

Frequently Asked Questions & Program Updates: COVID-19 Response
Stockton University
M.A. in Counseling Program

April 28, 2020

PRACTICUM AND INTERNSHIP:

1. How should we move forward at our practicum/internship sites if and when they decide to move to distance forms of counseling?

Beginning, Summer 2020 (May 18, 2020), our program will recognize online/tele-counseling provided through your practicum/internship site during the period of the New Jersey State COVID-19 related health emergency ([NJ State Response](#)), if your site and site supervisor authorize this continued clinical engagement AND you continue to receive individual supervision from your site supervisor. This does count for direct hours. Follow your site/agencies — their policies and practices — and the guidelines/resources for telehealth (APPENDIX A).

If you are starting Internship in the summer: Please note that you must be enrolled in the Summer 2020, Internship I course to clock any (indirect or direct) hours.

2. What counts as direct hours at this time given the stay at home orders and lack of face to face (F2F) direct contact?

In line with CACREP (2016) standards, approved direct hours take the form of:

- a. Psychoeducational presentations/workshops: Students can create and provide or record lessons/workshops/professional development that students/clients/colleagues could view on-demand. Recorded lessons count only for direct for the duration of the recording. If the presentation is ‘live’ online, direct hours occur each time the presentation is given. Indirect hours can be accumulated for the development of the presentation. *Please work with your course instructor to clarify and propose these hours for approval prior to conducting them.*
- b. Consultation: In order for these direct hours to count, the [consultation form](#) must be completed, approved, and handed into your internship course instructor.
- c. Telementalhealth sessions: Any direct care performed with a client that is not in the same room or space as the counselor. This includes: assessment/intakes, treatment planning and care coordination, individual and group counseling.

3. How should students obtain their supervisor’s signature on supervision logs and weekly logs when they are not permitted to see their supervisor’s in face-to-face supervision?

Students can complete their logs each week and email them to site supervisors who can print, sign and take a phone picture or scan of the signed log and return that to the student. If there is no printer available for site supervisors, they can do a pdf signature. If that is not an option,

please have a weekly e-mail communication detailing the hours each week for your records. At the end of the semester you can turn in unsigned logs with the attached emails and your course instructor will sign off on those approved hours.

4. In terms of finding a site for the Fall 2020 semester, should students continue to reach out to potential sites?

Yes. Even if you are told that the site is not accepting applications at this time, we expect you to have made a connection with them. You can let them know that you will check back with them once the COVID-19 situation has stabilized and sites/agencies are reopening.

If you are planning to continue at your practicum site from Spring 2020 for Internship I (Fall 2020), we highly recommend that you continue to make frequent and open contact with your site supervisor throughout the summer and secure your Internship Agreement form in anticipation for your Fall 2020 placement at the site.

5. What if I can't secure a site, or I am having trouble securing a site for the summer or fall semesters?

We will do our best to assist students in securing a summer or fall clinical placement site. This is an unprecedented time and we simply do not know when programs will again be operating for direct human contact. Please stay in touch with the Internship coordinator and your program advisor/preceptor, and keep them posted as to your progress and areas of needed assistance. ***It is your responsibility to reach out and keep faculty up to date on your progress.***

6. What if a site has already rescinded its offer of a site for the Fall 2020? Should I check back with them after the crisis has subsided?

Yes. And you should begin searching for additional site opportunities as well.

7. Will the deadline for submitting paperwork (Internship Application and Agreements) for practicum for the summer and fall be extended?

We will work with students until they are able to secure sites for the summer and/or fall, please reach out to your program advisor and internship instructor for guidance. In terms of the previous deadlines, for Internship I Summer 2020 the deadline has been extended to April 27, 2020. For Fall 2020 the deadline is July 1, 2020.

Please note that in order to begin clocking your hours (both direct and indirect) in Internship I you must have the following fully completed and sent to both your course instructor and the current Internship Coordinator:

1. Internship Application
2. Internship Agreement
3. A copy of valid and current liability insurance

8. *What changes if any have been made to the Practicum and Internship handbook due to the current situation?*

Given the COVID-19 pandemic and the unprecedented and uncertain times ahead, we have prepared an addendum to our original program handbook ([MA in Counseling Clinical Handbook 2019-2020](#)) that includes an update on the following policies:

1. The 80% rule policy indicated that students must obtain 80% of their hours in order to take an incomplete in Internship I or II. However, due to COVID considerations, this rule **no longer applies, for the time being.**
2. Our current handbook policy requires **150 direct hours** for Internship I/II. This has been changed to **120 direct hours**, in line with CACREP accreditation standards and allows students to have a more realistic opportunity to gain direct hours given the COVID-19 situation.
3. All practicum students who have gained any direct hours in practicum during Spring 2020 will be permitted (in line with [CACREP COVID response](#)) to enroll in Internship I in the Summer or Fall 2020 and complete the remainder of their 40 direct contact hours. **However, the student must successfully complete all practicum requirements prior to commencing with Internship. Only after your 40 direct hours are approved, signed off, and confirmed by your internship instructor, will you be able to begin to clock your Internship hours.**

TELEMENTAL HEALTH: TELETHERAPY/COUNSELING

1. *Are counseling interns allowed to engage in teletherapy (via video) with their clients at this time? If so, can we get direct hours for teletherapy sessions?*

Students enrolled in Internship I this summer will be able to start engaging in and counting direct hours for teletherapy sessions, if their site and site supervisor is willing and able to provide direct supervision. This means the supervisor must be available during the session, either by physical location (if you are performing the telecounseling in an office) or by phone. This supervision situation is similar to the prior supervision requirements with clients in person.

In the Internship I Summer course, the course instructor will work with students during the first few weeks to help familiarize and train them on telehealth with attention to ethical, legal, and practice considerations. Some students will be able to start this work more quickly than students who have had no training or experience with telehealth up to this point.

2. *What can I do to help ensure confidentiality of my client via telehealth sessions?*

It is important for you to be aware of privacy concerns and issues related to telehealth sessions/counseling. If you plan to engage in this method of counseling, please first watch this 'crash-course' [VIDEO](#) prepared by a Counselor Educator specifically for students in Internship

who are transitioning from face-to-face to online counseling. It is vital that you also review APPENDIX A below, which details risk management and tele/online counseling. Please discuss and process these changes in counseling format with your supervisor **prior** to providing any remote/distance counseling services.

Additionally it is vital to note that the provider/vendor must do a risk analysis of using the technology to ensure compliance. In order to attend to these risks it is vital that you:

- a. **Verify the client's identity:** Ask a question in the intake and then have the client answer the question prior to getting into the meeting/session.
- b. **Have a code/system in place for potential session interruptions:** For example, during the first session as part of informed consent, talk through the possibility of interruptions stating, "I can exit out if someone unexpected comes in the room or into your space, then I will email you to reschedule our session."
- c. **Lock the meeting, require a unique ID/password, or use/enable a waiting room.**
- d. **Ask the client to show you their environment and then show them yours.**
- e. **Ensure that storage of the client information and data is password protected on a passcode system or locked computer.**

3. There are several distractions when doing teletherapy and I am having trouble staying focused while conducting sessions, what can I do?

Turn off your notifications and sounds on your computer, this can be distracting to yourself and your client. It is also important (parallel to a F2F session) that you set rules and boundaries for yourself. For example, nothing on your desk, clearing your computer screen and desktop of webpages, etc.

SUMMER COURSES

1. Will on-campus summer courses will still be offered via online platforms if they are not able to meet in person at that time?

Yes. All on-campus courses being offered this summer will move to an online format.

Additionally, all of our program summer courses WITH THE EXPECTATION of Internship I, will operate on a fully online, asynchronous format. Due to the clinical and interpersonal nature of Internship I, students will meet with the instructor via live zoom in a synchronous format during the prior F2F scheduled time (Thursday evenings from 3:00-6:00 PM).

PASS/NC "GRADING" OPTION

1. Does the "Pass/No Credit grading" option apply to counseling graduate students? If so, is it chosen by course or do you have to select it for all courses one is taking this term?

This policy does not apply to graduate counseling students at Stockton. Additionally, it is important to note that even if it was an option for students in our program, it is not recommended because other state licensing boards may not permit pass/fail courses for licensure.

APPENDIX A: Risk Considerations and Telehealth Practice

As the provision of healthcare services via technology—commonly called telehealth or telemedicine—expands during the current COVID-19 emergency period, questions arise regarding the permitted scope of practice, licensure requirements and compliance with the Health Insurance Portability and Accountability Act (HIPAA), among other regulatory-based inquiries. It is important for healthcare practitioners to understand the risks unique to the practice of telehealth, as well as risk management best practices, including:

- Verify authorization to legally practice telehealth.
- Safeguard patient/client data and comply with privacy regulations and disclosure protocols.
- Monitor outcomes for clinical care and technical support.
- Create and retain formal patient/client care records for all encounters.
- Engage in continuing education to ensure key competencies.

*The information and regulations regarding COVID-19 is rapidly evolving and changing. The questions and responses below provide basic information to practitioners and are intended to serve as a catalyst for a practitioner's further inquiry into the federal and state regulatory framework for telemedicine/telehealth. It is **the responsibility of the qualified practitioner to know and meet the requirements necessary to provide telehealth services to their patients/clients.***

How are practitioners expected to ensure the privacy and confidentiality of patients'/clients' data during the novel coronavirus (COVID-19) national public health emergency?

The HHS Office for Civil Rights (OCR) announced on March 17, 2020, that it will waive potential HIPAA penalties for good faith use of telehealth during the nationwide public health emergency due to COVID-19. This applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19. The [notification](#) and accompanying [fact sheet](#) explain how covered health care providers can use everyday communications technologies to offer telehealth to patients responsibly. Providers are encouraged to review the notification, and to routinely monitor the [HHS Emergency Response](#) page for more information about COVID-19 and HIPAA.

This notice means that covered health care providers may now use popular applications that allow for video chats, including Apple FaceTime, Google Hangouts video, or Skype, to provide telehealth during the COVID-19 nationwide public health emergency without risk of incurring a penalty for noncompliance with HIPAA Rules. If health care providers chose to use these applications to provide telehealth, **providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.**

A Note on Waivers by HIPAA: While the “HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency.” I want to stress that states have their own laws and rules (see NJ response link), and the OCR waiver does not release us from those rules. We also have the following ethical obligations:

- Knowledge and competency in telehealth (ACA, 2014, H.1.a.)
- Specific informed consent and disclosure for technology-assisted counseling, including the benefits and limitations of using technology (ACA, 2014, H.2.a., H.4.a.)
- Use of secure, current, and encrypted technology, which Skype is NOT (ACA, 2014, H.2.d.)
- Client verification (ACA, 2014, H.3.)
- Establishing appropriate professional boundaries (ACA, 2014, H.4.b.)
- Screening clients for appropriateness of technology-assisted services (ACA, 2014, H.4.c.)
- Multicultural and Disability Considerations (ACA, 2014, H.5.d.)

How can practitioners ensure the care and treatment delivered via telehealth is high-quality?

Increased use of telehealth means that health care organizations and practitioners need to develop guidelines for monitoring telehealth practitioners and sharing internal review information. Federal law requires that, at a minimum, this shared information must include adverse events that result from a practitioner’s telehealth services and complaints a health care organization receives about a practitioner.

Practitioners must adhere to traditional clinical standards of care, and practice within the scope of practice authorized by law. The American Telemedicine Association has promulgated a variety of [practice guidelines](#). The Telehealth Resource Center also provides [resources](#) for building and developing a telehealth program.

References/Additional Resources

The following additional sources offer a more detailed framework of guidelines, standards and tools for the safe practice of telemedical diagnosis and care:

- [Healthcare Perspective: Telemedicine](#)
- [HHS: HIPAA for Professionals](#)
- [HHS: COVID-19 and HIPAA](#)
- [HHS: Notification of Enforcement Discretion for telehealth remote communications during the COVID-19 nationwide public health emergency](#)
- [CMS: Medicare Telemedicine Health Care Provider Fact Sheet](#)
- [American Telemedicine Association](#)
- [American Health Information Management Association](#)
- [Telehealth Resource Center](#)

- [Center for Connected Health Policy](#) (CCHP)

NJ State Responses and Updates

Telehealth: As health care providers are encouraged to use telehealth to the greatest extent possible, to reduce unnecessary COVID-19 exposure to themselves, their coworkers, and their patients, the Division of Consumer Affairs has issued [telemedicine guidance](#) to help practitioners understand how to take full advantage of the options available to them.

For more information, [click here](#).

[Executive Order #112](#) | [Administrative Order #2020-02](#) | [Frequently Asked Questions](#)

For the latest information and guidance:

- [The New Jersey Department of Health](#)
- [NJ Department of Human Services](#)
- [Every Mother Counts COVID-19 Resources](#)
- [The Centers for Disease Control and Prevention](#)
- [The New Jersey COVID-19 Information Hub](#)

If the public has questions, they should contact the call center: 1-800-962-1253 or 211. Call centers are open 24/7. The call centers are not able to diagnose individuals, provide testing appointments or results, or give specific medical recommendations. Residents can also text NJCOVID to 898-211 to receive text information to stay informed.

Ethical Codes

[American Counseling Association. \(2014\). 2014 ACA Code of Ethics](#)

[Ethics of Telehealth](#)

[Counselor Risk Control Spotlight: Telebehavioral Health](#)

Legal Resources

[Up to Date Legal Changes related to COVID-19:](#)

[Center for Connected Health Policy](#)

Technology Guide for Clients

[Online Client Guide](#)