



INTERNATIONAL  
ASSOCIATION OF  
MUSLIM  
PSYCHOLOGISTS

ISSN 2655-531X

International  
Journal of  
**ISLAMIC  
PSYCHOLOGY**

Volume 9  
2026

عَلَّمَ النَّفْسَ  
وَعَلَّمَ الْقَلْبَ

# IAMP Code of Ethics and Expanded Ethical Guidelines: Integrated Edition

Prepared by Hanan Dover (Vice President of IAMP), Reviewed and Endorsed by IAMP Board of Trustees

International Association of Muslim Psychologists (IAMP)

**Abstract.** This integrated document presents the IAMP Code of Ethics alongside Expanded Ethical Guidelines. Each principle of the Code is followed by practical guidance, examples, and policy-style directives to support implementation across Muslim-majority and Muslim-minority contexts. Where local law is stricter, the stricter standard applies. This Code articulates core ethical principles and establishes standards to guide the conduct of practitioners and organizations, ensuring respect for the dignity of all people, promoting wellbeing, and upholding the highest standards of integrity.

*Keywords: Code of Ethics, Islamic Psychology, IAMP*

Received date: December, 2025; Accepted date: March, 2026; Published date: April, 2026.

## Scope Integrity Statement

‘Islamic Psychology integrates psychological science within Islamic knowledge. IAMP members commit to evidence-based practice, maintain ongoing supervision, refer when beyond competence, and do not represent general spiritual counselling as psychological treatment.’

- Hanan Dover

## Preamble

The profession of psychology holds a position of public trust. For Muslim psychologists, this trust is an *amānah* (sacred trust). This Code articulates principles and sets standards to guide conduct that respects the dignity of individuals and peoples, advances wellbeing, and upholds integrity. Ethical obligations are grounded in the *Maqāṣid al-Sharī‘a* (protection of faith, life, intellect, lineage, and property), and the values of *iḥsān* (excellence), *rahma* (beneficence), *lā ḍarar wa lā ḍirār* (non-maleficence), *‘adl* (justice), *amānah* (trust), and *ikhhlāṣ* (sincerity).

## Definitions

**Client:** Any individual, family, group, organisation, community, or commissioning party receiving psychological services.

**Associated party:** Persons or entities other than the client with whom the psychologist interacts in delivering services (e.g., parents, carers, teachers, imams, ulama, caseworkers).

**Psychological service:** Any professional activity delivered by a psychologist including assessment, therapy, consultation, supervision, teaching, research, program design, and evaluation.

**Multiple relationships:** Situations where another relationship (professional or non-professional) exists in addition to the therapeutic/consultative one, creating risks to objectivity, competence, or boundaries.

**Islamic advisers:** Faith leaders such as imams or ulama consulted with valid client consent to support client goals

### **Application and Interpretation**

This Code applies to members' professional conduct and to extra-professional conduct that could reasonably undermine public trust in the profession. The Code should be interpreted with reference to applicable laws and regulations in the jurisdiction of practice, and to IAMP Ethical Guidelines.

### **General Principle A — Respect for the Rights and Dignity of People and Peoples**

Psychologists recognise the intrinsic dignity of every person, including their right to autonomy, justice, cultural and spiritual safety, privacy, and confidentiality. Respect extends to peoples and communities, including collective identities and practices.

#### ***Standards under Principle A***

- Justice and non-discrimination: Provide equitable access; actively address barriers faced by Muslim communities and other minorities; do not discriminate on protected attributes.
- Respect and adab: Communicate with courtesy; no coercion or demeaning behaviour; honour clients' legal and moral rights.
- Privacy and confidentiality: Collect only relevant information; protect confidentiality across recording, storage, access, and disposal; disclose only when required by law, to prevent serious harm, or with valid consent.
- Release of information: Do not unreasonably refuse clients' access to their information, subject to lawful exceptions and safety considerations.
- Collection from associated parties: Obtain informed consent; explain purpose, scope, storage, and rights of all parties.
- Use of interpreters and cultural brokers: Ensure competence, confidentiality, and boundary management; obtain informed consent to use the interpreter.
- Cultural Safety: acknowledges specific obligations to with regards to cultural safety, the need to address racism, and to support self-determination of minority and oppressed groups. Recognise how their own beliefs may affect practice, challenge bias, and support an inclusive environment for all clients and associated parties

### **General Principle B — Propriety**

Psychologists maintain professional competence, seek supervision; act to benefit and not harm; and protect client welfare, public trust, and the profession's standing.

#### ***Standards under Principle B***

- Competence and scope: Practise within education, supervised training, and experience; maintain CPD including cultural/Islamic integration competencies; seek supervision or referral when outside competence or entering a new role.
- Evidence base: Practice within a contemporary evidence-based framework; personal views must not adversely affect service provision.
- Training and accreditation expectations: Training pathways for Islamic Psychology require a

tertiary undergraduate foundation in psychology, with additional studies in Islamic sciences for integrated practice.

- Record keeping: Keep accurate, timely and factual records; hold securely; facilitate transfers when requested; retain records for at least seven years, or until a minor client's 25th birthday.
- Professional responsibility and boundaries: Prevent harm; maintain therapeutic boundaries; review contracts as circumstances change.
- Third-party requests: Clarify roles, uses of information, limits to confidentiality, and financial arrangements at the outset.
- Multiple clients and systems: Explain confidentiality limits; ensure voluntary agreement; manage conflicts of interest.
- Delegation and supervision: Ensure delegates/supervisees are competent, supervised, and free from conflicting relationships.
- Collaboration and referral: Collaborate with other professionals (including faith leaders) when it benefits clients and with consent; support second opinions.
- Suspension and termination: Plan for continuity during absences; terminate when services are no longer beneficial; make reasonable arrangements for clients with financial hardship.
- Assessment: Use validated tools and culturally fair norms when available; report results clearly and accurately.
- Research: Comply with human research ethics; protect participant identity; report data honestly; respect community-level consent when appropriate.

### **General Principle C — Integrity**

Psychologists act with honesty, fairness, sincerity, justice and consistency. They avoid conflicts of interest, exploitation, and misrepresentation; communicate accurately; and uphold the profession's honour (*murū'ah*).

#### ***Standards under Principle C***

- Reputable behaviour: Avoid conduct (online/offline) that undermines fitness to practice or public trust.
- Communication and public statements: Refrain from deceptive claims, fear mongering, or superiority claims; correct misrepresentations promptly; use accurate post-nominals.
- Conflict of interest and multiple relationships: Avoid when they risk harm, exploitation, or impaired judgement; where unavoidable, use robust informed consent and consult an impartial senior psychologist.
- Non-exploitation: Prohibit sexual/financial/other types of exploitation; manage power responsibly with assistants and supervisees.
- Contract and financial arrangements: Be honest and clear about fees at the start of engagement of services; avoid arrangements that adversely influence services; do not accept/give referral fees. Make reasonable arrangements for clients experiencing financial hardships, where possible.
- Ethics investigations: Cooperate with investigations; avoid trivial or vexatious complaints; report serious concerns through proper channels.

## **IAMP Expanded Ethical Guidelines**

### **1. Respect for Clients' Dignity, Autonomy, and Faith**

#### ***Principle***

Psychologists must uphold each client's inherent dignity (*karāmah*), autonomy, and religious conscience, ensuring informed, voluntary choices which are culturally and spiritually safe carefree from discrimination or coercion.

#### ***Explanatory Notes:***

- Acknowledge the inherent dignity (*karamah*) of every human being, as honoured in Islam (Qur'an 17:70).
- Respect cultural, ethnic, linguistic, and religious differences.
- Recognise diversity within Muslim communities (e.g., Sunni, Shia, different *madhahib*).
- Respect cultural, ethnic, linguistic, and religious differences.
- Recognise diversity within Muslim communities (e.g., Sunni, Shia, different *madhāhib*).
- Safeguard clients' right to accept or decline religious/faith-based integration in therapy; "there is no compulsion in religion" (Qur'an 2:256).
- Do not pathologise normative religious beliefs or practices; distinguish cultural/religious norms from symptoms of psychological disorder(s).
- Provide equitable access and reasonable adjustments for disability, neurodiversity, and language needs.
- Document consent and any cultural/religious accommodations in the clinical record.

### **2. Confidentiality in Close-knit Communities**

#### ***Principle***

Psychologists must safeguard confidentiality, even where community and family interconnections increase the risk of inadvertent disclosure.

#### ***Explanatory Notes:***

- In Muslim communities, especially minority contexts, clients may be known personally to practitioners or their networks.
- Avoid discussing identifiable details in settings where clients may be recognised.
- Plan confidential contact methods where SMS, phone, or family-shared devices might be accessed by others.
- Reflects the Qur'anic principle of concealing faults and private matters (Qur'an 49:12).

### **3. Cultural Safety**

#### ***Principle***

Psychologists must ensure cultural safety by recognising and addressing the impact of racism and discrimination, supporting the self-determination of minority and oppressed groups, and fostering an environment where cultural differences are respected and celebrated.

***Explanatory Notes:***

- Acknowledge specific obligations to respect cultural safety, ensuring practices that do not harm or marginalise clients based on their cultural identity.
- Address racism by proactively challenging prejudiced attitudes, practices, and systemic barriers within the therapeutic context.
- Support the self-determination of minority and oppressed groups, empowering clients to make choices that reflect their cultural values and community practices.
- Recognise how personal beliefs, values, and biases may impact professional practice and be mindful of the need for self-awareness and critical reflection.
- Challenge personal and professional biases through continuous self-reflection, training, and openness to diverse cultural perspectives.

**4. Informed Consent*****Principle***

Psychologists must obtain informed consent using clear, culturally appropriate language, ensuring clients understand their rights and options.

***Explanatory Notes***

- Obtain consent before commencing any psychological service, except where law permits otherwise.
- Explain the nature and purpose of services, confidentiality limits, foreseeable risks, and alternatives.
- Offer gender-concordant clinician options where possible and document preferences.
- Discuss optional spiritual interventions (e.g., *du'ā'*, Qur'an-based coping) only if explicitly requested.
- Honours autonomy (*ikhtiyār*) and the Islamic value of trust (*amānah*).

**5. Working with Imams/Ulama (Collaborative Care)*****Principle***

Psychologists may collaborate with Islamic scholars when clients request it, ensuring roles and confidentiality are clear.

***Explanatory Notes***

- Use written consent specifying what information can be shared and for what purpose.
- Remain within psychological scope; do not issue religious rulings (*fatāwā*).
- Explain confidentiality expectations to both client and scholar.
- Collaboration should enhance wellbeing while respecting both domains.

**6. Managing Religious/Spiritual Struggles (*Waswasa*, Faith Doubts)*****Principle***

Respond with *rahma* (compassion) and sensitivity to faith-related struggles without imposing theological judgements.

***Explanatory Notes***

- Differentiate intrusive thoughts (OCD/scrupulosity) from doctrinal enquiry.
- Use evidence-based methods for scrupulosity where indicated.
- Refer to qualified scholars only with client consent.
- Normalise doubt as human; teach coping strategies.

**7. Islamophobia, Racism, and Collective Trauma*****Principle***

Address the psychological impact of Islamophobia and related discrimination in ethical practice.

***Explanatory Notes***

- Screen for minority stress, discrimination, and vicarious trauma (including media exposure).
- Provide safe spaces to process marginalisation without minimisation.
- Integrate advocacy for safety and inclusion within professional boundaries where appropriate.
- Aligns with *'adl* (justice) and resisting *zulm* (oppression).

**8. Gender-Sensitive Practice and Boundaries*****Principle***

Maintain gender-sensitive services and clear professional boundaries consistent with *ḥayā'* (modesty) and *iḥsān* (excellence).

***Explanatory Notes***

- Offer gender-concordant clinicians where feasible; document preferences and rationales.
- Consider open-door or chaperone options with consent while protecting confidentiality.
- Avoid moralising; respect diversity in Islamic practice (e.g., hijab, prayer, fasting).
- Obtain written consent for any clinically indicated physical contact; document rationale and boundaries.
- In small communities, plan boundary management; seek supervision; record decisions.

**9. Telehealth and Cross-border Care*****Principle***

Deliver telehealth with informed consent, security, and legal compliance.

***Explanatory Notes***

- Explain benefits, limits, and risks; agree a remote crisis/safety plan.
- Use secure, encrypted platforms; verify identity and private space each session.
- Observe licensure/jurisdiction limits; avoid unauthorised cross-border practice.
- Plan for language, family dynamics, and faith practices in remote care.
- Address interpreter use and confidentiality online.

**10. Multiple Clients and Family Systems*****Principle***

Clarify roles and confidentiality when working with families, schools, or systems; manage

triangulation and coercion risks.

### ***Explanatory Notes***

- Pre-define what is private vs shared; obtain consent before cross-party disclosures.
- Ensure participation is voluntary; be alert to coercion in collectivist contexts.
- Consider separate files/sections for different parties when appropriate.
- Respect *ṣilat al-rahim* while prioritising safety and autonomy.
- Comply promptly with safeguarding/mandatory reporting.

## **11. Assessment and Cultural Validity**

### ***Principle***

Use culturally valid tools and communicate limitations openly.

### ***Explanatory Notes***

- Prefer adapted/local norms; otherwise state limitations explicitly.
- Avoid deficit framings tied to culture/faith; use strengths-based language.
- Use trained interpreters as needed; document their role and constraints.
- Provide plain-language feedback with feasible, culturally attuned recommendations.

## **12. Competency, Evidence and Scope Integrity**

### ***Principle***

Members must practise only within the boundaries of their competence, maintain and develop contemporary, evidence-based skills, and seek supervision or referral when a client's needs, a method, or a role exceeds their training or experience; personal views must never compromise service quality or access.

### ***Explanatory Notes***

#### **Accreditation & Training Pathway Expectation (Islamic Psychology Integration)**

- Training pathways for Islamic Psychology require a tertiary undergraduate foundation in psychology and a Masters in psychology (or related field) with additional structured study in Islamic sciences (e.g., *'aqīdah, fiqh/akhlaq, usūl*) for safe, integrated practice.
- Integrated practice should be supported by supervised experience that explicitly covers faith-integration boundaries, referral to religious authorities, and culturally safe adaptation of evidence-based interventions.
- This pathway operationalises safe, competent practice consistent with psychologist board registration standards internationally and professional expectations for evidence-based care.
- Keep clear records of competence claims, CPD, supervision, referrals, and the rationale for any faith-integrated methods used.
- Where faith-integration is requested, consider co-supervision models (e.g., a psychology supervisor plus an Islamic chaplain/scholar) to safeguard quality and boundaries.

### **13. Supervision, Competence, and Unregulated Practitioners**

#### ***Principle***

Practise within competence; pursue supervision/training; address risks of unregulated practice.

#### ***Explanatory Notes***

- Be transparent about qualifications and Islamic psychology training; do not claim religious authority.
- Engage in culturally/spiritually informed CPD; seek consultation in new areas.
- Signpost recognised training pathways and minimum expectations for integrated practice.
- Report serious risks from unregulated practitioners per law and policy.

### **14. Record-keeping and Data Security**

#### ***Principle***

Maintain accurate, respectful records; secure storage; lawful retention and disposal.

#### ***Explanatory Notes***

- Retain  $\geq 7$  years, or for minors until age 25 (or stricter local law).
- Use non-stigmatising language for sensitive faith/family matters.
- Inform clients of storage, use, access rights, and disposal plans.
- De-identify materials for teaching/research/media; obtain consent where required.
- Use access controls and encryption proportional to sensitivity.

### **15. Public Statements, Media, and Social Platforms**

#### ***Principle***

Ensure public communications are honest, respectful, and evidence-based.

#### ***Explanatory Notes***

- Use disclaimers; avoid individualised advice in public forums.
- No prohibited testimonials or superiority claims; avoid fear appeals.
- Base statements on peer-reviewed evidence or demonstrated expertise; correct errors promptly.
- De-identify case material; obtain consent as required.

### **16. Research with Muslim Communities**

#### ***Principle***

Conduct research ethically with community engagement and benefit.

#### ***Explanatory Notes***

- Consult community leaders early; obtain community-level permissions where appropriate.
- Use translation/back-translation; ensure consent materials are accessible.
- Protect identity and data; store securely; share results accessibly.
- Avoid stereotypes; include cultural context and limitations in reports.

## 17. Contracts, Conflicts, Fees, and Hardship Support

### *Principle*

Manage conflicts and finances transparently; do not exploit vulnerability; separate hardship funds from clinical decisions.

### *Explanatory Notes*

- Disclose interests; avoid inducements and referral fees.
- Provide written fee schedules and billing practices; consider fair hardship arrangements.
- Administer *zakat*/*sadaqah* transparently and separate from clinical decisions.
- Document financial discussions and changes over time.

## 18. Professional Boundaries, Dual Relationships and Simultaneous Services

### *Principle*

Psychologists must recognise and manage the inherent power imbalance in therapeutic relationships, maintain clear professional boundaries, and avoid dual or multiple relationships that risk exploitation, impaired judgement, or harm.

Physical contact is rarely indicated; when considered as psychological interventions, it requires clear clinical justification, training, documented rationale, and explicit informed consent. Personal self-disclosure must be limited, purposeful, and demonstrably in the client's best interests. Sexual, romantic, or otherwise inappropriate relationships with clients (current or former), their family members, or supervisees are prohibited.

### *Explanatory Notes*

- Power, respect, and *amanah* (trust): Acknowledge the asymmetry of the therapeutic role and the Islamic duty to prevent harm (*lā ḍarar wa lā ḍirār*). Use your position only for the client's welfare, and never for personal, social, financial, religious, or political gain.
- No sexual/romantic relationships: Absolutely prohibited with current clients, close associates, or supervisees. With former clients/associates, presume harm and do not engage; seek ethics consultation and follow organisational policy if any boundary risk arises.
- Physical contact: Avoid unless clinically warranted (e.g., emergency first aid, grounding with trained somatic methods). If proposed, ensure you are trained and competent, consider cultural/modesty norms, obtain specific informed consent in writing, and document rationale, method, duration, and client response. Provide touch-free alternatives.
- Self-disclosure: Share personal information only when clearly therapeutic, culturally appropriate, and necessary to advance agreed goals. Keep it brief, non-burdensome, and documented; avoid discussing your private life, beliefs, or struggles.
- Gifts, fees, and inducements: Apply a conservative policy; consider value, timing, intent, and cultural custom. Decline gifts that may influence care or create obligation. Document decisions and discuss alternatives (e.g., charity).
- Financial and organisational boundaries: Avoid bartering or business relationships with clients. Do not accept referrals that create conflicts of interest (e.g., from your own business where you would benefit improperly).
- Supervision & documentation: When boundary questions arise, consult supervision early,

record the dilemma, options considered, cultural factors, consent process, and the final decision.

## 19. Complaints and Breaches

### *Principle*

Resolve complaints transparently and proportionately (when resources permit) with education-first options where safe.

### *Explanatory Notes*

- Where significant practice breaches have been made, IAMP may refer to local psychological regulatory bodies for further investigation.
- In cases where local psychological regulatory bodies rule barring from psychological practice, IAMP will also remove such an individual from IAMP membership status.

## 20. Implementation and Training Roadmap

### *Principle*

Support adoption with staged implementation, training, and feedback loops.

### *Explanatory Notes*

- Publish a one-page member summary and host onboarding webinars.
- Issue templates for telehealth consent, interpreter use, and imam/ulama collaboration.
- Create supervision prompts for cultural safety and boundary dilemmas.
- Review at 6–12 months with member feedback; update accordingly.

## **Final Reflection**

*Muslim psychologists are entrusted (amānah) with a sacred duty. Professional work is a form of worship (ibādah), seeking to promote healing, justice, mercy, and human dignity in accordance with the commands of Allah (swt). (Qur'an 5:2)*