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Evidence-Based I/O Psychology Part 2: Yes and No

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Evidence-Based Practice: The APA view

APA has determined that “Evidence based practice in psychology (EBPP) is the integration of the best available research with **clinical expertise**. This definition of EBPP closely parallels the definition by the Institute of Medicine (2001, p. 147). . . . Evidence-based practice is the integration of best research evidence with clinical expertise and patient values” (APA Presidential Task Force on Evidence Based Practice, 2006).

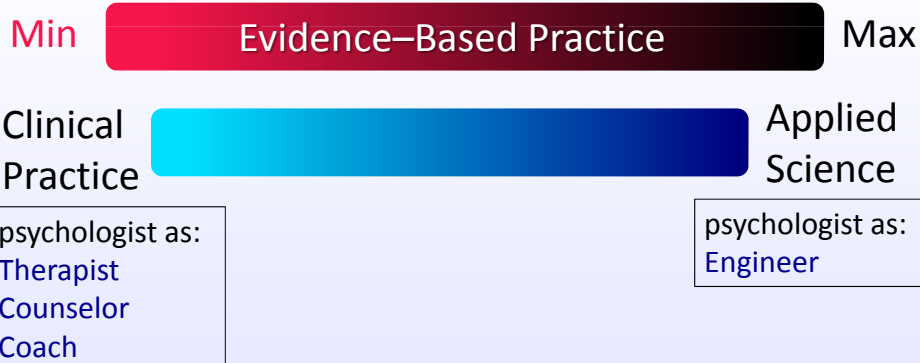
Dodging the Issue

- ☞ The APA definition may well characterize the current 'state of affairs', but it hides the awkward subjectivity in that trade-off between evidence and clinical judgment.
- ☞ If we are to admit that our evidence-bases are not conclusive, then we need to carefully establish the boundary between what we **know**, and what we **don't know**. Then, arguments for implementing an intervention can be made with respect to that knowledge.

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The Spectrum of Application



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Evidence Based Practice – for the Applied Scientist

- ➡ When you claim that doing **X** will cause **Y**, then that ‘knowledge claim’ requires **substantiation**.
- ➡ ‘Substantiation’ means that you have observational evidence that, indeed, when you do **X**, **Y** actually does happen.
- ➡ That evidence and the interpretation of it is open to scrutiny by any 3rd party.
- ➡ In most I/O applications, evidence is error-prone, and *not necessarily* generalizable.
- ➡ Error and Success rates are **always** quantified.

Evidence Based Practice – the Workplace Clinician

- ➡ Personal experience, clinical judgment, client satisfaction, client insight?
- ➡ Perhaps the careful systematic recording and observations of “*what worked*” for individuals, and “*when*”, can grow into an “evidence-base”?
- ➡ Clinical workplace interventions suffer from the same problem as clinicians delivering evidence-based interventions in clinical practice; the personal characteristics of the clinician can adversely influence intervention effectiveness.

The audience discussion themes/points .1

- ➔ The degree of “utter honesty” (Feynman, 1974, 1985), which might be expected when imparting scientific research results, was not so easily ‘translatable’ into organizational practice.
- ➔ Part of the problem was the transference of academic research into practical/pragmatic applications in the workplace.
- ➔ Another issue was the perceived indifference of many clients to the technicalities of research results, such as imparting ‘validity’ coefficients.

The audience discussion themes/points .2

- ➔ The political dimension implicit within organizational practice was considered very real, and could in some cases directly impact commercial outcomes and company/consultancy survival.
- ➔ Consultants had to cope with bodies of evidence which were sometimes diffuse and complex to present as a simple “if you use this, X will happen” kind of message.

The audience discussion themes/points .3

- ➡ It was generally agreed that I/O psychologists were seen as experts in psychological interventions by those who employed them, different from organizational business development, or HR consultants for example.
- ➡ There was some ambivalence to the proposition that I/O psychology might not be evidence-based, with an uncertainty expressed as to how it might then be classed.

The audience discussion themes/points .4

- ➡ There was also some interesting thinking voiced around the proposition that if I/O psychologists register as “Health Practitioners”, then they might become bound by the “Tarasoff” ruling <http://www.doctorm.com/docs/tarasoff.htm> stating that *health practitioners owe a duty of care to their patients*. Here ‘patients’ are not those who employ psychologists (our commercial clients), but those candidates or employees who are the ‘recipients’ of the interventions (*whether via psychometric tests, assessment-centre evaluations, team-activities, type-descriptions, human-factors, or ergonomics interventions*).

The audience discussion themes/points .5

➡ The training of Masters students for “practice” rather than as young scientists who would apply their science and research results in the workplace also arose as a discussion topic, in relation to one of the peer commentary comments (see [Amanda Thayer](#), slide #13 in Part 1 of this presentation series).

The audience discussion themes/points .6

➡ The commitment shown to scientific principles and standards within the University of Auckland Industrial Work and Organisational Psychology degree structure, culminating in the [Postgraduate Diploma in Applied Psychology](#), is outstanding. This may well prove to be the “*go to*” exemplar for all other courses in New Zealand; a model of how to train students as **scientists first, then as practitioners** who will go on to practise their science in the workplace.

The audience discussion themes/points .7

➡ However, we still have to cope with the current practicalities of the I/O market, its rather broad requirements from practitioners, their varying skill-sets, and the need for consultants to survive in competition with those who might be less ethical in how they make/close a 'sale'.

➡ Is I/O psychology an evidence based practice? That is a question which may deserve more attention than originally thought to be required.

The audience discussion themes/points .8

➡ Finally, one of the students in attendance, Jageshwar Sungkur, showed me a paper by Pieter Drenth, which he thought was relevant to our discussions. I was not aware of this, and it was relevant.

Drenth, P.J.D. (1996) *Psychology as a science: Truthful or Useful?* *European Psychologist*, 1, 1, 3-13.

➡ So was a more recent one; really powerful scholarship and thinking: Drenth, P.J.D. (2008) *Psychology: Is it applied enough?* *Applied Psychology: An International Review*, 57, 3, 524-540.