

## Rationale.

Bartering goods and services for psychotherapy is a controversial and polarizing topic. Authors have written that bartering in any circumstances is unethical (e.g. Woody, 1997), and until recently the APA strongly discouraged bartering in their code of ethics (APA, 2010). However, the literature on the topic is scattered and there are no empirical studies to evidence that bartering causes harm to clients. Despite this fact, bartering related issues are a cause for many ethical complaints (Pope & Vasquez, 2011). Further, current ethical codes restrict bartering only when it is (a) clinically contraindicated or (b) exploitative of the client (APA, 2010). So long as these conditions are met, there are ethical issues as defined by the APA; however, prudent practitioners should take into account the implications for transference/countertransference, the issue of multiple relationships and the symbolic meaning of the barter.

## Theoretical Conceptualization.

Because there is significant fragmentation on the topic, a theoretical framework for bartering is proposed, dividing bartering into three dimensions: goods versus services, frequency of bartering per session and functional versus symbolic bartering. Functional bartering is the trade of goods or services that meet a basic need of the therapist, while symbolic bartering is the act of exchanging psychotherapy for an item that is of low or no monetary value but of significant meaning to the client (e.g. homemade food, participating in charity events, etc.). Frequency of the barter is defined as how often the good or service is offered in lieu of full payment and generally fall into one of three categories: every session, sporadic and one time. Bartering on a one time basis could include the client building a computer for the office, which would be considered equivalent to ten sessions. A sporadic, or “as needed” barter may include mechanic services and parts on a monthly basis for an agency’s vans.

Bartering by definition substitutes money for other forms of payment, and as such individuals who have products or expertise, but little income, may therefore be able to obtain services they would not otherwise. This increase in access to services is in line with the philosophy of social justice, which is a philosophical underpinning of counseling psychology (Vera & Speight, 2003). Further, with the advent of managed care and session limits, clinicians may be able to ensure continued access to care by substituting insurance reimbursement by goods or services.

## Proposed Research Design.

This poster presentation is mostly theoretical in nature, with tables describing different examples and potential ethical dilemmas with different forms of bartering. However, future research directions could include surveys of how clinicians currently conduct bartering: percentages of clinicians who have actually conducted bartering are unknown, as is the general zeitgeist towards bartering in general. Additionally, vignette studies in separate samples of clinicians and the general population comparing the credibility, multicultural competency and utilization intent of counselors using functional versus symbolic bartering X frequency of bartering X goods versus services could further illuminate attitudes towards bartering both among professionals and among society at large.