.3. Risk-Benefit Analysis**

The risk-benefit analysis model could be especially helpful in the most critical ethical cases when the decision-maker needs to consider possible gains and losses from various decisions (Merkhofer, 2012; Weijer, 2000). Dr. Agnes noted that this model is often used in cases where an action is required in the

shortest time possible, including evaluating the safety of the suicidal clients. The heart of this approach entails critically assessing the implications that may arise as a consequence of taking a particular course of action or not taking it at all.

**Risk assessment** requires the assessment of the risks that may arise from undertaking different activities. For instance, with suicidal clients, this could entail thinking about the danger that a client poses to harm themselves if the client is not dealt with at the moment. It may also include an assessment of risks of enforcement and other measures that might be intrusive to the client's rights, such as involuntary hospitalization.

**Benefit Assessment** encourages the clinician to also consider the possible advantages of an intervention. For instance, through safety measures or hospitalization, the clinician can help to avoid future harm and empower the patient to deal with suicidal thoughts in the future. In most of these situations, the benefits of attending to the patient's needs and making sure that they are safe outweigh the drawbacks of seeming to violate their rights to self-determination in some way.

Thus, by employing the Risk-Benefit Analysis model, psychologists can make decisions while taking into consideration the risks that may be involved in the process as well as the benefits for the patients (Rosenbaum et al., 2024). This model is beneficial in critical situations where decisions have to be made at speed without increasing risk.

#### **2.2.4. Cultural Formulation Model**

Ms. Hind discussed the Cultural Formulation Model and stressed the need to consider culture in the ethical dilemmas of clinical psychologists (D ALARCÓN, 2009). The model involves three key steps. The first step includes understanding cultural variables, patient's culture, patient's attitude towards culture, cultural attitudes towards psychological processes and help-seeking. Second, clinicians assess the cultural relevance of the intervention, whether the techniques are congruent with the patient's culture or not. Last but not the least; culture should be included in the decision-making process to improve and sustain the ethical concerns and eliminate cultural bias that may damage the trust between the patient and the therapist. This standpoint is particularly considered in multicultural societies as it emphasizes the role of clinicians' cultural growth and their decision-making that takes into account the cultural predisposition of the clients.

## **Strategies for Enhancing Competency and Ethical Practice**

In light of the above discussion, it is clear that effort to enhance competency and ethical practices in clinical psychology has to be done at all hierarchies. As clinicians refine their skills (through CPD, supervision), their ethical awareness broadens—identifying new dilemmas and deeper responsibilities (Al-Omary, 2024). Additionally, competent clinicians adapt interventions to diverse contexts; ethical guidelines mandate respect for each client's values, ensuring culturally attuned care (Ministry of Health Malaysia, 2022). Suggestions for the development of a feasible plan for the enhancement of professionalism and ethical practice are outlined below.

### **3.1. Training Services**

The curriculum should include cultural competence, digital ethics and new ways of therapeutic intervention. Training models should be based on the practice approach, which implies that students can train within the conditions of practice with all relevant theoretical background. Ms. Hind's model of training in clinical practice in Sudan which combines theoretical and practical knowledge, should be adopted to train clinicians to work in different professional capacities.

### **3.2. Supervision and Mentorship**

Supervision enables one to think and make the right ethical decisions. Mr. Raiyes' model, which comprises CBT, DBT and psychoanalytic theories, allows for different ways of practicing as a clinician and decision-maker. Good supervisors can direct, help employees to think about their behaviour and development, and foster improvement. Findings from Milne and Reiser (2023) indicate that supervision is critical in minimizing risks of ethical breaches and improving the standards of practice.

### **3.3. Improving CPD Accessibility**

Eliminating barriers to CPD is significant in guaranteeing a constant improvement in professional standards. It is recommended that institutions provide affordable services, schedules that are convenient for clients, and online services. The ability to accredit CPD activities across regions may help to develop equity of competency expectations and increase the availability of quality materials.

### **3.4. Ethical Use of Technology**

It is necessary to have special training on the ethical use of technology. Workshops on data security, informed consent in telepsychology, and the limitations of AI in clinical settings can help psychologists to be ready to face these challenges. Ethical oversight bodies can also provide a framework for the integration of technology. Stringent regulations regarding proper registration and licensure as a clinical psychologist should be advocated for, to prevent the rise of pseudo-practitioners on the internet.

### **3.5. Promoting Self-care**

A person's mental health is crucial for ethical and professional practice; therefore, there is a need to take care of oneself. Mr. Raiyes and Ms. Hind support the routine practice of therapy for clinicians, including managing burnout and delivering quality care. In light of the literature, self-care is considered an essential part of professional health. Some of the strategies include mindfulness exercises, peer support groups, and daily group meetings, which are necessary for promoting the self-care of the patients (Kearney et al., 2009; Skovholt & Trotter-Mathison, 2014, 2016). Some self-care practices Dr. Aijaz incorporates into his daily life include prayers, spending time with family, calling up friends, and taking necessary breaks whenever required.

### **3.6. Enhancing Cross-Cultural Awareness**

Cross-cultural training provides a solution to the lack of knowledge regarding culturally diverse clients (Enatto, 2024). Such programs should comprise simulated practice, cultural competence, and opportunities to learn about cultural differences and culturally sensitive interventions. Dr. Aijaz in his interview heavily emphasised on knowing the native language when dealing with clients from a particular background. It may seem obvious for a population that has held onto its culture and language but in the context of Kashmir where attempts to undermine the native language have been in place for years, there exists a significant proportion of Kashmiri mental health practitioners with only an elementary level of proficiency in Kashmiri. However, attempts are being made to preserve the language in the future generations by the youth.

## **Future Directions**

The future of clinical psychology looks at enhancing competency and ethical practices through various strategic directions. One such initiative could be the regional and global harmonization of licensing, which could enhance the quality and accessibility of psychological services, as well as facilitate cross-border collaboration and knowledge (Hosoda-Urban et al., 2024). Additionally, the establishment of centralized databases for tracking Continued Professional Development (CPD) credits globally will streamline the process and ensure consistent professional growth.

Under the research domain, the focus on artificial intelligence and telepsychology will help to develop culturally sensitive methods for the use of technology in therapy, including chatbots and virtual reality. Cross-cultural adaptation studies can help in assessing how western interventions can be effectively tailored to diverse cultural contexts, particularly in Asia and the Middle East. Moreover, exploring tele-supervision versus in-person or group supervisory models to enhance feedback quality can inform effective training.

Lastly, advocacy is crucial; professional bodies can foster strong mentorship and ethics committees, while updates to legal frameworks can safeguard telepsychology practices and define new therapeutic technologies.

## **Conclusion**

The enhancement of level of competency and ethical practice in the field of clinical psychology involves fostering a therapeutic environment characterized by knowledge, skills, trust, accountability, and meaningful positive outcomes. When clinical psychologists prioritize these values, they are able to create a safe and supportive space for their clients and ultimately enhance the quality of care provided.

Furthermore, both personal and institutional responsibility play crucial roles in ensuring that psychologists remain effective and ethical practitioners. It is imperative for psychologists to engage in continual learning and reflection on ethical standards, thereby reinforcing their commitment to the profession. Institutions, in turn, should facilitate this growth by providing structured supportive mechanisms. This can include establishing committees focused on ethical practices, offering comprehensive training programs, and implementing mentorship opportunities that guide psychologists in navigating the complexities of their work.

Finally, the evolution of the profession relies on ongoing, collective efforts among various stakeholders. Collaboration among clinicians, educators, policymakers, and clients is essential for creating space where psychological practices can adapt to new challenges and advancements. This collective approach not only enriches the profession but also ensures that the needs of clients are adequately met in a dynamic landscape.

Since there are continued innovations in technology and various populations to be served, the discipline has to continue to be flexible and ethical. The experiences of Dr. Agnes, Mr. Raiyes, Ms. Hind and Dr. Aijaz shows that the profession is ever-evolving, and there is always a requirement for one to update their knowledge base. Through the completion of training needs, increasing accessibility, and endorsing ethical innovation, clinical psychologists can stay consistent and relevant in enhancing therapeutic outcomes and improving their clients' holistic well-being. Consequently of these integrated efforts, the field of clinical psychology can continue to thrive and maintain its core pillars of competency and ethical practice.

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