

**Stephens College**  
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**Stephens College Counseling Center**

**Appendix A**

**INFORMED CONSENT**

This document will provide you with information regarding teletherapy services at the Stephens College Counseling Center (SCCC). Both the informed consent and supplemental informed consent for teletherapy must be signed for services to be rendered at the SCCC. By signing and returning this document, you are agreeing to telehealth counseling services at the SCCC with a licensed professional counselor or an advanced graduate-level counseling student (herein referred to as counselor-in-training/CIT) from the Stephens College Counseling program. All CITs are practicing under the supervision of Stephens College Counseling program faculty and a licensed Burrell Behavioral Health counselor.

Teletherapy (telehealth) involves counseling services that use secure on-line video conferencing platforms. The SCCC uses a HIPAA-compliant version of the Zoom platform. Teletherapy is a newer and quickly evolving form of mental health service provision. Benefits of teletherapy include increased access to counseling, particularly given the barriers associated with COVID-19. Teletherapy also provides continuity of care and safety during periods of restriction. In other words, teletherapy allows us to begin (or continue) working on your therapy goals while avoiding exposure to the coronavirus. Still, because teletherapy remains an emerging counseling format, there remain areas of concern for clients, counseling professionals, and CITs that must be addressed. These issues include client safety, confidentiality, ethical, legal, and licensing issues, online-security management, and the provision of effective counseling services.

**Client Safety:** During teletherapy, the counselor/CIT has less control over the counseling setting than if the session were held in the SCCC's on-campus offices. Thus, if a client is experiencing significant distress, complex psychosocial issues, or is a threat to self or others (i.e., suicidal/homicidal), it is more difficult for the counselor/CIT to access others capable of offering support and/or immediate emergency assistance to the client such as family, medical professionals and/or emergency services. Thus, it is important that the client and counselor/CIT discuss teletherapy services in-depth at the outset of therapy-and throughout the therapy process- to determine if teletherapy is and/or remains the appropriate format for

you to receive counseling at the SCCC. If you agree to engage in telehealth services at the SCCC, you will need to provide the SCCC and your counselor/CIT with an emergency contact and information on your local resources-and permission to contact each resource-in the event your counselor/CIT believes you may require emergency assistance.

**Ethics:** The SCCC's mission is two-fold. First, to provide clients with safe, confidential, ethical, and effective counseling services. Second, to educate and train ethical, competent professional counselors. In doing so, the SCCC's counselors/CITs operate our in-person and teletherapy services under the ethical guidelines of the American Counseling Association (ACA, 2014). All SCCC affiliated counselors/CITs have received teletherapy training. Additionally, CITs receive ongoing support by Stephens College Counseling program faculty and fully licensed site supervisors to facilitate their professional development and, by extension, help clients achieve their counseling goals.

**Confidentiality:** All interactions with the Stephens College Counseling Center (SCCC), including scheduling of or attendance at appointments, content of your sessions, progress in counseling, and your records are confidential. No record of counseling is contained in any academic, education, or job placement file. At your discretion, you may request that your counselor release specific information about your counseling sessions to persons you designate. This must be done in writing through the SCCC's release of information document.

**Exceptions to Confidentiality:**

- If there is evidence of clear and imminent danger of harm to self and/or others, a counselor/CIT is legally required to report this information to the authorities responsible for ensuring safety.
- Missouri law requires that counselors who learn of, or strongly suspect, physical or sexual abuse or neglect of any person under age 18 or of an elder adult, must report this information to appropriate authorities.
- A court order, issued by a judge, may require the SCCC staff to release information contained in records and/or require a counselor to testify in a court hearing.
- Your counselor/CIT may consult with the other SCCC counselors and/or Stephens College Counseling Program faculty to provide the best care possible. These consultations are for professional purposes only and all counselors/faculty/CITs are mandated to ensure confidentiality consistent with the American Counseling Association's Ethical Code (2014).
- In the case of a medical emergency, the SCCC will disclose the minimum necessary information to coordinate care with emergency responders, hospitals, and physicians.

**Emergency:** If you have a mental health emergency during non-business hours, please contact the 24-hour crisis line supported locally by Burrell Behavioral Health at 1-800-395-2132, call 911, or go to your nearest emergency room.

**Fees:** Counseling services at the SCCC are free of charge for full time Stephens College students. If you are referred

**Technology:** The SCCC uses Zoom, a video-conferencing platform that complies with HIPAA standards of encryption and privacy protection. Clients will receive a link to their Zoom session in an email from their counselor/CIT. Clients who do not have Zoom on their computer or device will be prompted to download the free version of Zoom at <https://zoom.us/download> or download the zoom app on their device.

**Recording Sessions:** Given the SCCC is also a training clinic, all telehealth sessions with CITs are recorded in the HIPAA compliant Zoom platform\*\*. Once recorded, the session is saved in Supervision Assist, the Stephens College Counseling program's secure clinical supervision platform. All recorded sessions are permanently deleted at the end of the semester in which the sessions occurred.

**\*\*Students can choose to NOT work with a CIT. In this case, the student will be scheduled with the SCCC's licensed professional counselor at the counselor's per availability.**

**Supervision & Teletherapy:** The Stephens College Counseling program may also require live supervision if sessions are not able to be recorded. In instances where live supervision is occurring, clients may see a black square noting the supervisor's name on the screen. Supervisors will mute their microphones and screen during the session. Typically, supervisors will not interact with the CIT or client during session and may or may not monitor the entire session. If a client is not comfortable with the supervisor being present on Zoom, the client may request the supervisor be present via cellphone.

All CITs and supervisors are mandated to comply with the American Counseling Association Ethical Code (2014) and may face sanctions in the event confidentiality is broken. Exceptions to this rule involves cases where a client reports abuse or neglect, the client is a danger to self or others, and/or the client signs a Release of Information.

CITs will receive weekly individual and group supervision through the same HIPAA compliant Zoom platform in Supervision Assist. Although rare, CITs may also briefly consult with a supervisor during a Zoom session if needed. In such cases, the CIT may briefly leave their session to consult and return following their brief consultation. Clients should not leave the session.

**Teletherapy Sessions:** Teletherapy sessions are conducted as if in an office setting. While distinct from an office setting, professional etiquette and protocol is expected. For example, all sessions should be conducted on time and clients should dress in attire they believe to be appropriate. Counselor-in-training/supervisors are expected to be dressed in a professional manner and provide a quiet, secure environment. Additionally:

- A webcam or smartphone is required for teletherapy sessions.
- A quiet, private space free of distractions is considered appropriate for counselor/CIT & client.
- Good lighting around your computer/device will allow the counselor/CIT to see you clearly.
- You may choose to end counseling at any point. If so, please process this decision with the counselor before contact with the SCCC is terminated.
- A secure internet connection is needed vs. a public/free Wi-Fi connection. You should connect with your internet provider to clarify regulations in your area to determine your comfort level with using the internet to receive teletherapy from CCC counselors.
- Punctuality for sessions is expected from counselors/CITs and clients. Please be set up 5 minutes prior to your scheduled session.
- The safety plan is always in effect and must include at least one emergency contact and the number for the nearest Emergency Department to your location.
- In consultation with a supervisor, SCCC counselors/CIT may determine that teletherapy is not or is no longer appropriate for you. If so determined, the counselor will provide a minimum of 3 referrals for counselors better equipped to meet your needs.
- The SCCC must document an alternative way to contact you in the event of a disruption in internet services prior to or during a session. Options include a one-time phone session or your Stephens College email contact to reschedule. Ultimately, the solution is considered short-term to maintain contact or complete the session.
- Clients are required to provide the street address of the location where you will be participating in teletherapy with your SCCC counselor/CIT.
- You may request an alternative to teletherapy when you contact the SCCC for services or at any time you feel an alternative form of counseling is preferable to teletherapy. While only telehealth sessions are available in the SCCC at this time, the SCCC counselor/CIT will help you identify community-based options that could include:
  - Traditional, in-office therapy sessions with private practitioners/community-based agencies.
  - Online support groups
  - Group Counseling

**Communication with your counselor/CIT:** Timely and clear communication between counselor/CIT and client is important for effective teletherapy services. For example, counselors/CITs will use **Supervision Assist** to send Zoom invitations for teletherapy sessions. **Importantly, all communication between clients and their CIT will be done through counselor-specific Google Voice text/phone numbers provided to the client upon confirmation of services. Any communication through email will be from the Counseling Center email address or Site Supervisor and ONLY from official Stephens College emails; please do not contact your CIT through their student email. Phone calls may also be utilized in cases of emergency or Google Voice/email problems.**

**Cancellations/No Shows:**

You are requested to contact your counselor/CIT via text/voicemail at the phone number provided to you when your initial session is confirmed via email by the SCCC. A minimum of 24-hour cancellation notice for a scheduled session is appreciated and allows us to use the time for others. In addition:

- If you miss one appointment without notifying the counselor/CIT, the appointment will be considered a No Show.
- Two consecutive No Shows or a total of any three (3) No Shows will generate a suspension from counseling services at the SCCC for a period of three (3) months from the date of the last No Show.
  - Using the SCCC email or the counselor/CITs dedicated Google Voice number, the counselor/CIT will notify the client of their ineligibility if permission to contact has been previously given by the client.
- Clients who repeatedly cancel/reschedule, including those who follow the 24-hour guideline, may lose their eligibility for continued services.

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**The following information is required to receive telehealth counseling services at the SCCC.**

**Location where you will be receiving teletherapy services (i.e. your home/office, etc.)**

<b>Full Name</b>		
<b>Street Address</b>		
<b>Home Phone(s)</b>		
<b>Permission to Text: Yes _____ No _____</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Email Address (Stephens College)</b>		

**Emergency Contact(s):** Please list at least one local contact (where you are receiving telehealth)

Name (local)	Relationship	Phone Number
Name	Relationship	Phone Number
Nearest Hospital: <b>University</b> <b>Boone</b> <b>Other</b>		
If other please give name and address:		

By signing this document, you confirm that you have read the document, **Appendix A: Informed Consent** and agree to its terms. You are also confirming that you are aware your counselor or counselor-in-training (CIT), a graduate level student in the Stephens College counseling program, may notify the appropriate authorities and your emergency contact(s) in case of an emergency. You are also confirming that if you believe there exists an imminent threat to yourself or another person that you will seek care immediately through your local health care provider, at the nearest hospital emergency room department, or by calling 911.

<b>Client Signature</b> (You may sign this form. <i>Typing your name &amp; returning this document constitutes an electronic signature</i> )	<b>Date</b>
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The Stephens College Counseling Center thanks Dr. Myrna Frank, Dr. Kelli Sanness, and Dr. Monica Megivern for providing the clinical, ethical, and operational foundations for the SCCC’s Informed Consent for Teletherapy document.

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## **Stephens College Counseling Center**

### **Appendix B**

#### **Clients Rights & Responsibilities**

This document outlines the rights and responsibilities of clients served at the Stephens College Counseling Center (SCCC). Please discuss them with your counselor/CIT if you have any questions.

#### **Client Rights**

- 1. You have the right to considerate, courteous, and respectful care.**
- 2. You have the right to confidentiality. Confidentiality:** All interactions with the Stephens College Counseling Center (SCCC), including scheduling of or attendance at appointments, content of your sessions, progress in counseling, and your records are confidential. No record of counseling is contained in any academic, education, or job placement file. At your discretion, you may request that your counselor release specific information about your counseling sessions to persons you designate. This must be done in writing through the SCCC's release of information document.

#### **Exceptions to Confidentiality:**

- If there is evidence of clear and imminent danger of harm to self and/or others, a counselor/CIT is legally required to report this information to the authorities responsible for ensuring safety.
- Missouri law requires that counselors who learn of, or strongly suspect, physical or sexual abuse or neglect of any person under age 18 or of an elder adult, must report this information to appropriate authorities.
- A court order, issues by a judge, may require the SCCC staff to release information contained in records and/or require a counselor to testify in a court hearing.
- Your counselor/CIT may consult with the other SCCC counselors and/or Stephens College Counseling Program faculty to provide the best care possible. These consultations are for professional purposes only and are all counselors/faculty/CITs are mandated to ensure confidentiality consistent with the American Counseling Association's Ethical Code (2014).
- In the case of a medical emergency, the SCCC will disclose the minimum necessary information to coordinate care with emergency responders, hospitals, and physicians.

**3. Release of Information**

- a. You have the right to discuss with your counselor what information is in your record.
- b. If you sign an authorization to release/exchange confidential and/or privileged information authorizing the SCCC to share information with outside sources, you have the right to describe specifically what information will be released and to whom/where the information can be released.

**4. You have the right to end you counseling at any time.**

**5. You have the right to request a different counselor to the extent possible.**

- a. Reassignment will depend upon availability of alternate SCCC counseling staff.

**6. You have the right to participate in the development and delivery of your treatment plan.**

**7. You have the right to know the credentials of your counselor/CIT.**

**8. You have the right to choose to NOT work with a Counselor-in-Training.**

- a. Reassignment to a licensed SCCC counselor will be based on availability.

**Client Responsibilities**

**1. Keep all scheduled appointments and communicate with assigned counselor/CIT as soon as possible if you cannot keep your appointment.**

- a. The counselor/CIT has the right to terminate a session if you (client) has not appeared by 10 minutes past the scheduled appointment. These cases will be documented as a No Show (see Cancellation/Show policy in Appendix A).

**2. Notify your counselor of any changes in your condition.**

**3. Attend all sessions free from the influence of drugs and/or alcohol.**

- a. The counselor may terminate the session if there is clear evidence the client is under the influence of drugs and/or alcohol. These cases will be documented as a No Show per Cancellation/No Show policy (Appendix A). Counselor/CIT will document the suspicion/confirmation of substance use as the disqualifying event for the session.

**4. Follow crisis protocol**

- a. If you have a mental health emergency including thoughts of suicide, or feel you are otherwise a danger to yourself or others, please contact the 24-hour crisis line supported locally by Burrell Behavioral Health at 1-800-395-2132, call 911, or go to your nearest emergency room. Please inform your counselor/CIT if crisis services are used.

I understand these rights and responsibilities as a client as stated in Appendix B  
*(Typing your name/date & returning this document constitutes an electronic signature)*

**Name:**

**Date:**

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## Stephens College Counseling Center

### Appendix C

#### Clients Information & Availability

Student Name on record:	Date of Birth:							
Name (if different from above):	Pronouns:							
Assigned Sex at Birth:	Gender:							
Stephens College Email:	Phone Number:							
Year in School:	Major:							
Date/Time of Initial Contact:								
Referral Source/How did you hear about us:								
Residence Hall Address:								
Off -Campus Address:								
Previous SCCC Client? Yes____ No____								
If yes, when? Previous Counselor/CIT?								
Reason for seeking counseling at this time*:								
*If you are experiencing a mental health crisis (i.e. feeling suicidal/homicidal or possible self-harm/harm to others), please call (1-800-395-2132) or go to the nearest emergency room.								
<b>Student Availability</b>								
(indicated by X)								
	9am	10am	11am	12pm	1pm	2pm	3pm	4pm
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								

# Stephens College

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## Stephens College Counseling Center

### Appendix D

#### Stephens College Counseling Program Consent to Video/Audio Record

I \_\_\_\_\_, understand that my counselor is an advanced graduate student in the Stephens College counseling program. (Herein referred to as counselor-in-training/CIT)

I understand that my CIT is not a licensed counselor and is providing counseling under the supervision of a licensed professional counselor and Stephens College counseling program faculty.

I understand that CITs are required to record (audio & video) all teletherapy sessions as part of their graduate training protocol.

I understand that content from these recordings may be reviewed for training purposes with my CIT's site supervisor (a licensed counselor), a Stephens College counseling faculty, and/or members of my CIT's supervision group.

I understand that I have a right to confidentiality and that all individuals/groups who access the audio and/or video content of my personal counseling sessions with my CIT are mandated to comply with the confidentiality standard of the American Counseling Association's ethical code (2014).

I understand that I may request that my telehealth session with my CIT include audio only and that I may request to discontinue audio &/or video recording at any time.

I understand that I have the right to terminate counseling at any time and for any reason.

I understand that I have the right to request a different counselor and that reassignment will depend upon availability of alternate SCCC counseling staff.

**Attestation:** I have read and understand the above information and give my permission to audio/video record my teletherapy sessions with a CIT at the Stephens College Counseling Center.

<b>Client Signature:</b> (You may sign this form. <i>Typing your name &amp; returning this document constitutes an electronic signature</i> )	<b>Date:</b>
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# PATIENT HEALTH QUESTIONNAIRE 9 (PHQ 9)

Over the **last 2 weeks**, how often have you been bothered by any of the following problems?  
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING   0   +      +      +       
=Total Score:     

If you checked off **any** problems, how **difficult** have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

## Generalized Anxiety Disorder 7-item (GAD-7) scale

Date: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
<i>Add the score for each column</i>	+	+	+	
Total Score ( <i>add your column scores</i> ) =				

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. *Arch Intern Med.* 2006;166:1092-1097.

**COLUMBIA-SUICIDE SEVERITY RATING SCALE**  
**Screener/Recent – Self-Report**

	In The Past Month	
	YES	NO
Answer Questions 1 and 2		
<b>1) Have you wished you were dead or wished you could go to sleep and not wake up?</b>		
<b>2) Have you actually had any thoughts about killing yourself?</b>		
If <b>YES</b> to 2, answer questions 3, 4, 5, and 6. If <b>NO</b> to 2, go directly to question 6		
<b>3) Have you thought about how you might do this?</b>		
<b>4) Have you had any intention of acting on these thoughts of killing yourself? (As opposed to you have the thoughts but you definitely would not act on them.)</b>		
<b>5) Have you started to work out, or actually worked out, the specific details of how to kill yourself and did you intend to carry out your plan?</b>		
	In Your Lifetime	
<b>6) Have you ever done anything, started to do anything, or prepared to do anything to end your life?</b>		
Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		
<b>Did you do any of these things in the past 3 months?</b>		
<b>If YES, what did you do?</b> _____		
_____		