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## **INTRODUCTION**

Welcome to the ReadyMinds® Distance Counseling Newsletter. RM has implemented DC Training that satisfies one of the requirements leading to the granting of the Distance Counseling Credential by the Center for Credentialing and Education (CCE), an affiliate of the National Board for Certified Counselors (NBCC)®. More than 200 counselors and therapists have been trained since the first workshop in January, 2004. Training dates and locations for the balance of 2004 and start of 2005 are updated frequently on our website, [www.readyminds.com/dcclocations](http://www.readyminds.com/dcclocations).

In this newsletter you will find a feature article written by Jef Gazley, a distance counseling practitioner, who first established his web based services in 1998 and excerpts from an article titled "*Therapy Over The Internet? Theory, Research & Finances*".

Please feel free to send your comments or questions by emailing to [RMDCnewsletter@readyminds.com](mailto:RMDCnewsletter@readyminds.com). We plan to address many of these inquires in future issues.

*Harvey Schmelter-Davis, Editor*  
*RMDC Newsletter*

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## **FEATURED ARTICLE**

Jef Gazley has practiced psychotherapy for thirty years, specializing in ADD, Love Addiction, Hypnotherapy, Relationship Management, Dysfunctional Families, Co-Dependency, Professional Coaching, and Trauma Issues. He is a trained counselor in EMDR, NET, TFT, and Applied Kinesiology. He is State Certified in Arizona in GENERAL Counseling, Marriage/Family, and Chemical Dependency. He became involved in Distance Counseling in 1998 with the start of his first Web SITE. He has participated in the Distance Credentialed Counselor (DCC) Training Program.

The below article is being shared with you as it describes not only this particular practitioner's thoughts about distance counseling, but it also recounts the business and marketing path followed on the way to a successful practice.

**Ask The Internet Therapist**  
**Jef GAZLEY, M.S., AAMFT, DCC**  
[www.asktheinternettherapist.com](http://www.asktheinternettherapist.com)

Sometime in 1997 my brother-in-law called and told me about a great new tech program he was playing around with called NetMeeting by Microsoft. He raved about being able to talk with anyone around the world from computer to computer, and best of all it was totally free. For years I had been trying to figure out how a psychotherapist could move out of a large city and still make a decent living. I also was frustrated when in the middle of treatment a client moved to another city and treatment had to be stopped. I wondered if NetMeeting might be the answer to these two problems.

When I tried out the program and saw how clear the connection was I was convinced that this could be the answer. When I investigated on the web I couldn't find anyone else doing video conferencing, but did find about 25 other sites by individual therapists doing counseling by phone, e-mail, and chat mediums. A number of thoughts ran through my mind. I had been involved with suicide hotlines in the early 1970's in Phoenix, Arizona, where I now live, and Seattle, Washington while going to school and I knew how effective that medium could be. All therapists do crisis work on the phone in between f2f sessions so I was comfortable with this form of therapy.

I had never used chat before and had only emailed people a few times, but a couple of the other therapy sites talked about the anonymity clients felt with these forms of therapy. I remembered running a group for court appointed chemically dependent clients and how I was working way too hard to get them to talk when a storm suddenly came up. After a few minutes the lights went off and the group became CAME alive. They were talking not only about the storm, but about their issues. The darkness appeared to make them much less inhibited. I wondered if the same principle was at work with e-mail and chat therapy.

It seemed important to offer a full range of counseling options on my site so at Asktheinternettherapist we offer telephone, e-mail, chat, and audio visual counseling. I believed that since this would be a very new medium that it would take several years for clients to be willing to pay for counseling online in any appreciable numbers and therefore I wanted to complement my distance offerings with more traditional products that would generate income immediately. Other aspects of the website plan was to provide quality mental health information, to offer discussion boards for clients, a monthly newsletter, and to have affiliations with shopping companies such as Amazon.com to provide quality products and generate income when these companies sell any of their products from our site.

My partner and I now felt we had a viable business plan and niche and planned to only use our own money for the investment. We figured that it would be easy and all we would need to do is get the website up and running and then see people. At first we tried to do it cheaply because of the expense of a developer. I taught myself FrontPage and put up a good, but simple site in 1998 called Internettherapist. We investigated a number of

ways to accept credit card payments and connected with a bank **THAT ALSO OFFERED THIS SERVICE**. We set up an 800 phone line and got broadband capability for the audio visual component. We then hired a company to submit our site to the search engines and waited for the clients. We waited a long time! Most of the people who visited the site wanted free sessions and we offered a one time free session for 2 years. Within several months we fired the web engine submitting team and learned how to do it ourselves. Gradually over time we became more popular.

All along the road unexpected events happened. We had to develop mutual link partnerships to raise our popularity. At one point we lost our domain name because we moved our physical office and our mail was not forwarded. When we realized that the domain renewal notice had not been forwarded we went to Network Solutions website. The automation renewal feature was not working. They sold the name to someone else. That meant we had to start the whole process over again and sink more money into the investment. The site was renamed Asktheinternettherapist and essentially the whole process of developing and marketing had to be duplicated. This is when my partner bowed out, leaving the project in my hands.

In 2000 several heavy hitters came on the scene such as HelpHorizons and Here2Listen with a lot of financial backing and slicker web sites. I decided to take the plunge and hired a web developer to match their sites and broadened my niche by being the first site to offer a full service medical and counseling clinic online. Besides counselors nationwide we offer services provided by a nurse, chiropractor, physician, masseuse, nutritionist, and even a veterinarian. This allows us to look at the entire person and their health and not just their separate parts. Most of the therapy sites have been very generous in sharing advice and support. It has been a small and pioneering community and all of us have tended to link together and assist each other.

I grew to learn that there is constant work involved to maintain a website such as **ASKTHEINTERNETTHERAPIST**. There is always something to change and it is difficult to stay abreast of recent trends and new technology. All the best planning is no guarantee that things will work the way they were intended. In the last year Asktheinternettherapist has added over 1300 new web links and has **TRIPLED** its' traffic. Our psychology tapes page is rated number one in Google for several keywords **AND SALES HAVE TRIPLED IN THE LAST THREE MONTHS**. Our staff is seeing a continued increase in clients as the public continues to become accustomed to online health care.

The future continues to look very bright. Most of the beginning mistakes have been made and the site really runs itself except for periodic development and continued marketing. The goal of eventually retiring part time to a small community is close, managed health care is only a small part of my clinical f2f practice now, and I am able to have clients all over the world. It has been a very exciting, although difficult journey. I believe that being an owner/operator of a website is a great thing especially for independence and I hope that this information will be helpful to those other clinicians who plan to develop their own site.

## **DISTANCE COUNSELING (DC) FORUM**

This column provides a place where professionals can pose questions and obtain responses related to DC. Feel free to email any questions or comments to [RMDCnewsletter@readyminds.com](mailto:RMDCnewsletter@readyminds.com) and we will try to address them in future newsletters.

Many participants in the Distance Counseling Training are interested in how to apply specific theories to Distance Counseling practice. This is addressed at various times throughout the two day training, especially in the module titled "Counseling Theories: Application to Distance Counseling Practice". The article summary below evaluates the provision of mental health services via the Internet, and more specifically the provision of such services through a text-based mode of communication (such as e-mail). Terms such as on-line therapy, Internet counseling cybertherapy and telehealth are used interchangeably. The following are brief excerpts from this article. In addition to being helpful to mental health counselors these approaches may also be valuable to career counselors in working with their clients. Career counselors cannot separate personal issues from career if they are to work effectively with their clients. For example, clients may have to deal with personal issues such as grieving the loss of a job or a spouse as they work in developing a career focus.

The full text article can be read by going to the International Society for Mental Health Online (ISMHO) web site, [http://www.ismho.org/issues/therapy\\_internet.htm](http://www.ismho.org/issues/therapy_internet.htm)

### *Excerpts From*

#### **Therapy Over The Internet? Theory, Research & Finances**

J. Vicky Laszlo, MSW, Gail Esterman, MSW & Sherri Zabko, MA, MSW  
Source - International Society for Mental Health Online (ISMHO)  
[http://www.ismho.org/issues/therapy\\_internet.htm](http://www.ismho.org/issues/therapy_internet.htm)

### **THEORETICAL MODALITIES**

A number of writers proposed viable practice possibilities and theoretical modalities that can potentially be tailored to on-line counseling so as to equip on-line therapists with a set of tools to utilize and deliver quality therapeutic services. *(The following article excerpts only address Cognitive and Crisis Intervention therapies. Additional therapies are addressed in this article.)*

**Cognitive-Behavioral** intervention would be very compatible with the text-based medium, as it relies heavily on conscious processes and thinking. Cognitive theory (Beck, 1976) works on examining the individual's thought processes, detecting cognitive error and helping the individual develop alternative and more flexible understanding about self and environment via re-framing and other techniques. Gabriel & Holden (1999, lecture) proposed a possible adaptation in text-to-text intervention. They suggested looking for emergent patterns in text to intervene on.

These are:

1. Overgeneralization (where individual uses frequent "always", "never" or good/bad, right/wrong)
2. Excessive responsibility (I should've done this, I must do that)
3. Predicting without sufficient evidence
4. Making self-referential statements minimizing or maximizing the significance of the behavior ("anyone could've done it")
5. Catastrophizing situations and only focusing on the negatives (world will fall apart if I don't do it)

Questioning such statements would serve to begin restructuring this individual's thought process and hence foster change.

Polauf (1996-99; 1998) suggested that **Crisis Intervention Theory** could be an effective framework within which to intervene via e-mail. He termed it *e-mail based crisis intervention*. Crisis intervention is "a process for actively influencing psychosocial functioning during a period of disequilibrium in order to alleviate the immediate impact of disruptive stressful events and to help mobilize the manifest and latent psychological capabilities and social resources of persons directly affected by the crisis" (Parad & Parad, 1990, p.4).

As such it requires rapid response, easy accessibility and quick effectiveness whose goals are to return the individual to pre-crisis functioning. Such counseling is time limited and entails concrete goals and problem solving exercises that can be conducted via e-mail. He suggested that the problem gets framed during initial messages by the individual as a disruption in otherwise steady state and is then taken through the same treatment stages undertaken in traditional agency-based crisis intervention.

Polauf (1996-99; 1998) further describes the process that would follow. Upon receiving initial e-mail from the client, the therapist should explore the problem and reframe it in cognitive terms thus instilling hope, reducing a client's anxiety, developing trust and allow for ventilation so as to make the client feel listened to and understood. Shortly after, the formulation of concrete and doable goals should be collaboratively agreed upon, promoting client's autonomy and sense of competence. These should encompass symptom reduction, restoration of functioning, insight into stressors and an increased repertoire of problem solving skills. A specific time frame is then set up within which goals can foreseeably be met and during which structured and active interventions are used.

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