



COVID-19 UPDATE: 02/16/2021

The Colorado Center is staying on top of COVID-19 data and continuing to develop our services to keep pace with the social, economic, and psychological effects of the pandemic. We are never ones to jump on the bandwagon--we follow the science. And this often means digging into primary research ourselves to determine what is safe and effective (for therapy, and for opening our offices).

The Slowly Improving News in Colorado

- As we approach one year of doing therapy online, we have learned a lot about how to make the process better, and that doing therapy “through a screen” affects different people differently. Many people have been surprised at how well it works as the screen almost “melts away.” But for others, we work on the sense of separation that the screen creates in the therapy. Sometimes, attention to that effect is a deeply important part of the therapy.
- Colorado’s transmission, hospitalization, and death rates are still very high. It is human to become numb to the chronically high death and hospitalization “numbers” — and we can forget about what this really means *unless it is happening directly to us*. So, here is the science we are following:
- Different agencies report deaths from COVID-19 (according to death certificate) differently, due to some clerical issues. According to Colorado (CDPHE), [1021 people died from COVID-19 in Colorado, just in January](#). On the other hand, the CDC says that about [500 people died in Colorado from COVID-19](#). For comparison, the monthly Colorado death rate from the flu in winter months is about 30 or 40 people (mostly infants and elderly).
- In January, [3182 people in Colorado were hospitalized for COVID](#), and many people even with initially mild cases have “long haul” symptoms (one survey found only 8% of long-haulers were ever hospitalized). [Long-term research from Wuhan](#) shows that at least 25% of hospitalized patients have continuing symptoms 6 months after discharge. This can include debilitating long-term neurological, respiratory, and cardiac damage from COVID. In other words, of the 400,000+ Coloradans who have been infected so far, many people will NOT simply recover and move on. Even with a mild case, there is a real chance of long-term consequences to your everyday life. For perhaps 100,000 Coloradans, it will not be at all “like the flu.”
- Colorado’s numbers are clearly improving from their holiday peak, and February is likely to be much better than January, but our fatigue from the sustained shutdown should not be confused with things “not being so bad” anymore. Our current COVID case rate and hospitalization rate are triple what they were last summer, and we have about 10 times the death rate.



Indicators for Our Practice to Re-Open to In-Person Therapy

- Here is what we are looking for at The Colorado Center before we go back to indoor, closed-room, in-person therapy without masks. To demonstrate a sustained handle on the danger of the virus, **we want to see at least 2 of these 3 indicators from CDPHE:**
 - 14-day Colorado average of fewer than 75 new cases per day (currently: 1100-1300)
 - 14-day average of fewer than 7 hospitalizations per day (currently: 60-75)
 - 14-day average of fewer than 2.5 deaths per day (currently: 30-50)
- The *positive* effect of vaccination and *negative* effect of variants on these figures will affect these numbers, providing the general evidence for safety that we need so we can be responsible about our role in endangering any staff or patients. The indicators above will put us at about 150% or 200% of the hospitalization and fatality rates that our elders endure from the flu in typical winter months. This is what we think is “in line” with an expectable, morally reasonable contribution to our collective health risk.
- We have been asked how mutual vaccination (of patient and therapist), HEPA filters, and “risk waivers” might be used to make the decision to have patients in our offices. We are considering each of these questions and hope to have answers in the next 1-2 months as we monitor the research on vaccination effectiveness and the spread of variants.

Conclusion

The therapists at The Colorado Center are in the business of helping people recover from catastrophic and lonely experiences that others may struggle to endure, contemplate, or empathize with. This pandemic is one of these experiences, affecting all of us in quite different ways. We are sensitive to the tragedy and danger of this pandemic, and to the desperate need to get “back to normal.” Life is full of risk, and it is important not to exaggerate the risk from COVID, but also not to deny or underestimate the impact and damage caused by minimizing it. We do not want to become part of the problem in *creating* disability and death. When the risk approaches “normal” levels of the kind of background risks that people take every day when they *choose* to [smoke cigarettes](#), [eat sliced deli meat](#), or do a thousand other higher-risk activities, then we will not need waivers or consider the moral implications of face-to-face therapy without masks on. We are likely to have a much better sense of this timeline by April or May. Until then, we can continue to do therapy using video technology, and we will continue to support our patients and help them heal from what they have endured in life by using these safer methods. And we will continue to monitor and consider other methods that may be safer and more effective.

In Service, and Wishing You Continued Good Health,

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Tips for Telemental Health

- You can use the built-in microphone and speakers that your device already has (most add-on PC cameras also include a microphone)
- You can also use a headset with a mic, or earbuds with a mic—these mics often work better because they are much closer to your mouth; and earbuds or headphones also can offer better privacy and sense of being more together.
- Try sitting close enough to the camera that your head and shoulders are mostly filling the screen. The better your therapist can see you, the better they can connect with you, see small changes in your expression, and do better work with you.
- Try testing your mic and speakers prior to your session. There are usually very few (or no) technical bumps at first but if there are, your therapist will help you through them. **Bluetooth** headphones or mics may add a little wrinkle to the setup, so with those be sure to test ahead of time if you can.
- Close any other open apps and programs on your computer (like Microsoft office or other streaming services)—they can rob you of processing power and degrade your signal. Desktops and laptops tend to work better than iPads and smartphones. Wi-Fi is fine, but an ethernet cable works even better.
- If you do not do a lot of videoconferencing, give yourself a break as you adjust to a slightly different rhythm of conversation than we have in-person. If it's not something you adjust to immediately, know that it gets easier and more natural after the first session. **All of our platforms are encrypted and HIPAA-compliant.**
- **If your therapist is using Google Meet**, and if you want to use your phone, first download the Google “Meet” app for your phone. If you are asked to enter a “meeting code” it's the letter combination at the end of the URL of the meeting link, without the hyphens and question mark. Your therapist can text it to you if you have difficulty. **NOTE:** If you are using a computer where someone else is logged into Google, their name will show up when you are on the Meet. On a computer, you will have the meeting through the browser (or Chrome). On a phone you will have it through the Meet app.
- **If your therapist is using VSee**, then when you click on the email invitation for the first time, you will be asked to download the VSee app on your computer (it will progress automatically) and it will ask you to add your name and click a box or two to “agree.” You will have the meeting through the VSee app rather than through a browser window.
- **If your therapist is using SecureVideo/Zoom**, then click on the “join” link in the email and you will first be asked to download the Zoom app to your computer (if you don't already have it) before the call starts, and then the call will launch automatically, using the Zoom app.