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.

The Spectrum of Application

Min Evidence–Based Practice Max
Clinical Practice Applied Science
psychologist as: Therapist Counselor Coach
psychologist as: Engineer
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.

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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.adocstorn.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 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 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.
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.

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.
