

Scope and Ethics of Psychologists' Use of Client Testimonials on Professional Websites

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Abstract

Background: Testimonials are statements on behalf of current or former clients that may comment on the abilities, qualifications, or personal characteristics of a health care provider, or attest to outcomes experienced after receipt of services. Although the use of client testimonials in promotional materials is prohibited by both the Canadian Psychological Association *Practice Guidelines* and by guidelines or legislation in a majority of provinces, a portion of registered psychologists' professional websites may still display client testimonials or link to third-party provider rating sites (e.g., RateMDs.com, Yelp.ca). With little oversight by governing bodies, the scope of this practice is unknown. This article examines how often testimonials appear on the websites of Canadian psychologists and group practices, and discusses ethical guidelines and issues surrounding this practice. **Method:** We examined the professional websites of practicing registered psychologists ($N = 433$) selected from the provincial directories of five provinces (Alberta, British Columbia, Ontario, Manitoba, and Quebec). **Results:** Of sampled websites, 4.2% included client testimonials, 1.2% explicitly solicited testimonials, and 1.4% included links to external provider rating websites. Of the testimonials displayed on psychologists' websites, 38.9% contained potentially identifying information. **Conclusions:** Client testimonials are used by psychologists in Canada despite national guidelines against this practice. Although clients who provide anonymous testimonials are unlikely to be harmed by this practice, there is still a risk of harm occurring. Furthermore, because testimonials represent a highly biased source of information, their use may reflect poorly on the psychology profession.

Scope and Ethics of Psychologists' Use of Client Testimonials on Professional Websites

The way that people obtain health care information and services has changed since the advent of the World Wide Web (Powell, Darvell, & Gray, 2003). Selecting a health care provider is no exception: where consumers previously relied on published directories, professional referrals or word of mouth, it has become increasingly common to seek out service providers using Internet search engines and online listings. In a nationally representative study of e-health usage, 38.4% of American Internet users reported having used the Internet to look for a health care provider in the past year (Kontos, Blake, Chou, & Prestin, 2014). With a growing number of psychologists per capita (the Canada-wide ratio increased from 53 to 58 per 100,000 inhabitants between the years of 2001 to 2006; Statistics Canada, 2009), Canadian consumers of mental health services have an increasing number of providers to choose from. Because mental health interventions typically require more interaction between the provider and consumer than physical health interventions, and because psychological services are often paid for out-of-pocket (Cohen & Peachey, 2014), consumers of psychological services may be choosier in selecting a provider and thus especially likely to use the Internet to seek out information.

There is a dearth of research examining the online advertising practices of psychologists and, given the rapidly changing nature of the Internet, the few studies conducted on this topic are dated. A 2003 survey indicated that 80.0% of prospective consumers thought it would be very helpful to review a therapist's website in advance of the first meeting (Palmiter & Renjilian, 2003), however, much of the information that clients deemed essential (e.g., years of experience, hours of operation, insurance and fee information) was found in only a minority of psychologists' websites (Palmiter & Renjilian, 2003).

Another concerning possibility is that psychologists' websites may violate Canadian ethical standards by presenting client testimonials. For the purposes of the present article, we operationally define testimonials as statements on behalf of current or former clients, or from people such as parents who have personal relationships with the client, that attest to a provider's abilities or qualifications. Client testimonials may comment on the nature and efficacy of the services received, the helpfulness of the provider, or the outcomes experienced. We define testimonial use as the display or distribution of testimonials, and we define solicitation as actively requesting or otherwise trying to obtain testimonials. By this definition, any case where a psychologist displays client statements that attest to the psychologist's abilities or the services received would constitute testimonial *use*, regardless of how the statement was collected (i.e., whether the statement was actively solicited or passively received, for example in the form of a thank-you note).

Psychologists often develop and activate websites themselves, and their websites are not subject to review by a regulatory body before clients view them. In practice, regulatory bodies enforce ethical standards only when violations have been brought to their attention through one or more complaints. Thus, if psychologists violate ethical codes by including client testimonials on their websites, these violations may go largely unnoticed. In this article we review standards surrounding client testimonials and examine the extent of testimonial use among psychologists in Canada.

Standards Surrounding the Use and Solicitation of Client Testimonials

Practice guideline III.2.b of the Canadian Psychological Association (CPA) *Practice Guidelines for Providers of Psychological Services* (herein referred to as the *Practice Guidelines*; 1989) states that:

Psychologists use only those advertising and marketing approaches that are based upon sound business principles and that reflect well on the profession of psychology. Claims made by psychologists shall be based upon sound research findings, and *may not employ testimonials*, selective survey results, or misleading or false information. (p. 9, emphasis added)

The CPA practice guidelines are meant to complement the enforceable guidelines adopted by provincial jurisdictions, and to support consistency of standards across Canada.

Among the provinces, there is substantial variation in client testimonial standards. The psychology regulatory bodies of Alberta, British Columbia, Nova Scotia, and Prince Edward Island have explicitly prohibited the use of testimonials. For example, the College of Alberta Psychologists (CAP) has published *Professional Guidelines for Advertising and Other Public Communication* (2002), which states that “psychologists do not use testimonials of current or previous clients” (p. 3). The Saskatchewan College of Psychologists *Professional Practice Guidelines* (2010) prohibits the solicitation of testimonials from current or former clients, but does not specify whether or not psychologists may use testimonials that have been provided by clients in the absence of solicitation (p. 49). The Psychological Association of Manitoba *Code of Conduct* (2013) allows the use of testimonials, provided that clients or former clients are not exploited or coerced, and that testimonials do not include unsubstantiated claims for the purpose of promoting the psychologist’s product or services. Note that Manitoba’s *Code of Conduct* does not explain how one would know if clients had been exploited or coerced, or whether claims made in testimonials were unsubstantiated. The *Code of Conduct* supersedes the older *Interim Advertising Guidelines for Psychologists* (1995), which had prohibited testimonial use. In Ontario, provincial regulation under the Psychology Act (1991) specifies that advertisements

must not contain testimonials. Provincial statutes and guidelines issued by the regulatory bodies of Quebec, New Brunswick, and Newfoundland contain no direct mention of client testimonials; the regulatory bodies of Nunavut and the Northwest Territories have no published guidelines; and Yukon has no provincial body regulating psychologists. In the United States, the American Psychological Association (APA) *Ethical Principles of Psychologists and Code of Conduct* (2002) only prohibits the solicitation of testimonials from current clients or others who are vulnerable to undue influence (Ethical Standard 5.05).

Scope of Testimonial Use and Solicitation

The scope of use of client testimonials in Canada is unknown. Only a single study has examined psychologists' use of testimonials on professional websites: Palmiter and Renjilian (2003) examined 204 professional websites of American psychologists, and found that 6.0% displayed client testimonials. However, several factors limit the generalizability of their findings to the Canadian context. First, the study took place in the United States, where standards are more lenient (American Psychological Association, 2002). Second, the authors examined websites belonging not only to registered psychologists, but also to counsellors, psychiatrists, and social workers, who abide by different ethical codes and practice standards that may permit the use of testimonials. Third, the study sampled only websites listed on the online directories *Yahoo!* and "Who's Who in Mental Health on the Web" (<http://www.wmhw.com/>). Because providers voluntarily list their practices on these directories, the sampled websites may belong to providers who market their practices more actively than average. Finally, that study is now over a decade old, and the increasing use of web-based services suggests that the public may be more reliant on such information than in the past. A similar study, though also outdated, looked specifically at e-therapy websites, and found that 4.5% included testimonials from clients

(Heinlen, Welfel, Richmond, & O'Donnell, 2003). Because of the characteristics of these two studies, it is unknown to what extent they accurately represent Canadian psychologists' current use of client testimonials. The present study sampled the websites of psychologists registered in five Canadian provinces to estimate the proportion displaying and/or soliciting client testimonials.

Method

Selection and Search Strategy

Between September and December 2016, the professional websites of registered psychologists from the provinces of Alberta (AB), British Columbia (BC), Ontario (ON), Manitoba (MN), and Quebec (QC) were sampled. These are Canada's five most populous provinces, and have varying provincial guidelines surrounding client testimonials. Directories of registered psychologists were accessed through the websites of provincial colleges (the College of Alberta Psychologists, <http://www.cap.ab.ca>; the College of Psychologists of British Columbia, <http://www.collegeofpsychologists.bc.ca>; the College of Psychologists of Ontario, <http://www.cpo.on.ca>; and l'Ordre des Psychologues du Québec, <https://www.ordrepsy.qc.ca>). For AB, BC, ON, and QC, a random number generator was used to select 100 psychologists per province by registration number. Manitoba's regulatory body, the Psychological Association of Manitoba, does not publish a directory of registered psychologists, so the entire population of Manitoba psychologists with active professional websites was sampled, as listed in the directory of the Manitoba Psychological Society (<http://members.mps.ca>). Google.ca was used to search for each selected psychologist using the following keyword formula: the province name, the word "psychologist," and the psychologist's name, as listed in each provincial directory (e.g., "British Columbia psychologist Jane Doe," "Québec psychologue Jean Untel"). To prevent

previous search history from affecting search results, Google was used in “incognito” mode. For each psychologist, we examined the first page of search results to determine whether an active professional practice website was retrieved. Many psychologists did not have active professional websites, as they were affiliated with public institutions such as hospitals or universities, or were not currently practicing. In these cases, the next registered psychologist, in order of registration number, was selected until an active professional website was retrieved. In addition to individual psychologists’ professional practice websites, group practice websites were included. When more than one selected psychologist belonged to the same group practice, this data was only used once, and the next registered psychologist with an active website was sampled in order of registration number.

Data Extraction

The following data were extracted from professional practice websites: (a) whether client testimonials were included; (b) whether the websites linked to external provider-rating websites, and if so, which website (e.g., Yelp.ca, RateMDs.com); and (c) whether the websites explicitly solicited client testimonials. When testimonials were included on a website, the following information was coded: identifying information present (completely anonymous; including initials; including first and last name; including only first name; or including other identifying details such as age). Psychologists who displayed testimonials on their websites, and were registered in AB, BC, or ON (where any testimonial use is explicitly prohibited), were contacted as a courtesy to inform them of provincial guidelines.

Results

The websites of 433 psychologists were sampled from the provinces of MB ($n = 33$), AB, BC, ON, and QC ($n = 100$ each). The numbers of sampled psychology practice websites that

included testimonial use, solicitation, or links to provider-rating sites are displayed by province in Table 1.

Quantity and Content of Client Testimonials

Client testimonials were found on 4.2% of reviewed websites ($n = 18$). Most testimonials (61.1%) were completely anonymous, whereas 27.8% included first names or initials, 5.6% included full names, and 5.6% included other identifying details, such as age and, in one case, the name of an elementary school. All of the client testimonials on the included psychologist websites were positive, for example: *“Two close family members died recently, and I didn’t know how to cope. With grief counselling, I have learned and grown from these losses[sic]. I am a better person with ___’s help in processing these deaths. I am finally at peace.”*

Links to Third-Party Provider Rating Sites and Solicitation of Reviews

Links to provider-rating websites were included in 1.4% of websites ($n = 6$). These sites included CanPages.ca, Cylex.ca, FindPrivateClinics.ca, Google Places (a function of Google Maps where consumers can post reviews linked to geographical locations), RateMDs.com, RateMyMD.com, WebLocal.ca, YellowPages.ca, and Yelp.ca. One psychology group indicated that they would compensate clients for positive testimonials: *“___ is looking for online success testimonials and we will credit your account with \$10.00 for each internet testimonial/ review we receive from you (max \$30.00) ...we need a print off/name confirmation of your review as proof of completion (must be at least 30 words).”*

Discussion

The present study found that approximately 5.5% of the reviewed websites of Canadian psychologists, which is a small but non-negligible proportion, used and/or solicited client testimonials despite provincial and national guidelines against this practice. This figure included

psychologists who displayed testimonials on their websites, linked to external provider-rating websites, or openly requested testimonials from clients. Importantly, nearly 40% of testimonials included information that could potentially be used to identify clients, particularly if the testimonial contains other information such as presenting problem or age, or if the provider is based in a small municipality.

Ethical Issues Concerning the Use and Solicitation of Client Testimonials

Responsible Caring. The second principle of the *Canadian Code of Ethics for Psychologists* (herein referred to as the Code of Ethics; Canadian Psychological Association, 2017) states that the activities of psychologists are expected to benefit members of society or, at least, do no harm. Psychologists' primary responsibility is to protect persons involved in their activities, including clients. Responsible caring requires that psychologists weigh potential harms and benefits involved in their activities, and proceed only if the potential benefits outweigh the potential harms.

Avoidance of harm to clients. Psychologists who adhere to the principle of General Caring avoid doing harm to clients (II.2, 30, 40). Given that mental health issues are stigmatized (Pescosolido, 2013), publicly disclosing that one has received psychological services may result in harm to current and former clients, particularly when testimonials include or are accompanied by identifying information. Consequences that may arise include confrontation or avoidance from family members, friends, and acquaintances; and professional consequences, such as discrimination by current and future prospective employers who may come across the testimonials. Some clients may be fully cognizant of these risks and make informed decisions to provide testimonials, whereas other more vulnerable clients may provide testimonials without having fully realized the repercussions it may have. It is difficult to judge whether an individual

client will experience such repercussions, or whether they may be adversely affected by providing a testimonial. In adhering to the principle of Responsible Caring, psychologists must weigh the risks and benefits associated with their activities, and take action to minimize harm to clients. In the case of client testimonials, potential harm to clients can be minimized by anonymizing testimonials, and altering any details that might serve to identify clients.

Integrity in Relationships. The third principle of the *Code of Ethics* states that psychologists should demonstrate integrity in all of their relationships through accuracy and honesty, straightforwardness and openness, minimization of bias, and avoidance of conflicts of interest (Canadian Psychological Association, 2017). This principle also requires psychologists, as representatives of the discipline, to behave in a way that is consistent with the discipline's guidelines and requirements. Two ethical issues arising from the use and solicitation of client testimonials are related to accurate representation and avoidance of conflict of interest.

Accurate representation. Practitioners who support the use of client testimonials might argue that client testimonials provide information that can aid in the selection of a provider. In selecting a psychologist, consumers may appreciate hearing about the experiences of current and former clients. In a study examining preferences for clinician website content, 19% of prospective consumers reported that client testimonials are an ideal component of psychologists' websites, and 5% rated client testimonials as essential (Palmiter & Renjilian, 2003).

Although some clients may find it reassuring or helpful to read testimonials, it is unlikely that the information gleaned from these testimonials would actually help clients make better choices when selecting providers of psychological services. There is bias inherent in many aspects of the process of gathering and presenting client testimonials, and as a consequence, testimonials are unlikely to represent psychologists or their services accurately. First,

psychologists decide from which current and/or former clients to invite testimonials. Assuming that the reason for using testimonials is to recruit new clients, psychologists are unlikely to solicit testimonials from past clients who appeared dissatisfied with the services received, or who ended therapy early. Second, to avoid displeasing the psychologist who requests a testimonial, clients are likely to provide only positive testimonials, and exclude neutral or negative statements that would more accurately reflect their experiences. Third, psychologists can decide which client testimonials to post on a website. Psychologists are unlikely to share neutral or negative testimonials with the public, as this would not be in the best interest of their reputation and business. Fourth, psychologists can selectively include only flattering pieces of information from testimonials. If a mainly negative testimonial includes one positive statement, the psychologist could choose to include only the positive statement. Because of potential biases inherent in the process of gathering and using client testimonials, the resulting testimonials are likely to be unrealistically positive, and would not accurately represent the psychologist's competence or the outcomes that clients will likely experience.

Avoidance of conflict of interest. The Principle of Integrity in Relationships requires that psychologists do not exploit relationships established as a psychologist to further their business interests at the expense of the best interests of their clients or others (III.28). In soliciting and using testimonials from current or former clients, psychologists risk exploiting these relationships in order to further their business interests. The psychologist-client relationship is characterized by a power dynamic in which the psychologist is in a position of authority as an expert. Consequently, clients may feel pressure to comply with requests for testimonials, whether or not this is in their best interest, or even agree to be identified on psychologists' websites, although they ordinarily would not feel comfortable publicly disclosing their use of

psychological services. Given the potential risk to clients of providing a testimonial, and the business interests that their testimonial would serve, the use and solicitation of testimonial from current and former clients can create a conflict between the interests of the client and the psychologist.

Third-Party Provider Rating Websites. Another ethical question concerns linking to provider-rating websites. These provider-rating websites (e.g., RateMDs.com, Yelp.ca) allow consumers to rate and comment on their experiences with individual psychologists and practice groups. Although many consumers may find it helpful to explore ratings on third-party websites when selecting a provider, we argue that these rating websites are of limited benefit, and have the potential to provide misinformation or bring about harm. The reviews presented on these websites may be anonymous or contain identifying information. Many clients choose to leave reviews on rating sites without the psychologist in question being aware, let alone soliciting or using the client's review; such behaviour would not be considered use or solicitation of client testimonials. A psychologist linking to or displaying reviews from a third-party rating site, however, falls within our operational definition of testimonial use, and explicitly requesting reviews on such a site would constitute testimonial solicitation. Because psychologists with many negative reviews on provider-rating sites would likely choose not to link to these sites, the choice to provide a link to a provider-rating website would appear to serve the best interests of the psychologist by bringing in business. As noted, the CPA *Practice Guidelines* and the regulatory bodies of four provinces have prohibited the use and, *ipso facto*, the solicitation of client testimonials.

Inaccuracy due to biased selection of information. One issue with provider-rating sites concerns their accuracy as representations of psychologists' competence and the likely outcomes

of their services (III.1, 2, and 5 of the *Code of Ethics*). Although no known study has specifically examined ratings of psychologists, studies that have examined ratings of medical doctors indicate that these reviews may be misleading. Ratings are often based on a small number of reviews. For example, a study that examined the ratings of 500 urologists on 10 websites found an average of 2.4 ratings per urologist (Ellimoottil, Hart, Greco, Quek, & Farooq, 2013). Small numbers of ratings are unlikely to fairly represent the range of patients' experiences.

Furthermore, consumers who provide feedback on provider rating sites are unlikely to be representative of the overall patient pool (Galizzi et al., 2012). Online provider ratings have been found to be mostly positive (Black, Thompson, Saliba, Dawson, & Black, 2009; Kadry, Chu, Kadry, Gammas, & Macario, 2011; Lagu, Hannon, Rothberg, & Lindenauer, 2010; López, Detz, Ratanawongsa, & Sarkar, 2012; Verhoef, Van de Belt, Engelen, Schoonhoven, & Kool, 2014). As logic suggests that ratings should reflect diversity in satisfaction with services, the fact that ratings are mostly positive suggests that these ratings represent a biased selection of opinions.

Inaccuracy due to deliberate falsification. Provider reviews on rating sites may deliberately misrepresent psychologists' competence and the likely outcomes of their services. Provider-rating websites provide no safeguards to ensure the legitimacy of reviews; all that is needed in order to post a review is an Internet connection and valid e-mail address. No system is in place to ensure that clients do not post multiple reviews from different computers, or that providers themselves do not post misleading or falsified reviews to promote their business. Indeed, in a study that examined 190 physician reviews, Lagu et al. (2010) identified several reviews that appeared to have been written by the physicians themselves. These reviews contained details about the physician's academic appointments, research activities, and other information that clients would not typically be aware of or deem relevant to their care (e.g., "Dr.

___ is a faculty member of the Reproductive Endocrine Unit...She not only sees patients but also does research and edits a professional journal...Highly recommend her.”; p. 944). The reviews that these authors identified are examples of likely falsification, but they beg the question of how often more sophisticated fake reviews go unnoticed, in the absence of a procedure to identify and remove them.

Confidentiality. Although third-party rating websites are primarily used for ratings of physicians, many psychologists have also been reviewed on these websites. *RateMDs.com* does not request a name or any contact information, whereas *Yelp.ca* allows raters to sign in with a Facebook account, or to create a *Yelp.ca* account using a full name, email address, postal code, date of birth, and photo. On both websites, raters can also include identifying details in the body of their reviews. Although *Yelp.ca* allows reviewers to edit and delete ratings they have posted, *RateMDs.com* does not provide this option. Reviews posted to provider-rating websites have the potential to harm the reputations of vulnerable clients who reveal information about themselves that they later regret, with no avenue for recourse short of legal action against the websites’ owners.

Limitations

Two limitations of the current research are worth noting. First, the results are based on a random selection of registered psychologists from Canada’s five most populous provinces, with varying standards surrounding testimonial use. The use of testimonials may be more or less common in the provinces and territories we did not sample. Second, the current article focused on the use and solicitation of testimonials on psychologists’ websites, and did not address other avenues by which clients may use and solicit client testimonials (e.g., print and radio advertisements, notices posted in their office, or in person). Although these other avenues were

not specifically addressed, ethical issues discussed in this article apply to other media by which client testimonials may be solicited and shared.

Conclusions

Client testimonial use and solicitation raise concerns regarding confidentiality, accuracy of information, conflicts of interest, and potential harm to clients and their families. At best, testimonials are harmless and may provide stories of hope and inspiration that encourage prospective consumers to seek needed psychological help. At worst, however, testimonials may result in direct harm to clients through social and professional repercussions, may contain inaccurate information that negatively impacts the decision-making process when selecting a provider, and may reflect negatively on the profession of psychology. Although only 5.5% of sampled websites included testimonial use and/or solicitation, this statistic is nonetheless concerning in light of psychologists' ethical obligation to accurately present themselves and their services, and in light of potential risks to clients.

Future research should examine testimonial use from the consumer's perspective. An important question that remains is how testimonials influence decision-making processes surrounding clients' choice of provider. One possibility is that the inclusion of positive testimonials on psychologists' websites does not improve prospective consumers' impressions of those providers or heighten the likelihood that they will seek psychological services from any provider. Without foreseeable benefits from client testimonials, their use and solicitation should be discouraged based on their potential to misinform prospective clients and lead to social repercussions for those who provide testimonials.

In light of the ethical issues we have raised, testimonial use and solicitation merits further discouragement. The reasons why psychologists display and solicit client testimonials, in

violation of ethical guidelines, are unknown: some may not be aware of the ethical guidelines proscribing testimonial use, or the guidelines may not be sufficiently specific with regard to testimonials displayed on websites and links to third-party rating sites. Another possibility is that some psychologists emphasize business issues more than the ethical implications of testimonial use. Indeed, we speculate that testimonial use may be more common in provinces with a greater number of psychologists per capita (though a statistical relationship was not examined), which may suggest that business competition is a driving force for the use of testimonials. In any case, explicit provincial guidelines do not appear to solve the problem: in Alberta and British Columbia, where testimonial use is explicitly prohibited by provincial colleges, 5.0% and 11.0% of registered psychologists' websites, respectively, violated these guidelines. The apparent disconnect between guidelines and practice in these provinces may be a result of guidelines being introduced in response to widespread use of testimonials – perhaps testimonial use declined in these provinces following the introduction of their guidelines. Nonetheless, many existing guidelines were created prior to the age of the Internet, and could be revised to more specifically address the issue of testimonials appearing on websites and via links to third-party rating sites. In provinces that do explicitly prohibit testimonial use and solicitation, there may be a need for increased awareness and enforcement of these standards. In provinces that do not currently have guidelines in place about client testimonials (e.g., Quebec, New Brunswick), it may be time to consider introducing and enforcing guidelines that explicitly prohibit this practice, with specific reference to websites and third-party rating sites. In light of the potential risks and limited foreseeable benefits of soliciting and displaying client testimonials on professional websites, greater action from psychology regulatory bodies to curb this relatively common practice is warranted.

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Table 1

Testimonial Use and Solicitation among Professional Websites Sampled, n (%)

Element	AB	BC	MB	ON	QC	Total
Client testimonials	2 (2.0)	7 (7.0)	1 (3.0)	2 (2.0)	6 (6.0)	18 (4.2)
Solicitation of testimonials	2 (2.0)	2 (2.0)	0 (0.0)	0 (0.0)	1 (1.0)	5 (1.2)
Space for testimonials, no testimonials included	2 (2.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (0.5)
Link to third-party provider-rating site	1 (1.0)	3 (3.0)	0 (0.0)	0 (0.0)	2 (2.0)	6 (1.4)
Any of the above	4 (4.0)	11 (11.0)	1 (3.0)	2 (2.0)	6 (6.0)	24 (5.5)
<i>N</i>	100	100	33	100	100	433
Total number of registered psychologists	2613 ^a	1170 ^a	216 ^b	3145 ^b	8763 ^a	
Psychologists per 100,000 inhabitants ^c	54	45	36	45	95	55

Note.

^a Retrieved from annual reports of provincial regulatory bodies (College of Alberta Psychologists, 2016; College of Psychologists of British Columbia, 2016; Ordre des Psychologues du Québec, 2016).

^b Retrieved from personal communication with the Psychological Association of Manitoba and the College of Psychologists of Ontario.

^c Ratios reported by Statistics Canada (2009).

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