This combination of therapies is more non-directive than the others. The therapist does not take a position of authority, but becomes a part of the ongoing experience. The consciousness of one is seen to impact the other. Therapy becomes a shared consciousness, the therapist takes an open stance, a beginner’s stance, and thus a childlike, or Zen-like stance in orientation. Since most therapy and coaching done is more directive, these pure styles of client-directed therapy will connect warmly and personally with the client, but might tend to frustrate the online users looking for directive answers to personal problems.

- Family brief therapy
- Imagotherapy relationship therapy
- Schema therapy
- Psychodrama therapy

Family-based (or conjoint-based) forms of therapy believe that family interactions shape adult behaviors. Each person explores how they believe they need to act to obtain love and approval in their relationships in order to feel safe. It seems imperative to view the interactions as they are happening, so until technology evolves, this might be the least effective environment for online therapy.

People are craving an experience of understanding and enlightenment because they want to feel better than they feel. They want to feel good.

Online therapists provide a relationship within which people can change. Online therapists stand for the hope that life can be better than what we have known in the past. Human beings are once again, and apparently always will be, the conduit, the delivery vehicle of both grace and truth.

Working as a team, becoming an “online couple,” the therapist not only evokes the client’s story (their perspective), and explores the constructs the client has created. Together, they construct new solutions, rather than dwelling on the sources of the problems that got them there. The interconnections between thought and emotion are admired, and more flexible, profitable, empowering beliefs are created.

The online therapist is part of a social constructionist philosophy. We focus on what the client wants to achieve through the use of therapy, rather than dwelling on what problems brought them online to seek help initially. What the client wants to create in the future, by acting in the present moment with conscious intent, is an important part of online therapy. All of the client’s strengths and current resources are utilized for the client’s forward movement towards a goal he or she has created with help from a skilled therapist.

Best Online Therapeutic Modality

Having had clinical training in the aforementioned schools of thought, I have added training in professional coaching and hypnosis to my online practice. I practice clinical hypnotherapy in my online coaching sessions, and these are phone sessions of 60-90 minutes.

The effects on cognition and behaviors are quite remarkable, and it brings out creativity in enjoyable ways for the therapist. Most of the online sessions are utilized for professional coaching, but I also have online therapy with people who seek out my specialization in sexuality. When hypnosis is used in conjunction with the principles of each of the tools mentioned, the combination is extremely effective.

What is the Best Environment for Online Therapy?

Confidentiality and privacy concerns are generally more stringently upheld by online practices than in a more traditional, face-to-face setting. Twenty years ago, Internet purchases ranked about five percent of the purchases made in America. Today, 78 percent of adults make retail purchases online and retailers boast 66 percent of their annual profits are made online. Purchases made online are often safer than those made in person. For online therapy, payments are accepted and recorded online in a secure manner; scheduling is also done in privacy, resulting in fewer mishaps and lower overhead for the clinician.

What Might the Future Hold for Online Therapy?

The idea behind distance therapy is to reach the people who want to talk with someone safe online, but cannot afford the time, or sometimes the money, to get traditional therapy—people like the busy executive, the on-the-go mom, the lonely, the aged, the disenfranchised, traumatized, hospitalized, house-bound, and the geographically challenged. Those who do not have transportation, and those who want to work with a particular therapist/specialist (even though he or she is hundreds of miles away), find a solution here.

Online therapy will not be current therapists of their trade. There will always be a need for people to meet face-to-face. That is a different type of experience. And many times when clients have a good experience with online therapists and want to go deeper into issues, they are more likely to seek out a face-to-face experience with a clinician.

There is a clear, creative harmony that traditional therapy and online therapy will share as one acts as a supplement and a referral resource for the other.

Raymond Jones, PhD, LMFT, CAS, is a sex therapist who focuses attention on the healing of the bond between men and women. He is able to work with people from around the world due to his new programs in online therapy. Jones is a Certified Addiction Specialist and Clinical Hypnotherapist. Couples who work with him revitalize their romantic and sensual connections, and singles gain confidence in their work with him.

Professional Resource

A site for therapists to host their clients is Therapy Charging.com. This is a site built by clinicians for clinicians. The builders understand the high need for safety, and they are making an iron clad site. Clinicians can build their own Web site and each aspect meets the legal and ethical standards of the profession, with the highest degree of security mandated. At such hosted sites, clinicians are not working for someone else; this is your own independent practice with a virtual waiting room. Clients can view articles and see notices you post. You may charge whatever you wish—it is your practice to build. Plus, clinicians are given practice management tools, marketing tools, and a community for personal support.

Family Therapy in Schools

Kathleen C. Laundy, PsyD

Now that legislation is being enacted to certify school marriage and family therapy (MFT) practice, we must develop training and supervision models to prepare students for employment in schools. This article overviews the certification experience in Connecticut as a model, and offers training and supervision ideas for MFTs who wish to pursue certification in schools.

Connecticut Certification Law and Regulations

In 2007, Connecticut passed the first school certification law for MFTs. Connecticut State Board of Education Regulations require applicants to meet specialized training and experience requirements for school MFT certification. Applicants must be licensed by the Department of Public Health, pass a Praxis Exam (required of all educators), fulfill a minimum of 300 hours of supervised experience in public schools, and complete graduate coursework in special education, developmental, learning and school-based systems theory.

School Training and Supervision of MFTs

MFT supervisors may have no background in schools, or they may be licensed supervisors providing regular school consultation as private contractors. Others are former teachers who are completing advanced MFT training. Many supervisors need elements of coursework, field placement or supervision in order to fulfill regulatory requirements.

Central Connecticut State University (CCSU) offers three methods to address the training and supervision needs of MFTs wishing to pursue school certification. Six years prior to certification, the first training opportunity was created through invitation from a suburban Connecticut school system.
MTFs provide a unique contribution through their expert family strengthening skills. These skills help build family-school partnerships to foster more effective Individual Educational Plans (IEPs) for children, especially those with preconceived needs. Challenging health problems have escalated and are being better diagnosed; at the same time, healthcare has become increasingly accessible to children and families with allied school professionals.

CCSU offers a third option in a one-semester course for MFTs who will or have already achieved other school certification requirements and wish to focus on systems-based school theory. This course is a more theoretical distillation of the Naylor seminar, summarizing what is taught in the two-semester practicum seminar.

Training and Supervision Content

MTFs make two unique and timely contributions to school systems. First, by training in the multiple dimensions of individual, family, group, community, and cultural systems, makes MFTs valuable assets to educators. It enables MFTs to be their own resource in as many different roles as they assume. Systems-based education equips MFTs to provide an array of clinical services, while equipping MFTs to collaborate with school multidisciplinary teams as Child Study, Planning and Placement (PPT), Response to Intervention (RtI), and Student Assistance Teams (SAT).

Along with counselors, school psychologists, and school administrators, MFTs fulfill different clinical needs in each school. Each mental health profession has areas of overlapping clinical training, as well as unique skills. It is important that we recognize and appreciate our mutual and unique skill base. For instance, one of our Naylor students is young and bilingual. She has endeared herself to students and young families because of her enthusiasm and command of languages. Our other student is a post graduate with teenagers of her own. Without doubt, both students have contributed to the data base of evidence-based research about MFTs in schools, and will advance supervision practice even further.

Effective MFT School Supervision

Supervisors need a specific and unique set of skills in order to support MFTs in schools. First, they need to know how to adapt a systems orientation to schools. Supervisors should recognize that MFTs and all allied professionals are collaborative “guests” in schools, where the major goal is education and good mental health is an essential prerequisite for learning. Supervisors need to help supervisees learn to collaborate in educational processes to foster supervisees’ growth, as well as secure a respected position for school MFTs.

From our work in Connecticut school systems, this author and MFT student supervisors have jointly developed a paradigm to apply to these various elements to MFT work in schools. The Longitudinal Overview of Growth in Systems (LOGS) is a model to conceptualize various levels of a child’s functioning over the course of her or his school career. LOGS is more fully detailed in Family Therapy in Schools. A Therapist Guide (Laundy, in press).

The model incorporates medical and other family therapy “meta-theory” into the metaphor of a log. The bark of the long end of the log represents a student’s individual and family life cycle, and the cross section of concentric rings through the middle of the log represents individual, school, community, and cultural dimensions of a child’s functioning. The LOGS Model helps us focus our clinical concern in the systems context, therefore grounding students to design more proactive interventions.

For instance, our training program in Westbrook has supported the growth of one student with Asperger’s since his diagnosis as a child. Westbrook is a secondary school. Our MFT trainees and supervisors have worked with the child, his family and school to negotiate the difficult transitions from elementary to middle and high school. MFT services have included parent, teacher and family consultation, and individual and group school social skills training. Westbrook has succeeded in keeping this young man out of residential placement despite serious behavioral issues, and has empowered the family to work in concert with the school team. Cost savings have been realized through decreased need for emergency administrative meetings, less adversarial relationships which can lead to costly litigation, and residential placement prevention.

The goal of education is to teach children in the least restrictive environment (LRE), and the role of the MFT at one point may be to boost parental support of a child’s Individual Educational Plan (IEP). At another time, the MFT may design education programs to help children with more systemic education problems in more knowledgable ways if they are oriented about school systems. Some of this data can be accessed through state departments of education Web sites and from local schools.

Finally, accessing supervisees’ strengths to support growth at varied stages of training and development is a goal of all supervision. Supervision of MFTs in schools is no exception. In order to support supervisees with varied backgrounds, we find it useful to structure groups in ways, that diversity of experience is appreciated and appreciated. Group members can model varied ways MFTs can join children, families and school colleagues to provide services.

For instance, one of our Naylor students is young and bilingual. She has endeared herself to students and young families because of her enthusiasm and command of languages. Our other student is a post graduate with teenagers of her own. She has designed a support group for grandparents raising grandchildren. She also has a background in art, and has made invaluable contributions to “marketing” MFTs with flyers and a newsletter announcing MFT services.

Finally, our work in Connecticut school systems has taught us a full range of behavioral health services by certifying school MFTs. Many more states are initiating similar legislation. It is timely and necessary to provide MFTs with training and supervision opportunities, so that they can function effectively in education as certified practitioners. ■

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Additional Resources


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