Testimonials

COSRT.ORG.UK INFO@COSRT.ORG.UK TWITTER: @COSRTNEWS

cosrt
College of Sexual and Relationship Therapists

CONTENTS

Testimonials 2
Consent 2
Privacy and Confidentiality 2
Authenticity 3
Efficacy Claims 3
Therapy organisations/clinics/training providers 3
Therapeutic Relationship 4
Restricted product categories 4

Testimonials

Therapists working in private practice often need to market their business. COSRT recognises that using service user testimonials can be an important and useful marketing tool and can help service users to decide to embark on therapy by understanding the benefits that others have experienced with therapy. Indeed, it can provide the reassurance a prospective service user needs to take the first step in contacting a therapist.

In using testimonials for websites and marketing materials, it is paramount, however, that the following guidelines are observed. The therapist should also familiarise themselves with and adhere to the Advertising Standards Authority's (ASA) (asa.org.uk) guidance on testimonials and endorsements.

Consent

- The therapist must seek permission from the service user to use the testimonial. Marketing communications must not feature a testimonial without permission.
- When seeking permission to use a testimonial, therapists should be aware of their obligations under GDPR, and provide the service user with a copy of their privacy policy, along with details of exactly how their testimonial will be used.
- Signed and dated proof is considered acceptable documentary evidence of the service user consenting to give the testimonial freely and genuinely, and the therapist is advised to provide the service user providing the testimonial with a form, detailing their privacy policy, along with details of exactly how their testimonial will be used, and their rights under GDPR law.
- Therapists must not in any way coerce the service user to provide a testimonial if the service user is uncertain about providing one.
- The service user has every right to decline the therapist's request for a testimonial and this shall not affect any future therapeutic relationship adversely.
- The service user has the right to withdraw their testimonial at any time and the therapist must immediately cease to use the service user's testimonial for any marketing activities, and/or destroy the testimonial if asked by the service user.

Privacy and Confidentiality

- Service user privacy and confidentiality must always be protected, and therefore, all testimonials should be anonymised, and not contain any details which could identify the service user or put them in a vulnerable or compromised position.

Authenticity

Showing that a testimonial is genuine has two elements; showing that the quote is from a real person and that it reflects what they said.

The therapist must hold documentary evidence that a service user testimonial or endorsement used in a marketing communication is genuine, and hold contact details for the person who, or organisation that, gives it. The service user must understand that in giving their testimonial, the Advertising Standards Authority (ASA) or COSRT may at any time request evidence of this documentary evidence, and should this be the case, the service user's identity will be provided to the ASA or COSRT.

Therapists must not write reviews of their own therapy or products whilst posing as a genuine consumer.

Therapists quoting from a published source still need evidence to show that the statements are genuine and accurate.

Efficacy Claims

- Claims within a testimonial must not mislead or be likely to mislead the consumer.
- Testimonials must relate to the therapy/products advertised.
- Claims in a testimonial that are likely to be interpreted as factual must not mislead or be likely to mislead the service user. For example, claiming a "100% success rate" as a therapy outcome, when only one service user has been seen, or where it is not possible to quantify the outcome (which will be most cases).
- If a therapist does not hold the evidence to substantiate an efficacy claim, they cannot use a testimonial which makes that claim.
- Testimonials alone do not constitute substantiation so therapists should not rely on testimonials as support for any direct or implied claims made in the marketing communication.

Therapy organisations/clinics/training providers

- Therapy organisations/training providers may use testimonials from service users, students and any other appropriate person reviewing their service if the guidelines provided in this document are followed and the correct consent is obtained from the person or organisation providing the testimonial.
- Therapy organisations may use service user testimonials that are attributed to individual therapists within their service, provided permission is obtained from the individual therapist to whom the testimonial is attributed, and that it is clear from the marketing that the testimonial is attributed to an individual therapist. The identity of the therapist whom the testimonial relates to can be anonymised if appropriate.
- Testimonials given for an individual therapist may not be used by therapy organisations/clinics/centres to represent the organisation.

Therapeutic Relationship

It is not recommended that therapist request a service user testimonial if the therapy work is ongoing. It is instead recommended that a testimonial is sought at the end of the course of therapy, and only if the therapist deems this appropriate. It is therefore important that the therapist considers the likelihood of the service user returning for further therapy sessions in the future, and if so, whether their refusal to provide a testimonial could have a negative impact on any future therapeutic relationship.

Restricted product categories

Therapists should be aware that under ASA rules, marketers (therapists) may not use health professionals or celebrities to endorse medicines and may not make health claims that refer to the recommendation of an individual health professional. Therefore, therapists should not themselves endorse medical products, or products that make medical or health claims. For example, a Psychosexual Therapist should not endorse drugs that treat erectile dysfunction; a general therapist should not endorse an antidepressant medication.