



Response to Psychology Board Consultation Paper on Codes and Guidelines

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To whom it may concern,

I would like to support the submission by the APS College of Organisational Psychologists (COPs) in response to the Consultation Paper on codes and Guidelines issued by the Psychology Board of Australia in March 2010.

In addition to voicing my support for the recommendations made by COPs, I would like to provide my own perspective on some of the recommendations, based on my experience over 12 years as an organisational psychologist.

Thank you very much for considering my response.

Matthew Neale

Definition of Advertising

I support the Board's position that advertising excludes "material issued to persons during consultations where such material is designed to provide the person with clinical or technical information about health conditions or procedures and where the person is afforded sufficient opportunity to discuss and ask questions about the material." (p.2). I would imagine that this position is consistent with the COPs recommendation that advertising also excludes "tenders, tender processes, and competitive business quotations and proposals". For clarity, however, it would be helpful if the COPs exclusion wording is added to the guidelines. Organisational psychologists are often required to provide potential clients with quotes and proposals which contain detailed information on interventions such as training, personnel selection, surveying, organisational change consulting, etc. Many organisations, including government, require that these quotes and proposals include testimonials and referees for the services to be provided. Furthermore, such quotes and proposals are not directed to the public at large, as advertising is. Rather, they are provided to a specific organisation, and the organisation has significant opportunity to ask questions of the psychologist providing the service.

Testimonials

In relation to testimonials, it is my belief that many of the non health related services provided by organisational psychologists can be advertised with testimonials in a way that is not false, misleading or deceptive, that does not create an unreasonable expectation of beneficial treatment, and that does not encourage indiscriminate or unnecessary use of the service. Certainly, the use of testimonials is accepted practice in advertising organisational psychology services at the current time. I have used testimonials in my work such as:

- HR managers from client organisations describing the results they have experienced from using assessments in the selection process. For example, reduced levels of turnover for candidates who were evaluated as being suitable for the organisation compared to higher levels of turnover for candidates who were evaluated as being unsuitable.
- Leaders and managers from client organisations describing their perceptions of training courses I have run. For example, finding the training courses to be informative and engaging.
- HR managers from client organisations describing their evaluation of organisational surveys, such as climate surveys, that I have run for them. For example, stating that they have gained increased insight into the reasons for employee turnover as a result of exit interviews I implemented.

In all cases, these testimonials:

- Were provided by individuals who were competent to comment on the services I

provided. For example, a HR manager is competent to comment on the difference that he or she observes in turnover rates as a function of an individual's assessment score. A training attendee is competent to comment on how they felt about a training course that I delivered on leadership skills.

- Inform the public about the nature of the service I provide in a factual and accurate manner.
- Were provided after the individual gave their informed consent about supplying the testimonial.
- Were provided without any inducement or compulsion by myself as the provider.

I think that the restriction on testimonial use for services such as those I describe above places organisational psychologists at a competitive disadvantage compared to unregistered individuals providing the same or similar services. There is a risk that potential clients who should ideally use the services of an organisational psychologist will be more likely to use an unregistered provider because the unregistered provider can provide testimonials while the organisational psychologist cannot.

Finally, I think it is interesting to note that the use of "before and after" pictures is explicitly allowed by the proposed code, so long as the pictures are not misleading or deceptive, do not convey an inappropriately high expectation of a successful outcome, and do not promote the unnecessary use of services. It seems to me that "before and after" pictures are in many ways a type of testimonial, and have many of the same benefits and potential risks as a testimonial. Testimonials and "before and after" pictures both present results from a single instance or case, they both require the participation of a client in advertising the service, and they are both regarded by potential clients as providing a "picture" (literally or metaphorically) of what the service does or has done. It is not clear to me that "before and after" pictures should be allowed, while testimonials should not. Of course, one difference between the two is that "before and after" pictures are typically anonymous while the providers of testimonials are often (but not always) identified. I think that identified testimonials are more transparent and are less likely to be deceptive, because the provider of the testimonial can potentially be contacted by potential clients to clarify their experience. Furthermore, in the case of the type of services provided by organisational psychologists, there is little likelihood that the testimonial provider could be harmed or embarrassed by being identified, so long as they provide their consent.

As proposed by COPs, therefore, I support the recommendation that testimonials be regarded as an appropriate form of advertising when the services being provided are not health services, even though they may be provided by a registered health practitioner. This would seem to comply with the intent of the legislation, while appropriately recognising the differences between the types of services provided by organisational psychologists compared to other practitioners regulated under the act.

Authorising the content of advertising

I support the recommendation of COPs that psychologists be responsible for the content of advertisements, but not the "style". I'm not sure what it means to be responsible for the "style" of an advertisement, however I do think it is important that the content of advertisements related specifically to psychological services are authorised by a psychologist.

I have some concerns around how this will be enforced. For example, consider the case of a psychologist working for a large company that provides psychological services. The advertising provided by that company may be checked and authorised by one or more psychologists in that company, but it is clearly impractical for all of the psychologists in the company to be personally responsible for the advertising. I would think that my ethical duty in this situation would be to (a) take reasonable steps to satisfy myself that a registered psychologist has reviewed and authorised advertising material which makes claims about the psychological services I may be delivering and (b) if I believe that the advertising is false, misleading or deceptive to take reasonable steps to ensure that the advertising is amended or retracted as appropriate.

In the case of media reports, I note that the guidelines state that "practitioners should not... make themselves available for media reports... to promote particular health services or therapeutic goods unless they have made specific arrangements to approve and sign off the content and have had reasonable opportunity to ensure that the published version of the... article adheres to these guidelines" I think that journalists would have an ethical requirement which forbids them from giving control of the content of a news report to the subject of that news report or a specific individual

interviewed in the course of that news report. If psychologists are forbidden from interacting with the news media, then there is a risk that journalists will seek comments from unregistered individuals in their stead. I think that this section of the guidelines might need to be re-worded so that psychologists can be interviewed by the news media, so long as the psychologist him or herself does not say anything which would be regarded as unethical.

Time-limited discounts or inducements

Part of the process of managing the business cycle in an organisational psychology firm is to adjust pricing so that during “quiet times” prices are lower. For example, relatively few organisations will commit to interventions towards the end of the year, preferring to wait until the start of a new year before doing anything major. One way that we manage this is by advertising lower prices that apply only for a period of time (e.g. 20% discount if an agreement is signed prior to the end of the year). This is common business practice in the area at the moment, and is intended to spread the workload across the work year rather than to promote the indiscriminate, unnecessary or excessive use of services. As such, I support point 5b of the proposed code on page 4, but I don’t believe that a blanket ban on time limited discounts is appropriate as is suggested in point 5n on page 4 of the proposed code.

Use of photographs

Point 6.1 of the code on page 5 states that “photographs must only depict patients or clients who have actually undergone the advertised treatment and who have provided consent for the publication of their photograph”. I think that this phrase is impractical for business oriented organisational psychology services. Advertisements routinely use stock photos of “managers” or “workers” or “miners” or whatever group happens to be the target group for an intervention as a way of communicating the nature of the intervention through visual rather than (or as well as) verbal information. This practice is widespread at the current time and, I don’t think, unethical or inappropriate. I’m not sure that an advertisement becomes false, misleading or deceptive when it includes a photo of a “manager” as well as stating that a training program (for example) is directed towards “managers”.

I think that the use of photos, graphic or visual representations in advertisements should be governed by the same requirements for other information: that it is not misleading, false or deceptive... etc.

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