The Alabama Counseling Association Journal

- Enhancing human development through the lifespan
- Promoting public confidence and trust in the counseling profession
- Caring for self and others
- Acquiring and using knowledge
- Empowering leadership
- Encouraging positive change

Letter From the Editors

We would like to thank all of you who diligently labored to bring this journal to fruition. We know it was not an easy task. We commend our review board members for their invaluable confidence and support. We could not have done it without them. Many thanks to the authors who took the time to share their precious work. The overall goal of this issue was to capture how counselors have been able to successfully survive and thrive during the perilous times of the COVID-19 pandemic.

We wanted this journal to be unique, special. We wanted to shine the spotlight on counselors and the ways they responded to the COVID-19 pandemic. Therefore, in addition to the two traditional articles that begin this volume, we collected your stories of the pandemic and descriptions of how you worked to maintain some sense of normalcy for your clients and students. These personal stories, poems, and thoughts convey intimate experiences of counselors during the pandemic.

In this volume, we celebrate you for the work you are doing every day to assist others with maintaining their mental wellness, while being mindful to take care of your own mental wellness. We certainly hope you enjoy reading it as much as we enjoyed putting it together. Let this be the memoir that recounts the roles played by counselors during the COVID-19 pandemic, a record of courage and persistence during a time of unprecedented challenges.

Sit back, relax, and enjoy this journal. We also encourage you, if you read something that stirs your soul, to please feel free to let the authors know how much you appreciate their contribution.

Okay, it is now time to put the fingers to the keypad and start writing your next article. This is a wonderful place to share your work. We happily look forward to hearing from you in our next edition.

Stay safe and keep on writing!

All Our Best,

Dr. Brad Willis   Dr. Linda J. M. Holloway
Editor   Editor

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COVID-19 and Counseling: Trends in Treatment and Telehealth

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Abstract

The COVID-19 pandemic impacted the mental health field in various ways, causing an increase in clients seeking treatment. Additionally, mental health professionals began to explore alternative modalities to treatment that ensured client and practitioner welfare and safety. This transitional period led to an increased reliance on telehealth services by mental health professionals. As providers gain further experience using these modalities, it is important to consider the benefits of telehealth services as well as the lessons learned. Understanding these implications can guide counselors in evaluating how best to incorporate telehealth practices in the counseling profession post-pandemic.

Keywords: telehealth, telemental health, COVID-19 pandemic, counseling

COVID-19 and Counseling: Trends in Treatment and Telehealth

In January of 2020, the Centers for Disease Control and Prevention (CDC, 2021) and the World Health Organization (WHO, 2020a) released information on their websites on a new virus strain: SARS-CoV-2. This strain would soon be determined to be responsible for what would later be termed the coronavirus disease 2019 (COVID-19). With the increasing number of cases worldwide, in March of 2020, WHO (2020b) officially declared the outbreak a pandemic. In an effort to slow the spread, the CDC (2020) published guidelines that would have significant implications on both the private and public sector. Recommendations included social distancing, limiting in-person interactions, and quarantining if exposed. With the initial uncertainty surrounding this new virus, people experienced an increased hesitancy to engage in business as usual, and adhering to these recommendations became critical to address public safety concerns. To accommodate these new recommendations, many businesspeople, including professional counselors, had to adjust their models and determine how to deliver services effectively and safely. At the same time, technology became a viable option for counselors to meet the psychological and emotional needs of their clients.

Increased Counseling Needs

Since the beginning of the pandemic, we have seen a significant increase in mental health needs across all areas of the country in every race, age group, profession, and income level (Fitzpatrick et al., 2020; Novacek et al., 2020). These needs are expected to follow the trends established during previous pandemics and increase throughout the pandemic and beyond (Fitzpatrick et al., 2020; Han et al., 2020). During the pandemic, many experienced isolation, uncertainty, and grief following the loss of loved ones and other trauma, including loss of

income, jobs, and ways of life (Cullen et al., 2020). These losses have already been shown to increase anxiety, depression, PTSD, and pre-existing mental health symptoms reported by clients (Han et al., 2020). In addition, vulnerable and marginalized populations, already at risk before the pandemic, experienced an increased risk of mental health concerns and lack of access to services and resources (Danese & Smith, 2020; Fitzpatrick et al., 2020; Han et al., 2020; Novacek et al., 2020). As the pandemic continues, data indicate the mental health needs have continued to grow, but providers and systems are unprepared to accommodate these needs across all populations (Marques et al., 2020).

Beyond the immediate mental health needs brought about by the pandemic, it is expected that an increase in mental health needs and services will continue long beyond the end of the health crisis (Fitzpatrick et al., 2020). Issues of burnout, fear, phobia, and adjustment will continue to be a high priority for many clients (Adhanom Ghebreyesus, 2020; Marques et al., 2020). Counselors must prepare for the ongoing needs by adjusting resources and accommodating clients in the best ways possible. They must also look forward to the long-term increase in demands for services, flexibility, and innovation that this pandemic has brought to the field. The innovations currently occurring in counseling will support counselors' efforts to serve clients and move the counseling field forward during the mental health pandemic (Adhanom Ghebreyesus, 2020; Marques et al., 2020; Maulik et al., 2020).

Use of Telehealth Services

Telehealth, as defined by the Health Resources and Services Administration (HRSA, 2021), is "the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, health

administration, and public health" (para. 1). These technologies include the internet, video conferencing, store-and-forward imaging, streaming media, and land and wireless communications (HRSA, 2021). The traditional model of telehealth involves a patient receiving services from a specialist from a remote site (HRSA, 2021). Telemental health is a form of telehealth where clients receive distance counseling services from providers (Higher Education Mental Health Alliance [HEMHA], 2019).

Before the pandemic, researchers noted several benefits to providing clients the option of telemental health services (HEMHA, 2019). A primary benefit was the savings for clients with children, who could limit or eliminate child-care costs while they attended appointments (HEMHA, 2019). Additionally, telemental health increased accessibility, convenience, and continuity of services for individuals in rural settings, those who lived out of driving distance, those experiencing adverse weather conditions, or those who had a restrictive schedule (HEMHA, 2019). Clients with disabilities or those with social anxiety, agoraphobia, or PTSD also benefitted from removal of barriers and felt less intimidated by accessing these services online (Gilmore et al., 2016). Clients may experience an increased sense of anonymity and may be more willing to disclose due to a phenomenon known as the "online disinhibition effect" (Suler, 2004, p. 321). Additionally, the social stigma of seeing a therapist may be reduced as a result of telemental health counseling (Aboujaoude et al., 2015).

With the longstanding reliance on in-person services for the provision of health services and its known potential for increased disease transmission, it has been important for providers to modify their delivery method of services (CDC, 2020). Since the onset of the pandemic, use of telehealth services has increased significantly; telehealth visits were 78 times higher in April

2020 than in February 2020 (Bestsennyy et al., 2021; HRSA, 2021). Overall, these numbers have since stabilized to usage levels that are 38 times higher than pre-pandemic levels (Bestsennyy et al., 2021). This increase is likely attributable, in part, to the regulatory changes that increased access to services and reimbursements (Bestsennyy et al., 2021). In February 2020, the CDC recommended health care providers in areas impacted by COVID-19 begin offering services virtually (Koonin et al., 2020). The CDC (2020) advised providers to use technology as a safer option to provide services. This decision reflected an effort to reduce exposure to the illness and prevent the negative consequences of interrupting services (CDC, 2020). The recommendation to shift to a virtual delivery of services promotes continuity of care by increasing participation for vulnerable populations or for those with limited access to providers and preserves the patient-provider relationship (CDC, 2020).

One of the responsibilities of the Office for Civil Rights (OCR, 2021) is to enforce regulations of HIPAA. In response to the nationwide public health emergency, the OCR (2021) released a notification of enforcement for telehealth remote communications applicable to all HIPAA-covered health-care providers, indicating they could now offer remote telehealth services to clients. OCR (2021) assured providers that they would not be penalized for noncompliance with these requirements if they offered telehealth services in "good faith." Subsequently, most private insurance plans soon offered reduced fees or waived the costs for telehealth services (Assistant Secretary for Public Affairs, 2021; Medicare.gov, 2021).

Telemental health services have traditionally been offered synchronously (e.g., live chat, video conferencing, telephone) or asynchronously (e.g., voicemail, text message, email; HEMHA, 2019). OCR (2021) approved additional technologies, including non-public facing

remote audio or video communication such as Skype for Business/Microsoft Teams, Updox,

Zoom for Healthcare, Doxy.me, and Google G Suite Hangouts Meet. However, Facebook Live,

TikTok, and Twitch were not included under this provision (OCR, 2021). Payors including

Medicaid and Medicare can restrict the use of certain technologies (OCR, 2020).

Implications of Telehealth Services

Evidence indicates that telehealth has served as a successful modality for delivery of

counseling services. The history of providing counseling services via remote mechanical

platforms dates back to the 1950s, when psychiatric groups communicated via telephone

conferencing (Von Hafften, 2021). Researchers continue to conduct studies to determine how to

maintain the integrity of online counseling services. For instance, in comparisons of two groups

of clients receiving similar treatments but in different modalities (in person, face-to-face

compared to online), no statistically significant difference in effectiveness was evident between

the two groups (Novella et al., 2020). While clients with higher online engagement in online

counseling services have reported the highest goal achievement, over half of participants

continued to report significant improvement toward counseling goals when utilizing online

counseling (Jacob et al., 2020). As previously suggested, it is important to acknowledge that part

of this success could be attributed to the utilization of telemental health services prior to the

COVID-19 pandemic.

It is possible that the COVID-19 pandemic brought a shift in perspective for clients for

telemental health counseling services. Results by Bird and colleagues (2020) suggested that

clients valued face-to-face counseling services over online counseling services. These

participants had a variety of prior experience with both online and face-to-face counseling

services (Bird et al., 2020). In a more recent study by Liu and Guo (2021), clients seeking

counseling for common mental illnesses and career needs reported a preference for synchronous

online counseling services. While the literature surrounding the impact of the pandemic on

telemental health services is constantly evolving, it is evident that clients continue to prefer

counseling services with a direct exchange of verbiage either face-to-face or online

synchronously. Thus far, research suggests that the majority of clients continue to prefer face-to-

face counseling services, but when seeking online counseling services, they turn to synchronous

modalities first. Some examples of online counseling services that clients have reported utilizing

include email, video calls, telephone calls and texts, and messaging (Amos et al., 2020).

While many clients prefer synchronous telemental health services, some clients opt for

asynchronous services in the form of messaging (Li & Leung, 2020). Challenges with this type

of telemental health counseling include a slower response time, a decrease in immediacy for

clients, and an increase in premature departure within a session (Amos et al., 2020; Chan, 2020;

Li & Leung, 2020; Xu et al., 2021). These difficulties compound other challenges of general

telemental health, including technology or internet malfunctions, decreased perception of

nonverbal cues, additional environmental and ethical barriers, and increased professional

relational concerns (Amos et al., 2020).

It is possible that telemental health will continue to be a preferred treatment modality for

many clients moving forward. As such, researchers recommend that counselors consider a

blended approach to counseling that integrates both face-to-face and telemental health

counseling services when possible (Chan, 2020; Dunn & Wilson, 2021). Integrating multiple

modalities allows for the barriers of online counseling services, such as unreliable technology,

insufficient rapport building, and the omission of nonverbal cues, to be mitigated with the inclusion of a traditional face-to-face modality. Furthermore, the use of the online counseling modality allows for counselors to meet clients' privacy and time concerns by meeting at an ideal time and location for the client. It also allows for increased privacy for the client by reducing the exposure to waiting rooms and increases the client's comfort in the home environment. However, before conducting a hybrid modality, it is important that counselors have a direct conversation with clients to ensure best practices are being implemented. Dunn and Wilson (2021) highlighted specific considerations for practitioners when utilizing a blended format and identified key indicators that may suggest incompatibility within this modality.

Ethical and Legal Considerations

Given the shift to the online format, the CDC (2020) issued guidance to providers regarding the potential limitations when providing telehealth services. The CDC (2020) recommended providers be familiar with their state's regulatory and interstate licensure issues as these may differ by state. Providers should determine if in-person services are more likely to constitute ethical care and consider the patient's cultural acceptance of these virtual services (CDC, 2020). It is important providers assess if their patients are uncomfortable or have privacy concerns when disclosing certain topics through these platforms (CDC, 2020). Patients may also experience connection issues or may not have access to or feel comfortable with the technologies needed for services (CDC, 2020).

Additionally, the CDC (2020) has offered guidance regarding important safeguards for telehealth services. The CDC (2020) recommends providers be aware of temporary directives and mandates and individual state and federal regulations and restrictions and their respective

expiration dates. Providers should be up-to-date with any new announcements from the Office

for Civil Rights concerning COVID-19 or HIPAA (CDC, 2020). Providers should be trained on

any telehealth protocols, practices, and policies (CDC, 2020). These may include processes for

documentation, billing, referrals, scheduling, and follow-up appointments (CDC, 2020). The

CDC (2020) also suggests providers understand telehealth services not specific to their field of

expertise. The American Counseling Association (ACA, 2014) additionally included a section of

the *2014 Code of Ethics* dedicated to distance counseling and the use of technology.

Conclusion

Since the beginning of the COVID-19 pandemic, counselors across the nation have had to

adapt to new business models and delivery methods to ensure they can safely continue to provide

services. With the continued isolation, loss, and stress of the pandemic, mental health needs have

continued to rise significantly and are expected to continue to do so long after the health

pandemic is over (Fitzpatrick et al., 2020; Han et al., 2020; Novacek et al., 2020). Telehealth

services are a viable and adaptable delivery method for continued services between counselors

and clients. Over the course of the pandemic, clients' perspectives and preferences on telehealth

services have shifted, and many clients report a preference for having the options of synchronous

and asynchronous telehealth services (Chan, 2020; Dunn & Wilson, 2021; Liu & Gao, 2021). As

the state and nation begin to reach the end of the emergency orders and shift back to what

counselors once considered normal operations, it is important that professionals in the field

reflect on the innovations that have developed during this pandemic and determine how we can

continue movement forward in the best interest of our clients.

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Best Practices for Security of Electronic Public Health Information

on Electronic Media Storage

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Abstract

Experiential learning brings together lived experiences, knowledge gained from textbooks, lectures, instruction, and other sources as an evolving understanding of learning in the moment or in the context of the real world, and two examples would be practicums or internships. In vocational rehabilitation counselor education programs, graduate students, by Kolb's 2015 definition, engage in experiential learning during practicums and internships. Part of experiential learning for graduate students is the recording and storing of electronic protected health information (e-PHI) in many formats, including electronic media such as universal serial bus (USB) drives, personal computers, or cell phones. However, as we think about graduate students using electronic storage media, encryption, and authentication procedures, we might also think about risk management relative to graduate students, the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and the resulting privacy and security rules issued by the U.S. Department of Health and Human Services Office of Civil Rights in 2017. The convergence of thoughts about experiential learning, e-PHI and HIPAA in the context of compliance, and training of graduate students to protect client information and levels of confidentiality were the focuses of this article. We will discuss the findings of our literature review and guidelines set by counselor educator programs, along with suggestions for best practices.

Keywords: HIPAA, electronic protected health information, practicum, internship, media storage

Best Practices for Security of Electronic Public Health Information

on Electronic Media Storage

Everyone familiar with vocational rehabilitation counselor education programs knows that graduate students engage in experiential learning, as defined by Kolb (2015). Namely, graduate students engage in practicums and internships to amass lived experiences; gain knowledge from textbooks, lectures, theoretical/applied instruction and other sources; and learn in the moment or in the context of the real world (Kolb, 2015). Regardless of where these practicums or internships occur, graduate students typically record and store electronic protected health information (e-PHI). This recording and storage may be accomplished via electronic storage media such as universal serial bus (USB) drives, personal computers, or cell phones. The majority of the time, the recorded experience is stored on electronic storage media including memory devices in computers (hard drives) and any removable/transportable digital memory medium, such as magnetic tape or disk, optical disk, or digital memory card. With recent advancements, forms of electronic storage media now include external hard drives, cellular devices, tablets, and have even extended to cloud services.

Vocational rehabilitation students deal directly with clients who frequently disclose protected health information (PHI), which falls under the regulations of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (U.S. Department of Health and Human Services Office of Civil Rights, 2017). Once a student begins the practicum or internship portion of their academic career, they also take on the responsibilities of an employee. Although the students are not employed permanently, they must comply with the guidelines when handling

electronic data on a storage device. If they violate the confidentiality of the client, the site and student may face penalties.

Although it is clear that both the entity and the student can be held liable for HIPAA violations, Wilkinson and Reinhardt (2015) suggested academic programs bear the responsibility of preparing their students for handling protected health information in compliance with HIPAA regulations. Wilkinson and Reinhardt (2015) indicated ways that counseling students need to maintain proper storage of PHI/e-PHI and provided a broad perspective on the students' need to secure information. The purpose of this article is to review the existing literature about vocational rehabilitation graduate students, e-PHI, HIPAA, and guidelines set by counselor education programs through an experiential learning lens to form suggestions for best practices through the introduction of the 3Ms: medium, method, and movement.

Health Insurance Portability and Accountability Act

The HIPAA of 1996 protects health information and ensures the confidentiality of PHI/e-PHI. E-PHI is defined as any health record containing information identifying an individual that is transmitted or kept by electronic media as well as by any other form of transmission and storage (HIPAA, 2013). Various entities, including insurance companies, medical providers, pharmacies, clerical workers, doctors, and nurses, need to use patient/client information, but this e-PHI must be securely managed with care (Solove, 2013). Passed in 1996, the act initially created standards for the transfer of protected health information between healthcare organizations and insurance providers (Bazan, 2015). However, there have been amendments to the law, such as the Privacy Rule in 2003, Security Rule in 2005, Breach Enforcement rule in 2006, the Health Information Technology for Economic and Clinical Health (HITECH) Act in

2009, and the Omnibus Rule in 2013 (HIPAA History, 2020). The impetus for such guidelines

was the need to instruct others on how to protect and manage the data and health information of

patients or clients.

Turning the focus toward e-PHI, HIPAA regulations are a way to help the flow of all

protected information, while providing security, privacy, and safeguarding all public interest

(Agris & Spandorfer, 2016). Concerning e-PHI, HIPAA regulations are in place to honor

confidentiality, integrity and make e-PHI available, all the while guarding it against any potential

external or internal threats to its security and privacy (HIPAA, 2013). To penalize those who

improperly manage e-PHI, the HITECH Act of 2009 was enacted. This act set criminal and civil

monetary penalties for failure to comply with HIPAA guidelines and regulations (Hecker &

Edwards, 2014; Wilkinson & Reinhardt, 2015). Covered entities were given to guidelines for

managing certain requirements for security breaches, such as loss of private patient or client

information, and this act funded compliance audits. Moreover, HITECH emphasized that

professionals and counselors in the health field must understand the regulations and become

familiar with advances in technology and how they relate to the transmission, storage, and

protection of e-PHI (Wilkinson & Reinhardt, 2015).

The HIPAA guidelines and standards are required only for covered entities. Health-care

providers such as doctors, dentists, pharmacies, mental health facilities, and state and local

government human services agencies are covered entities only if they must transmit PHI in an

electronic format (Hecker & Edwards, 2014). These provider sites are generally where many

graduate students complete their practicums or internships. Covered entities have the

responsibility of creating and developing a plan that will safeguard all PHI and e-PHI. HIPAA, more specifically, requires the following:

> All covered entities maintain policies and procedures that [a] ensure confidentiality and availability of all electronic PHI, [b] protect against any *reasonably* (emphasis added) anticipated threats or hazards to the security or integrity of e-PHI, [c] protect against any *reasonably* anticipated uses or disclosures of e-PHI, and [d] ensure compliance by the workforce. (Wilkinson & Reinhardt, 2015, p. 411)

The HIPAA privacy and security rules require training on HIPAA's protections and regulations for covered entities' employees as well as their business associates (Agris & Spandorfer, 2016). Therefore, all covered entities are required to train their employees (including practicum and internship students) regarding HIPAA regulations. By proxy, graduate students are covered entities. At these sites, students are required to interact and complete practicums or internships in these covered entities where they also handle PHI and e-PHI. At these sites, students need to comply with HIPAA policies. When graduate students are not trained in HIPAA compliance, they and the site are at risk of violating HIPAA regulations. As previously mentioned, these violations could result in fines, legal consequences, and/or lawsuits.

Problems and Concerns

Students are required to handle PHI/e-PHI, or what can be perceived as e-PHI. Although the monitoring of PHI/e-PHI is a concern for all parties (students, clients, faculty members, and practicum or internship sites), we found no evidence of research on the training of vocational rehabilitation graduate students on the management of e-PHI. As mentioned earlier, students use electronic storage media devices, and these devices may not be secure. Additionally, schools

may not be monitoring the proper storage of e-PHI. As a consequence, if a student loses their

electronic storage device or if it is stolen, then unsecured data is at risk of being compromised.

Although no empirical evidence suggests students have mishandled e-PHI, anecdotally, we are

aware of two or more incidents in which students lost their storage devices. These incidents were

unreported due to the fear of stigmatization or ignorance of HIPAA regulations. This behavior

can create a higher probability that clients' or patients' information—and therefore their rights—

are not protected if a breach of confidentiality occurs. Stories of such violations are well known;

for example, in the state of Oregon, a breach of patient information occurred when a laptop was

stolen, and 654,000 patients' personal and health information was vulnerable. This is just one

example of many cases in the last several years (Davis, 2020).

Fidelity is an ethical principle to which students and faculty in the vocational

rehabilitation counselor education programs must adhere. Fidelity requires practitioners to honor

their commitment to clients and maintain their trust (Maki & Tarvydas, 2011). Under this

principle lies confidentiality. With regard to confidentiality, all parties must guarantee the

provision of information about confidentiality and its challenges when sending e-PHI over the

internet through online counseling (Maki & Tarvydas, 2011). In addition to HIPAA regulations,

vocational rehabilitation counseling graduate students are also held to the ethical standards of the

Commission on Rehabilitation Counselor Certification's (CRCC, 2016) *Code of Professional*

Ethics, which states, "Vocational Rehabilitation counselors make reasonable efforts to ensure the

security of confidential information transmitted or stored through any electronic means.

Vocational Rehabilitation counselors use encryption and password-protection techniques for all

technology-based communications to protect confidential client information" (p. 32). This

standard applies to any form of technology capable of storing and/or transmitting confidential data, including PHI via electronic format.

Although the CRCC's (2016) code of ethics applies directly to certified vocational rehabilitation counselors and students, it does not go into extensive detail on the specifics of the requirements for PHI/e-PHI. Vocational rehabilitation counseling students also attend CACREP accredited programs that do not include specifics on protecting e-PHI and/or confidential information in electronic format (CACREP, 2019). Nonetheless, vocational rehabilitation students are still mandated to abide by HIPAA and HITECH regulations, which ultimately supersede both the CRCC's professional code of ethics and CACREP's standards as they pertain to the protection of clients' e-PHI. Therefore, students who fail to meet these standards commit an ethical violation of the CRCC code and a legal violation of the HIPAA/HITECH regulations.

The lack of safeguards to protect e-PHI is one of the most common violations to HIPAA regulations, often resulting in financial penalties ("Most Common HIPAA Violations," 2021). Federal violations and legal problems, such as lawsuits and penalties for the student and practicum or internship site, could arise if the information is not properly protected. Most importantly, if this information is not handled correctly or if protected health information gets out, legal problems, fines, and/or lawsuits for the student and the supervision site may result. Therefore, it is all the more important for educators to adequately equip students with practices that ensure adherence to HIPAA standards.

Compliance at Vocational Rehabilitation Counselor Education Programs

U.S News and World Report reviewed the 2016 top 50 vocational rehabilitation counselor education programs to assess their compliance with HIPAA regulations ("Best Rehabilitation

Counselor Programs," 2016). They reviewed each programs' policies and student practicum or internship handbooks for specific information pertaining to required storage of e-PHI, HIPAA training/compliance, and transmission of e-PHI. If HIPAA training was recorded or there were indicators suggesting its use, the program was considered compliant. Of the 50 schools examined, 35 did not make any references to HIPAA within their program policies for graduate students. Hence, 15 programs either had a policy in place or made a strong inference toward students understanding HIPAA regulations. With regards to programs requiring some type of HIPAA training, notable vocational rehabilitation counselor education graduate programs were George Washington University (2015), the University of North Carolina at Chapel Hill (UNC School of Medicine, n.d.), and the University of Pittsburgh School of Health and Rehabilitation Sciences (2013).

To reiterate, covered entities are required to train their employees and business associates in regard to HIPAA, but it appears most graduate programs do not require that students be trained. Students are going into covered entities to complete practicum or internships often without having HIPAA training. This is a big risk for students to take when they are dealing with clients' e-PHI. It is also a risk for the company itself as students are sometimes required to record data during their practicums or internships. Students must be aware of HIPAA and best practices when handling e-PHI.

Implications

After reviewing the HIPAA regulations, along with the policies of the top 50 graduate vocational rehabilitation counselor education programs, we noted that 35 of the programs have not developed policies or procedures of how students must store and handle e-PHI. Although

there were strong references to confidentiality, the nuance between a secure electronic media

storage device and compliance with HIPAA regulations would lead any reader to their

interpretations. The ambiguity of these guidelines would leave the practicum or internship

student to use their discretion regarding storing electronic media. The implication is that

programs are not adequately preparing graduate students in the managing of e-PHI.

The American Counseling Association's (ACA, 2014) *Code of Ethics* assigns the

professional responsibility to counselor educators in overseeing their students when completing

practicums and internships. This responsibility emphasizes the role of educators in monitoring

client welfare during care provided by a student (ACA, 2014). A lack of faculty supervision

poses a risk for a breach in confidentiality resulting in legal problems, fines, and penalties for

students and practicum or internship sites.

The programs have no tracking methods to monitor the storage of electronic storage

devices or e-PHI records. Students are not held accountable. However, as previously indicated,

any negligence by the student can adversely affect the practicum or internship site and faculty.

Since the programs suggested no tracking methods, we concluded that lack of supervision by

faculty members is common. But, in reviewing some of the schools' policies, we noted that some

programs established procedures for investigating the improper handling of information once

alleged violations are reported (ACA, 2014).

It is debatable who has the sole responsibility of training students regarding the HIPAA

standards: faculty, practicum or internship sites, or the students themselves. On one hand, it can

be argued that the programs are not clinical settings, and HIPAA regulations do not apply. Based

on a review of the literature, current graduate programs in counseling are unlikely to demonstrate

compliance with HIPAA regulations for the protection of e-PHI. It is important for educators

who wish to utilize technology in counselor education programs to understand that being

compliant with HIPAA is an organizational obligation (Wilkerson & Reinhardt, 2015).

Essentially, it is up to the organization itself to establish policies that ensure compliance with

HIPAA regulations to protect the students as well as the clients' e-PHI.

Best Practices Surrounding e-PHI

When students are entering into their practicum and internship, they will be required to

spend an extensive amount of time engaging in direct contact with clients. Furthermore, students

anticipate working in counseling settings where they are expected to be knowledgeable about

how to properly handle confidential information. Many programs require their interns to gather

audio, video, and/or transcripts that will most certainly contain their clients' PHI. Students in

most graduate programs are briefly familiarized with HIPAA and/or HITECH regulations

surrounding PHI (likely through introductory courses or those centered on legal and ethical

issues) as it pertains to the preservation of confidentiality. Still, ambiguity persists in the

uniformity of graduate programs' efforts to emphasize the more intricate details of technology

and security involved in doing so. Vocational rehabilitation students in practicums or internships

are granted access to clients who have extensive amounts of information in their health records.

Many may assume that vocational rehabilitation counseling students will work in a setting where

a supervisor will inform them on a specified protocol to maintain HIPAA compliance. However,

it is still vital for students to be well versed in implementing appropriate handling of e-PHI

independently.

Keeping this in mind, the lack of safeguards to protect e-PHI is one of most common violations to HIPAA regulations resulting in financial penalties ("Most Common HIPAA Violations," 2021). It is no coincidence that the most common miscues in conduct revolve around the central components of the HITECH Standards of Privacy and Security, which require covered entities to

> [a] Ensure the confidentiality, integrity, and availability of all e-PHI they create, receive, maintain or transmit; [b] Identify and protect against reasonably anticipated threats to the security or integrity of the information; [c] Protect against any reasonably anticipated impermissible uses or disclosures; and [d] Ensure compliance by their workforce.(U.S. Department of Health and Human Services, 2013, "General Rules")

The essence of these rules centers on preventing of unauthorized disclosure, destruction, or loss of e-PHI (Hecker & Edwards, 2014). General compliance to these standards can be achieved through the basic knowledge of the mediums used for storage (accessibility), the methods used for the protection of mediums (security), and in the movement of PHI (transmission & portability). These components make up the three Ms of e-PHI. By simplifying these measures into three central concepts, we can establish the foundation of a practical application for vocational rehabilitation counseling students in their efforts to avoid HIPAA and HITECH violations.

The Mediums

The mediums used for storage during a vocational rehabilitation student's practicum or internship are likely to vary, depending on the student's personal preference and familiarity. Each form of storage can be utilized in ways that will allow students to be proficient in both the

classroom setting and the workplace. Each medium possesses its unique quality, whether that is

in its ease of use, accessibility, and/or convenience. However, solely using one medium as a

means of storage is both risky and insufficient for students whose goal is to maintain

HIPAA/HITECH compliance (HIPAA, 2013). The following are examples of mediums that

students can utilize in their transition from the academic realm to the workplace.

Computer Hard Drives & External Hard Drives

Computer drives are perhaps the most common means of receiving, transmitting, storing,

and creating data containing confidential material and PHI from clients. One of the main

advantages of physical storage devices is that they can be transported and accessed without the

need for an internet connection. Given the flexibility of these devices, it is important to

remember that the information can be more easily lost, damaged, or compromised, and therefore,

these mediums should not be a standalone way to store information. Using such a device alone is

a direct violation of HIPAA (2013) requirements to ensure there is a method of data recovery in

the case of emergency or loss.

Cellular Devices and Tablets

The availability, efficiency, and capabilities of cellular devices and tablets are

undeniable. Performance of these devices is seamlessly effective for improving productivity for

future employees and graduate students. These devices also come standard with security features

that can prevent unauthorized use and protect client PHI (McKnight & Franko, 2016).

Cloud Services

Cloud storage is a commonly used method to back up information in the case of

emergency, theft, damage, or loss of physical storage devices (HIPAA, 2013). The only caveat

that may be an issue for students is that this form of storage requires an internet connection to

save, back up, or retrieve previously saved documents or information. Cloud storage is a

common means of recourse that graduate students utilize that meets standards of HIPAA

regulations (Wilkinson & Reinhardt, 2015). Whatever method of protection a student uses, the

physical devices themselves should also be implemented in the cloud service that backs them up.

Software such as iCloud, OneDrive, Google Drive, Dropbox, and Box, are all examples of cloud

services that can be equipped with various forms of reasonable protection

The Methods

Although the HIPAA and HITECH regulations could prove to be overwhelming for

graduate students to take in as a whole, it is important to recognize that efforts to maintain

compliance do not require them to become cybersecurity experts. Even simple methods that are

very functional, applicable, and familiar can be used to properly protect e-PHI. Three common

yet effective technical safeguards are encryption, two-factor authentication, and biometric

authentication.

Encryption

Encryption is quite possibly the easiest form of adequate protection that can be applied to

mediums such as computer hard drives, cellular devices, cloud services, and emails. Encryption

is a digital means of increasing the security; it uses an algorithmic process that scrambles data,

reducing the probability of its interpretation without the use of a confidential key to decode the

information (Wilkinson & Reinhardt, 2015). Encryption is a great way to protect client e-PHI in

the event a hard drive, external drive, or cellular device is stolen or lost. With the availability of

many different types of software packages that can encrypt at a recommended strength,

implementing encryption standards in a counseling department is affordable and reasonable (Huggins, 2017). The more common form of encryption is known as advanced encryption standard, which ranges from 128-bit to the more complex 256-bit encryption (Lake, 2020). Students can more than likely utilize this function free of charge, as it is typically a standard feature built into most operating systems and hardware for computers and smart devices (Wilkinson & Reinhardt, 2015).

Biometric Authentication

Biometric authentication is essentially the securing of data by scanning something an authorized user possesses (Tipton et al., 2016). The mechanism could be a face, eye, or fingerprint scanner. Biometric authentication measures can be set up to access devices and even many applications on smart devices. This is ultimately another option that prevents unauthorized access or compromise of e-PHI. Biometric authentication is becoming standard on most tablets and cellular devices and is likely to increase with more updated models. Students utilizing these features on their devices can provide an additional layer of protection for clients' PHI.

Two-Factor Authentication

Two-factor authentication, otherwise known as multi-factor authentication, allows for a dual layer of protection in the event a password or passcode is compromised. The two-factor authentication method can be bypassed only by executing multiple factors that only the authorized user can access. Factors range among these three categories: knowledge factors (things only the user knows), possession factors (things only the user has), and inherence factors (things only the user is), two of which need to be performed in order to access information (Tipton et al., 2016).

The Movement

Email stands as a primary form of communication between colleagues, clients, and businesses. However, a dilemma persists among many mental health professionals regarding whether it is suitable to transmit PHI via email. The idea that email is inherently unsafe is a misconception, and HIPAA does not rule out the transmission of PHI via email; however, guidelines require the use of appropriate and reasonable security measures to protect PHI (Wians & Bouregy, 2013). It is beneficial for graduate students to be able to determine whether email is the most appropriate option for sending PHI, since sometimes fax, phone, or standard mail can serve as an equally appropriate form of communication with businesses and clients (Wians & Bouregy, 2013). If email is found to be the most appropriate form of communication, HIPAA encourages the use of encryption when transmitting electronic PHI (U.S. Department of Health and Human Services Office for Civil Rights, 2013). Graduate students can accomplish these HIPAA standards in the transmission of PHI by always doing so with a secured device that can provide encryption of email content and protect against malicious software (Craig, 2017; Wians & Bouregy, 2013).

Conclusion & Recommendations

Given that we live in an era when people have the ability to reach millions through the interconnectivity of the internet, using the three Ms for the protection of e-PHI should be considered a starting point for graduate programs. These methods cannot be considered exhaustive in nature or superior to others, but they are necessary to equip students with the tools needed prior to graduation. During a student's transition from the academic setting to the workforce, they become susceptible to violating HIPAA and HITECH standards if they are not

adequately prepared and/or explicitly informed of federal regulations. Students are vulnerable to making these mistakes as they enter into the workforce.

Given the absence of information on this topic, there is a need for additional research. The first suggestion is to research actual student experiences in securely storing e-PHI. We found no discussion of the methods utilized by schools to monitor the security of client records by practicum or internship students. Future researchers could check students' flash/jump drives or computers to see if they have password protection. In addition, questionnaires could be developed specifically to obtain information from the students. This research could provide invaluable insight into problem areas and inform the profession of the strengths and weaknesses of current processes.

Universities should conduct practicum or internship readiness evaluations that successfully gauge how well-versed students are in the creation, storage, and transmission of e-PHI before students enter counseling settings. Programs should provide this information to the students on the first day of the practicum or internship classes. The program coordinators can contact their information technology services at their school to provide in-service training to students on securing and storing e-PHI. This practice would reinforce the school's concerns about the protection of the records.

Lastly, it is urgent that accrediting entities such as CACREP mandate that programs randomly check patients' electronic records stored by students to assure that is the data are protected. Given that these entities have been the guiding forces within the vocational rehabilitation counseling profession, they serve a great role in the gatekeeping of the profession. In tandem with university policy, programs should adequately address ways to properly limit

access to e-PHI. Precautions such as developing policy and working in conjunction with HIPAA to mitigate risks could reduce the chance of breaches of confidentiality.

Additionally, institutions must explore ways to implement uniform encryption services that are HIPAA compliant given the affordability of the services circumventing a lack of protection should a breach take place ("HIPAA Survival Guide," 2016). Some agencies have adequate policies or guidelines for handling a problem that arises when confidential information has been breached, but these policies are rather vague for such an important matter. As vocational rehabilitation counselors and graduate students, we are required to ensure the security of client/patient protected health information to protect our clients and ourselves as well. Loss of such information can result in penalties, fines, or lawsuits. Therefore, implementing a new mandate could be that ounce of prevention that is worth a pound of cure.

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Special Section: Reflections

Looking Back: A Reflection on COVID-19 and Black Social Inequality

by

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The suffocating realties of Black social inequality was one of the things that I found most memorable during the onset of coronavirus. Discussions regarding Colin Kaepernick, Amy Cooper, Tamir Rice, Ahmaud Arbery, George Floyd, Breonna Taylor, combined with unfolding issues surrounding voting rights, food shortages, and healthcare disparities, collated into a swirling storm of anxiety in my mind and stomach that silently haunted me daily. The unfolding of the Ahmaud Arbery shooting was the case that highlighted the realities that my body had been signaling; however, I aggressively ignored. I suspect that my reactions arose from the combination of the horrible circumstances that allowed three men to avoid legal reprimand for almost a year. I also responded strongly when I thought of Arbery's race, age, his family, which looks a lot like mine; his promising future, which made me think of my brother, my nephews, my grandson, my neighbors, the children of my friends and family; and the simple fact that he was out on a run. A "run," an activity that my husband of 26 years, engages in daily.

The unfolding details of the Ahmaud Arbery case left me feeling hopeless about there being any justice in the justice system, hopeless about humankind's ability to care for one another, and fearful about the state of the world and its future. These thoughts left me apathetic

to life around me in some ways. I avoided the news and conversations related to current issues. I found myself uncharacteristically mistrustful of strangers and skeptical about some relationships in my life. When I heard any conversation that included Colin Kaepernick, Tamir Rice, George Floyd, Breonna Taylor, or the topic of wearing a mask, I could feel my body shut down, my stomach flip, and my heart race.

As the year unfolded and the fall term began, I started to consider how my thoughts and emotions might impact my clinical supervision with practicum and internship students or with my ALC supervisees in addition to my overall wellness and values surrounding self-care. As time progressed, I worked to implement things to help me address emotions and symptoms:

1. Admitted to myself that there was a concern that warranted attention.

2. Provided myself with self-compassion.

3. Sought out safe places to discuss my thoughts and feelings.

4. Leaned fervently into my religion and spirituality for comfort and clarity.

5. Engaged in community activities that provided me the opportunity to see good things in others, which helped to restore my hope in people.

6. Supported community activities that contributed to my value in making the world/my community better.

The prior year has been full of transition and full-fledged disruption in many areas of my life. The world has changed, and our country is shifting. As I am a part of this process, I am also being shaped and refined. In many ways, just as my ancestors addressed slavery, voting rights, integration, and civil rights, I face these current challenges, through a different lens as my faith requires. With this perspective, I feel compelled to do my part in this period of time to carefully

leave a legacy that produces a memorial of perseverance and resilience. I have come to

understand that there may never be a full resolution of my emotions around this period, as the

trauma continues to unfold and occur in new ways. I am leaning more into a space of

understanding that my vulnerability and transparency in discussing my thoughts and feelings on

these topics are sources of strength, and when used with care and wisdom, that strength enhances

my skills as a counselor educator, supervisor, legacy builder, and citizen of the world.

Offer to Help

by

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And there it was. Official word from the university's leaders, distributed under the
signature of our Senior Vice Chancellor for Academic Affairs, delivered a day before the end of
spring break:

> The safety of our students, faculty and staff is the highest priority. In light of the risk
>
> posed by the COVID-19 coronavirus, we will transition class at all Troy University
>
> locations to online or other alternative delivery formats effective Monday, March 16.
>
> (Troy Coronavirus [COVID-19] Information Center, 2020, "University Statements"
>
> section, March 12, 2020)

The Senior Vice Chancellor for Academic Affairs and other members of our senior
administrative team had sent a total of eight update statements to all university faculty and staff
since January 29, 2020. Before spring break, faculty and staff received a statement describing
precautions and urging safeguards for spring break travelers, along with a list of resources. I was
interested in keeping up with the latest information, especially as it might impact my position as
an Assistant Professor of Counselor Education at the university.

I read statement and continued preparations for my spring break travel to visit my
parents. Because they were in their mid- to late-80s, I had been taking every holiday and break to
visit them. My father had been living in a memory care unit for the last year, and every moment I

could be with him was precious. My mother was still making the transition from daily life with her partner of 64 years to living by herself in the retirement center apartment they had once shared. Fortunately, the apartment and the memory care unit were all part of one large complex, so she visited him daily, sometimes twice if she had the energy.

Throughout spring break, my mind was busy posing "what if . . ." questions and mentally problem-solving for solutions. These types of questions, and not just mine, intruded upon and disrupted my spring break. My mother was in a trance, glued to her television and absorbed in the 24-hour news cycle reports about the virus. Her anxiety level and feeling of hopelessness seemed to increase each hour. In an effort to abate the feelings of hopelessness, I suggested we restock the daily supplies she and Dad needed by placing an Amazon order.

As the daughter of an Eagle Scout, I grew up following the Boy Scout's motto, "Be prepared." When Mom went to sleep at night, I adjusted and revised my upcoming scheduled course, just in case. The looming uncertainty of life made being prepared more important than ever, and it was the only thing I could do to keep my own anxiety checked and myself grounded. My thoughts turned to a former graduate student, newly employed in January as a school counselor. How could I help support her? I thought about other campus-assigned school counselor colleagues. How could I help them? I thought about the students and the reliability of a regular school day, including two meals many of them counted on. I thought about communities and the potential effect of this virus. I thought about the world, which was already in a socially precarious position and wondered if this virus would bring us together as human beings, or splinter us further apart. *What can I, one person, really do?*

The school counselor and counselor educator in me answered: *Offer to help.* In moments of crisis, people usually do not know what they need. Past experience has shown me people have to wade in and assess the situation. Having received an offer of help, after their current situation assessment, they are better able to pinpoint the help they need. Offering to help became my plan as each new day brought me closer to the end of my spring break. "What can I do to help you?" or "How can I help you?" became my refrain. Whether there was something I could do or not, I noticed relief and sincere appreciation on faces for my offer of service.

Spring break 2020 was the best one of my life, although I didn't know it at the time. Dining in my favorite Mexican restaurant. Sitting at a four-top table in the retirement center dining room with Mom and her friends—my new friends. Grocery shopping, running errands for Mom, marking things off the task list she always creates. Meeting a high school friend for lunch and catching up. Most importantly, visiting and laughing with my Dad each day.

Looking at my childhood pictures with him, listening to him tell stories about me as a child, his days as a naval aviator, an antique car he rebuilt, or stories of his and Mom's life in Moscow, Russia. I cherished hearing his stories, even though I had heard them many times. He was more animated and more himself than I had seen him in a while. His sense of humor was still intact, and he enjoyed my laughter. After a while, he was tired and ready for bed. I wheeled him to his room and helped him into his bed. He commented on how beautiful his mother was, looking at a photo of her on his nightstand. I tucked him in, kissed his cheek, and told him that I loved him. I said that I would be leaving tomorrow for Alabama, knowing he wouldn't remember that or our visit today. I kissed his cheek again, turned off the light, and tiptoed out of his room. That was the last time I saw my dad.

The day after I arrived home, the world began to change. Nations began to pivot, states and communities began to pivot, and we as individuals began to pivot. There was no way to know how rough the road ahead was going to be. No way to know about the vocational, financial, or personal losses many would experience. Initially and throughout the pandemic, news and social media were full of stories showing both the shadow and light sides of human nature. In many cases, those helping were labeled superheroes.

During this period of overwhelming uncertainty, I refined and came to personally incorporate what one person always has the opportunity to do. On the edge of the great looming unknown about the virus or about life, I can offer to help. By offering to be of service, I help the other person and I also help myself. Sometimes helping looks like action and sometimes helping is extending the offer, being present, and truly listening.

COVID-19 Through the Eyes of Black Graduate Students at a HBCU

by

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As professors in the classrooms across America struggled to bring a since of normalcy to students, one questions that nagged at me was how to check in and have conversations about COVID-19 with my graduate students without being intrusive or sounding overly scholarly. I knew deep down they had a lot to say, but finding their voices to communicate about it appeared to be an elusive task. During this bleak moment in history, the impact that COVID-19 was having on the African-American community motivated me more than anything to give my students a safe and secure place in the classroom to share their experiences as Black people.

I wanted them to speak freely about what they were feeling, and I wanted to find ways to capture their ideas and thoughts as recorded history. Black Americans were not only being challenged with COVID-19 but also dealing with racial and social unrest in the United States as they witnessed an unarmed Black man die at the hands of police. Thus, Black Americans were on the cusp of fighting two pandemics—the ongoing challenge of being Black in America and COVID-19. Therefore, I did what any good professor would do. I created an assignment.

Yes, you are reading this correctly. I created an assignment, but I wanted it to be one that allowed my students to continue to tell their stories after they had submitted the assignment. I

wanted them to take advantage of this golden opportunity to express themselves on paper. I

wanted the assignment to have meaning long after they had carved their words onto the pages.

Perhaps, one day when they are looking back on this moment, they will reflect on the impact of

their personal experiences and their resilience in the midst of the pandemic. In addition, I wanted

them to be able to see even though they were Black and attending a HBCU, their experiences and

challengers were not unique but were similar to other college students in their fight against

COVID-19. I wanted to reassure them they were not alone.

Before I distributed the assignment, I asked the students' permission to include their work

in a journal article manuscript. They were all very excited and said "yes." I told them I was very

proud of them and looked forward to reading their papers. These are the directions they were

given to complete the assignment:

> Your goal is to write an essay to discuss the topics listed below. Please use any references
>
> you need to support your essay. Additionally, be creative in your responses by using
>
> poems, songs, quotes, stories, and events to support your answer. The goal is to develop
>
> this work into a journal manuscript.
>
> 1. What impact did COVID-19 have on your life? (e.g., family, work, school, etc.)
>
> 2. How did COVID-19 impact you as a Black graduate student?
>
> 3. Is there anything that impacted you the most during COVID-19 positively,
>
>   negatively, or both?
>
> 4. What are some lessons learned and coping strategies you identified that you would
>
>   relay to others?

5. What recommendations do you have for the world post COVID-19? This could be anything that you think could be beneficial to keep implementing, to reflect on, or anything that you may consider creative that resulted from COVID-19.

I waited eagerly to read what my students had to say about their experiences with COVID-19 and the impact it had on their lives. My students were a diverse bunch, including single mothers and full-time employees, and their essays spoke to managing life as a full-time employee, parent, student, friend, caretaker, and finding coping strategies to deal with COVID-19. The common themes they shared throughout the essays included *feeling frightened, anxious, hopeless, scared,* and *depressed.*

Students were anxious about changes to their jobs and school life during the pandemic. They felt depressed, lonely, hopeless, and scared in struggling to identify concrete ways to protect themselves, children, and loved ones. Many of them witnessed people or themselves get COVID-19. In addition, many of them had to cope with the death of loved ones while still trying to keep up with day-to-day activities. Many of the students spoke about how having to wear masks, social distancing, and simply not being able to interact with family and friends as they had so readily done in the past was very difficult.

One student spoke on how challenging the separation was as she was used to visiting and speaking with family members on a daily basis. One student shared that he and his girlfriend had planned to travel to China for the Thanksgiving holidays. They had secured their passports but with COVID-19 looming in the air, they quickly realized their trip would not come to pass. One student shared her constant battle of mixed emotions she encountered on a daily basis by having to go work during the pandemic, while hoping and praying she didn't test positive and expose

her 3-year-old daughter. Her daughter was at the age she was already having to go through a series of immunizations and shots, but she definitely was not able to take the COVID-19 vaccine. Thus, my student worried about what to do and how to stay safe as she watched the number of Black Americans being impacted by COVID-19 rise daily. Indeed, the fears were inevitable.

Employment was another area that greatly concerned my students. One student who had been hired as a long-term substitute teacher lost her job due to the pandemic. However, her willingness to do whatever it took to provide for herself and her daughter demonstrated her tenacity and resilience. She obtained a job as a pizza delivery driver and worked that job from April 2020 to September 2020 until she was reinstated to her original job. Even then, she encountered challenges as she was underemployed as an assistant teacher. However, due to another teacher's being permanently injured and unable to return to work, the student took on a full-time teaching position. She navigated more stressful moments because she had to learn a whole new world of technology, including INow, Schoology, Go Math, Wonders, Frekles, and Studies Weekly. She survived because she was up for the challenge.

Another of my students spoke of how he always assumed that working from home was something many people would consider to be quite laid back and a bit glamorous. Given that he worked in student development in higher education, he watched as his job quickly changed when the campus closed and students were sent home. He spoke of how he had to be involved in creating policies related to students and COVID-19. As days swiftly passed, he eventually found himself alone with a desk, computer, mouse, and phone. It was not easy. Even though the students were no longer on campus, he continued to be bombarded with emails and nonstop phone calls from both parents and students. The thought of working from home no longer

seemed glamorous. As he was making adjustments, he realized his workload had tripled. Therefore, finding the time to balance work and graduate school grew extremely difficult, resulting in his considering letting one pursuit go. For now, he stated he would continue to strive to do both and do the best he can.

Their contributions revealed that my students began to see the positive role technology played in their lives. One student described how she was able to interview online for a job during the pandemic. All students shared that they went from being in the classroom face-to-face with their professors to learning online even though they had to cope with a few glitches. It was soothing and heartwarming to hear how they felt the faculty at their university were very sensitive, caring, and compassionate during these times, allowing them to turn papers in late or simply giving extra time to complete their assignments. They also spoke about how the overall community of the HBCU extended grace to all students by waiving application fees, GRE scores, and becoming a hub where people could come and get their COVID-19 immunizations.

Several students were continually impressed that even in the midst of the pandemic, they were able to enjoy their college experiences and be a part of a community and family that sincerely cares. Many spoke about not having access to campus to receive mental health services but were glad to see how the university shifted to provide support. Specifically, the counseling center offered creative ways to provide mental health services to students who needed them. As a result, graduate students felt like they could persevere and remain ambitious despite life challenges.

Lastly, when the students began to speak about what they learned during the COVID-19 pandemic, they unanimously spoke about never taking things for granted because tomorrow is

not promised. They discussed being more willing to take care of their physical and mental health. Several shared they would continue to implement the hygiene protocols outlined by the CDC, eat healthier, and engage in physical activities to have a better quality of life. Overall, my students were very pleased to complete the assignment. They expressed the last year has been exceptionally challenging, but being able to write their thoughts on paper was therapeutic. They shared their hope that what they have experienced will encourage others to keep going no matter what. All students agreed their experiences during COVID-19 showed them how much they are one big family here to support one another.

The Diary of A Black Professor During COVID-19

by

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March 2020, along with many other dates and times, keeps racing through my mind concerning the COVID-19 pandemic. Even though I had been teaching for over 25 years, I was not completely confident in my skills to be tech savvy. In all honesty, I had hoped by the time technology became a focal point in the classroom, I would have retired. For many years, technology had been a topic of conversation in my field, but like many other things in my life, I kept saying I would get to it. Well, this is where this story begins.

When the pandemic became a reality, I could no longer hide. I had to face where I was and determine what I needed to do to prepare my students. I told myself, "You will get through this, and this, too, shall pass." I could not show my students that I was clueless as to what to do and how we were going to get it done. At the same time, this was not the time to quit or pretend I knew something I did not. I had to embrace that it was *okay* to ask for help. One of the things we counselors tell both clients and students is if you need help, then it is okay to ask. So, there I was, having to tell myself to not be ashamed or apologetic about my need to ask for help.

As the minutes grew into days, and days into weeks, and weeks into months, I knew I needed to use the resources that were provided to me to successfully complete my courses. I had very limited knowledge when it came to the virtual platform Blackboard. However, with the help

of my colleagues and the IT department at my institution, I was able to successfully make it through. Needless to say, I wanted to do more than survive but thrive also. Therefore, I kept one of the employees on speed dial in the IT department. She graciously worked with me and assured me that it would get better with time. In addition, I was not too prideful to ask my students to assist during class time as we went from meeting in class to a virtual classroom. I thought I would never understand how to share my screen, but with time and patience, this all became second nature to me. By no stretch of the imagination am I suggesting I am a pro, but I will say I am much better off than I was before the pandemic.

Have you ever dreaded in life that the thing you feared the most would happen? Yet, when it happened, it catapulted you into something better? The thing I dreaded the most was having to teach online. Now, it has become the thing I embrace the most. Please understand COVID-19 is a very devastating moment in history. Many people lost their lives, businesses were closed, and many people lost their jobs. We may never truly know the total toll of COVID-19. We are still waiting for things to get back to "normal." Some have even asked, "What if this is the new normal with wearing masks, social distancing, using hand sanitizer, washing hands frequently, and working remotely?" But even in the middle of the pain, some good things happening.

With so many adjustments and interruptions in our world, professionals in the field of higher education had to be innovative in ways never seen before to provide quality education to students. I have learned many lessons during this season of my career. I feared remote instruction would hinder my teaching abilities because I could no longer use techniques which are typically used in face-to-face settings, but I have made adjustments, and these techniques have worked

extremely well in virtual settings. To replace experiential activities and group discussions in the classroom, I have learned to embrace breakout rooms. I have created fun and innovative strategies to interact with students during class.

In addition, I have enjoyed receiving my students' papers and being able to grade online, which has been much easier. Many of the fears and anxieties I had about teaching online derived from a lack of understanding of how to use the technology. Instead of allowing technology to intimidate me, I learned how to use technology. I still have a long way to go, but I am enjoying the journey. I continue to reach out to others to learn about new techniques and strategies they are implementing to make teaching online more comfortable as I continue to serve my students effectively and efficiently.

I titled this reflection "The Diary of a Black Professor During COVID-19" because I advocate journaling thoughts and feelings as a way of processing emotions. Thus, I learned to cope by writing what I was experiencing as a Black professor who was learning to navigate some uncharted terrain. This form of expression helped to ease my fears and anxieties and reassure me that I was not alone. Further, many people out in the academy were willing to help. So, the next time you feel like you are going at it all alone, do not be afraid to face your fears and move ahead because you just might discover that it is better on the other side. Remember, it is okay to ask for help, and you will get through it.

Meeting Them Where They Are: A School Counselor's
Reflections on the COVID-19 Pandemic

by

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I vividly remember a conversation with my principal the Friday before spring break, March 2020, at the end of afternoon car-rider duty. She had just returned from a district principals' meeting to discuss enhanced cleaning precautions to address the mostly unknown COVID-19 virus. I joked with her, asking if she pushed for an extra week of spring break. Little did I know, students would not return to our building the rest of the academic year.

After an extended, two-week spring break, our school faculty and staff began to process the gravity of the situation—school is not returning to normal. We quickly adapted to the situation, creating and curating resources to meet our students where they were—at home. I remember the stress and panic of many teachers, thinking, "How am I going to teach kindergarteners virtually?" We quickly created Google Classroom accounts and digitized as much instructional materials as possible while also creating paper instructional packets to be mailed home. We sought to understand our school families' technological resources and provided Chromebooks and mobile hotspots to many in the community.

As a school counselor, I felt the gravity of the evolving situation, both internally and externally. I created a Google Classroom and manually invited all 438 of my students to join. I created a Google Voice phone number so I could contact my students' families from home. I considered how counseling services could realistically continue given the drastic move to distance education. Counseling lessons, formerly delivered in-person to each classroom, could be facilitated through pre-recorded videos posted to Google Classroom but how could I modify individual and group counseling?

As a Google school district, Google Meet was an available tool to engage with students and families virtually. While this provided an online platform, it presented many logistical challenges to consider, including confidentiality, scheduling, and student engagement. Because of the nature of group counseling and the desire to protect students' confidentiality, I made the difficult decision to terminate my groups while inviting each participant to continue individually. Scheduling was a challenge for a number of reasons. Besides the challenge of confirming a weekly time with students' parents/guardians, some students were balancing use of the family device with their parents and their siblings. Lastly, student engagement was a challenge, especially in maintaining elementary students' attention. For more than one student, I met the family pets, toured homes, and learned far more than I expected about their home environment. I felt a sense of relief at the end of May 2020, looking forward to what I anticipated would be a normal school year in the fall. After a few weeks of resting and recovering, I realized the following year would be far from the normal I expected and longed for.

The 2020-2021 school year was by far the most difficult school year of my career as a school counselor. Nearly every aspect of our operations was significantly altered to allow for a

return to in-person learning. These changes included new arrival and dismissal procedures, modifications to physical environments, and assignment of new personnel duties and responsibilities. While not intentional, some these changes affected my ability to support students' needs as I and everyone else were needed to support the daily operations of the school. These added responsibilities sometimes included serving as a substitute teacher when a teacher was unexpectedly absent and delivering sack lunches to students' classrooms who were unable to eat in the lunchroom to accommodate social distancing mandates. Lastly, my direct service delivery was affected. I was unable to implement small group counseling because of restrictions regarding mixing students from different homeroom classes. While I still provided direct counseling services, I was limited to classroom and individual counseling settings.

Through it all, however, I learned several valuable lessons. First, educators are resilient, and, despite the stress and anxiety, my coworkers and I continued to support students' educational success. Whether students were learning from home or in school, we provided the resources to meet them where they were—both literally and figuratively. Second, collaboration with stakeholders is essential. While this was not a brand-new realization, the pandemic made it abundantly clear just how important working closely with teachers, administrators, and parents is. During the pandemic, I had more parent communication than I had combined in the previous four years of my career as a school counselor, and I was all the more effective because of it. Third, video conferencing is here to stay. Virtual meetings were initially offered because parents were not allowed in the building. However, we noticed greater parent participation in team meeting because it was more accessible than traditional, in-person meetings. Lastly, my biggest area of professional growth was in flexibility and creative problem-solving. I learned to go with

the flow more, think outside of the box, and adapt my approaches. While these lessons learned did not come without difficulty, I am grateful for how they have contributed to my development as a counselor.

   To me, the COVID-19 pandemic represents a significant shift in the way counselors conceptualize our work. In time, we will think of our profession in terms of "pre-COVID" and "post-COVID." As we emerge from the pandemic and enter the "post-COVID" world, I hope that we, as counselors of all specialties, realize our strength as professionals to support our clients through whatever challenges life presents. Just as our clients have grown from the pandemic, so have we, and we will continue to be flexible and resilient for our clients.

Learning to Manage Self-Care During the COVID-19 Pandemic

by

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I am a big proponent of self-care. However, during the COVID-19 pandemic, I found it increasingly difficult to consistently focus on my self-care. It seemed I was always all over the place. I knew I needed to push the pause button and regroup. However, no matter how much positive self-talk I engaged in, I felt as if I were falling off a cliff into a deep hole. The world seemed to have come to a halt, but in reality, we were all trying to push forward to keep our normal routine. I began to ask myself, "What does normal look like for you?" I presented and facilitated a workshop on self-care because I knew that this was something I could put into action. Thus, step by step, I developed some strategies to calm my mind and keep me motivated. There was a lot going on in the world, so caring for myself and trying to be as healthy as I could was something I was determined to work on. In addition, I subscribe to the philosophy that if I am not able to take care of myself, I am no good for others.

I have assembled a list of things I found very helpful in maintaining my self-care routine (adapted from Holloway, 2020):

1. Establish and maintain a routine.

    - Make sure when you get up each day, you have something planned. An accomplishment, no matter how big or small, can keep you motivated and make you feel like have something to look forward to.

2. Keep something positive to read.

    - Feeding your mind something positive is healthy because it helps to stimulate your mental and emotional growth.

3. Release the things in your life over which you have no control.

    - Try not to sweat the small stuff. Accept that you cannot control some things, like whether other people do what they need to do to stay safe and keep others safe.

4. Be kind to yourself.

    - It is easy to fall into a rut and feel like you should be doing more. However, be kind to yourself because these are difficult times we are encountering. Please know you are not alone. Continue to do things that make you feel good about who you are as a person. For example, take a nice long bubble bath, sleep late one day, and be the first to forgive yourself if you make a mistake.

5. Be kind to others.

    - Think of ways you, your family, your church, or an organization to which you belong could show kindness during this pandemic. For example, take food to a

homeless shelter or to healthcare providers who are not able to leave work, or find out what residents of a local nursing home or your local police and firemen need, and gather a donation of those items. Do something nice for someone or reach out to a friend. Of course, this list can be endless, so add to it or take away as you see fit.

6. Stay connected.

- During this time, we are not able to visit and have social gatherings like we have done in the past. It is especially incumbent on us that we stay connected with friends, family members, and loved ones. Many families who live far from each other hold weekly or monthly Zoom/Facetime meetings just to check in.

7. Stay informed.

- It is easy to feel overwhelmed and inundated with all the news about the pandemic, and it might be tempting to shut things out. You do want to stay informed as to what is going on with the pandemic, but avoid overloading yourself with too much information.

8. Limit your social media intake.

- Constantly being bombarded with the media can be emotionally exhausting, especially with all the things that are going on in the world in lieu of COVID-19. Thus, monitor your media intake so you do not become so saturated with the news that it paralyzes and disrupts your ability to not only function but appreciate the positive things in the world.

9. Listen to music you find soothing to your soul.

- Music is always a good way to relax your mind.

10. Watch a good movie.

- Select some really good movies you would like to watch.

11. Learn to set heathy boundaries and become comfortable saying "no."

- Know your limitations and be okay with saying "no." Strive to give your refusal without feeling guilty or obligated. "No" can be a complete sentence. You owe no one an explanation.

12. Adopt a hobby.

- Don't be afraid to try something new. This is a great opportunity to learn a new craft. Do something you have always wanted to do. Be adventurous.

13. Validate your emotions (feelings journal).

- It may be helpful to check in with your feelings and authentically express how you are feeling at that moment. You do not have wait on others to validate your emotions. You can keep a feelings journal, where you simply write down what you are feeling and why you are feeling the way you do. This does not have be a daily activity you do daily, but writing can provide a release when you feel you need to express yourself.

14. Create an "I am grateful" journal.

- During these emotionally challenging times, it easy to forget that you have things to be grateful for, no matter how big or small they may be. Thus,

keeping a gratitude journal is an honest way to remind yourself that in spite of how things might be looking, you still have things to be grateful for. One option is to write at least five things down every day, whether in the morning or at night, just to reflect and cultivate a sense of positivity in your life.

15. Take care of your own health.

- Stay hydrated, make sure you get the proper amount of rest, and exercise if at all possible. These activities will allow you to remain positive and decrease any negative mental health consequences.

16. Consistently detox your thoughts by taking control over your negative self-talk.

- Monitor your self-talk. When you notice that you are starting to speak negatively about yourself, challenge yourself to find alternatives to those thoughts and justify the irrational thinking. For example, work on switching your statements from asking, "Is this true?" to "How is this helpful?"

17. Develop your own self-care kit.

- Regular self-care can motivate you to be the best version of you that you possibly can. Make a list of the things that comfort and calm you. These things may include shopping, reading, going for a walk, or anything that centers your wellbeing as the focus of attention.

18. Stay grounded morally and spiritually.

- Many religious organizations had to suspend meetings during the pandemic. However, many host virtual meetings, so you have the opportunity to stay

connected. Worship services can greatly impact your spiritual journey and outlook on life.

It certainly is my hope you find these ideas helpful. Please add to the list and be sure to share your ideas that I do not have on the list. Of course, during challenging times in life, it is not always easy to perform these tasks. However, try to do one thing a day for at least seven days, and soon these practices will become like second nature and a way of life for you. Please remember that as counselors, we cannot serve from an empty cup. Therefore, learn to help others from your overflow. It is automatic for us to want to assist others, but when we take care of ourselves first, we are better able to care for others. Make your wellness your number one priority so you can continue to strive daily to reach your ordained divine destiny.

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COVID-19 and the Counselor Educator:

Intersection of the Personal and Professional

by

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On Friday, March 13, 2020, I walked out of my campus office unaware that it would be months before I would be able to return. The days leading up to that moment were a strange haze of normal research, teaching, and service responsibilities with a few added elements—a meeting of academic program directors to do a preliminary discussion of what "might" happen if we needed to go fully remote, a conversation with CACREP to see if they would be issuing any guidance for programs planning for pandemic impacts, and hushed hallway conversations about the seeming unreal events unfolding around the world. That same Friday, I was preparing for my mother, sister, and niece to come into town for a girls' weekend at my home, and I answered a call from DHR to accept an emergency weekend foster placement for a 3-year-old little girl. In retrospect, for a Friday, it was both incredibly normal in the moment and monumentally unusual.

In the weeks that followed, it became more apparent that what I originally saw as a temporary disruption to my normal life would be a much longer ordeal than I could imagine. As a relatively introverted person, I found the initial period of isolation to be somewhat comfortable. I read a few books, played with my dog, tried some new recipes, and even took some online leadership trainings. As time stretched on, the pressure to work more and more took over. I

found myself working hours on end without healthy boundaries—How could I work the miracles

expected of me by the university, my students, and even myself? Would I ever be able to actually

do what I needed to do to meet what seemed like an impossible standard during a global

pandemic? As if that was not enough pressure, I agreed to take a newborn baby as a long-term

foster placement. I battled within myself to both maintain some sense of normal while

recognizing the simultaneous change in how I saw and experienced the world. Work-life balance

was a myth, yet I continued to seek it relentlessly.

Before COVID-19, I had never taught online. I intentionally sought a counselor education

job at an on-campus program, as teaching in the classroom setting was one of my favorite

aspects of the work. To say I was unprepared to shift to fully remote instruction in 10 days' time

is an understatement. The university began to throw resources at us—emails with webinar

trainings, links to instructional technologies that the university already had licenses for, but few

faculty were really utilizing, and even a few town halls for faculty to discuss their concerns about

the sudden pivot mid-semester. What I did not receive was any type of guidance, manual, or

support for the realities of being the graduate program director and the clinical placement

coordinator for a bustling master's program in counseling.

Adjuncts turned to me with confusion about how to suddenly move their classes online.

Community partners reached out to say they were shutting down and could no longer host

interns. Students sent email after email asking what this meant for their future classes and their

graduation timeline. School and university leadership wanted to know what alternatives we could

create to ensure that no student was delayed in graduating. Program faculty had questions about

how to continue to meet the CACREP standards when the guidance directly from CACREP was

extremely limited in the early weeks. I grappled with how to not let my administrative tasks overtake my research requirements for tenure. The task at hand was simply impossible. There were no answers—no good answers anyway—and the ship seemed to be sinking.

In mid-April, I sent an unsolicited email to my former master's degree advisor who was on faculty at another institution in the state. The message was simple—I don't know if you remember me, but I am right up the road, and I am drowning. Can we talk about how you are handling this? The message was simple, but it was difficult to admit what felt like defeat. As a counselor, I logically knew that seeking support is a sign of strength, but in those troubled days, I wondered if others had figured out how to navigate somehow, and I was the only one lost. That email connected me with a group of other counselor educators in the state who met monthly via Zoom to share ideas, offer suggestions, and commiserate when needed. This veteran counselor and junior academic relearned an important lesson: It is okay—not just okay, it is necessary—to ask for help.

Asking for help highlighted the truth in this quote that became famous during the season I reflect upon: "We are not all in the same boat. We are all in the same storm. Some are on super-yachts. Some just have one oar" (Barr, 2020). Despite what felt like impossible struggles in the moment, I was able to gain some perspective that I was not paddling with just one oar. I had the privileges of a secure job and housing. Along with a healthy respect and level of caution for the serious disease, I had the privilege of being relatively healthy and not at incredibly high risk of dying. I had access to technology that allowed me to connect with family members when we were unable to be physically present with one another. When the time came, I had the privilege of a job position that allowed me to access the vaccine early on. I was protected from COVID-

related deaths in my immediate circle. In that way, it was a season of blessing, not curse. I

remain incredibly aware that this was not the case for so many folks here in Alabama, across the

United States, and around the world.

In the counselor education realm, somehow, we made it all work. Students continued to

learn, practice, and graduate (maybe not exactly on time, but pretty close!). CACREP bent a

little. Our program bent a lot. Agencies, private practices, and community groups made the shift

to telehealth and continued to serve a record number of clients. Collectively, we solved the

unsolvable problem. While my hope and prayer is that we never are in this position again, I think

we as a profession are capable of more than we believed possible before the COVID-19

pandemic.

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Climbing and Maintaining Through COVID-19 as a PhD Student:

A Time of Liberation

by

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What does it mean to be Black? What does it mean to be both Black and a PhD student? What does it mean to be a Black PhD student and coping with COVID-19? I would say it means a lot. According to the U.S. Census Bureau, only 5% of PhD students are Black (U.S. Census Bureau, 2019). The shortage of Black doctoral students is due, in part, to oppressive systems deeply rooted in our society that limit access to postsecondary institutions for Blacks and other minority groups. Additionally, the Black PhD students who are in programs struggle with imposter syndrome, microaggressions, and severe psychological consequences as they navigate the terrain in predominantly White settings (Chakraverty, 2020; Holloway, 2020; Le, 2019). When the COVID-19 pandemic complicated and confounded multicultural factors, obtaining a PhD felt like a far-fetched proposition.

As a PhD student, I subscribed to the assumption that I would adjust, adapt, and be flexible throughout my graduate school training. However, what student could have been prepared for a pandemic that would so rapidly change everything? I was not ready. Therefore, I had to quickly learn a new way of learning, being, and living in a world with a pandemic that was transforming my day-to-day life.

In the early beginnings of COVID-19, I was in a critical point in my PhD program. I was a third-year student who had to defend a clinical comprehensive exam, defend my dissertation proposal, and start thinking about where to apply for internships to complete my final year of doctoral training. I was having to do all of this while also receiving training on telehealth and telecounseling so that I could continue to provide counseling services to my clients. What a stressful time! However, I made it through by applying my life mantra of *climbing and maintaining*.

You may wonder, what does climbing and maintaining mean? For me, climbing means continuing to strive for nothing but the best. Climbing means continuing to find ways around obstacles. Climbing means continuing to remain persistent and ambitious even when you don't feel worthy of doing so. On the other hand, maintaining means continuing to stay grounded in your purpose. Maintaining means continuing to be motivated to accomplish your goals. Maintaining means continuing to engage in self-care and positive self-talk. As can be surmised, I strive to meet all challenges with my head lifted high and with an open heart, because it is not enough to just merely get by in life.

It was not enough for me to not allow the COVID-19 pandemic to stop me from achieving goals in life. As one of the only Black students in my PhD program, I had to find ways to become *liberated* so that I could get to my divine purpose in life. Thus, when it came time for me to defend both my clinical comprehensive examination and dissertation proposal, I adapted to the Zoom virtual world, and defended them both with dignity and pride. Even though I passed them both, I was met with some challenges in other areas that were not academically rooted. In May 2020, the world was exposed to the social injustices the Black community face daily—the

murder of George Floyd. This event was the defining moment in my life as a PhD student. Although it may seem strange that a stranger's death can be a turning point in someone's life, this murder pushed me into a time of liberation.

For so long, I felt I didn't have a voice as a Black woman. I felt I had to dim my light when I was around my White counterparts. I felt I wasn't worthy of being a PhD student because I felt incompetent and inadequate. I felt I was an imposter in my own program. I felt that I would never be seen as a researcher or someone capable of working in academia someday. Even though I was succeeding in my courses (grade-wise), these interpersonal challenges and frequent exposure to microaggressions made times difficult. However, after the George Floyd murder, I broke free. Social justice awareness was in the spotlight in the midst of a global pandemic, and for the first time, I begin to feel a shift. Although, we as a society, had to wear masks, social distance, and follow CDC guidelines, our nation came together to shed light on all of the social injustices our minority groups have been so painstakingly fighting for years. It was a time of liberation.

From that point forward, I began to embrace my life motto of climbing and maintaining. I began to walk in my worth as a Black woman. I began to become actively involved in my research and clinical interests related to racial and gender socialization experiences among people of color and understanding how they cope with oppressive systems. I began establishing partnerships and networking on my campus to host and moderate courageous conversations around race, panel discussions related to social justice, round-table discussions aimed at reducing stigma regarding mental health and race, conducting group psychotherapy for students to process racial experiences and mental health, and engaging in outreach efforts to raise awareness of

important issues and explore how such issues impacted the COVID-19 pandemic among minority groups.

I put forth all these efforts in the midst of two pandemics taking place simultaneously. It would have been easy for me to give up, throw in the towel, and become upset due to all that was happening in our world. However, I chose to use this time and become liberated. I started to walk in my divine purpose and accept who I was as a person. No longer holding back. No longer being afraid. No longer being ashamed. No longer not being me. Thus, I say to all my fellow Black graduate students,

> Seek to strive for excellence in every task, large or small. Your individual success will benefit society as a whole. We may not have the power to inspire and motive the entire world to climb and maintain but we do have the power to achieve it for ourselves. My challenge to each of you, as well as to myself, is to do all you can do to be your best self in life. You were destined for greatness. Even when it seems hard to persevere and remain steadfast, remember that you did not come this far to give up now. Keep climbing and maintaining!

Although we continue to grapple with COVID-19, and it will impact our future, I did not allow it to stop me from achieving what I had set out to accomplish. I adapted, learned, and grew in more ways than one and have allowed all those experiences to make me into a better student, clinician, and person. It took me embracing, accepting, and believing. Thus, I have chosen to climb and maintain because I am liberated!

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Because of COVID

By

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Because of COVID
Because of COVID
Because of COVID

An endless refrain
Like a song you didn't mind at first
And now, you can't turn off

We didn't meet last year
We postponed graduation
We limited the wedding guest list

Because of COVID

She lost her job
Because of COVID
They lost their house
Because of COVID
He can't walk
Because of COVID
She died, he died, they all died
Because of COVID
We couldn't have a funeral
You guessed it (it bears repeating)
Because of COVID

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An official publication of the Alabama Counseling Association, *The Alabama Counseling Association Journal* is an electronic journal published once a year. Its primary purpose is to communicate ideas and information which can help counselors in a variety of work settings implement their roles and develop the profession of counseling. *The Journal* may include thought-provoking articles, theoretical summaries, reports of research, discussions of professional issues, summaries of presentations, reader reactions, and reviews of books or media. The *ALCA Journal* appears on the ALCA website (www.alabamacounseling.org).

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