COVID-19 UPDATE: 03/23/2021

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).

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

- For The Colorado Center to go back to indoor, closed-room, in-person therapy without masks, we need to see a sustained containment 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: 950-1100)
    - 14-day average of fewer than 7 hospitalizations per day (currently: 35-50)
    - 14-day average of fewer than 2.5 deaths per day (currently: 10-15)
- The *good* effect of more vaccinations and *bad* effect of more dangerous variants on these figures will affect our timing for opening to in-person therapy. We want to 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. **Our current concerns:**
    - Full vaccination rate in Colorado is still only about 15% of the population as of March 22.
    - Multiple variants spreading in the U.S. raise concerns about the effectiveness of vaccines against them, and about potential reinfections of previous COVID patients.
        - The Brazil (P.1), South Africa (B.1.351), and the newer New York (B.1.526) variants show increasing resistance to current vaccines and monoclonal antibody treatments, which along with greater loosening of restrictions and COVID fatigue are likely to add to the rate of spread. Up to 30% of Colorado cases may now be from the U.K. and California variants, which also have been shown to spread easier and worsen the illness compared with the original "wildtype" virus.
        - The NY variant was present in the NYC area in only a few cases in December, about 25% of cases as of mid-February, and according to virologist David Ho, is now affecting about 40% of cases in NY only 4-5 weeks later, with an increasing concentration throughout the northeastern U.S.
        - The NY variant contains a similar mutation of the spike protein found in the Brazilian and South African variants which reduces both the effectiveness of **treatments** for COVID-positive cases, and effectiveness of **vaccines** in preventing illness.
- 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. As we monitor the

research on vaccination effectiveness and the spread of variants, we are not yet confident that we are "beating the virus" sufficiently to open to in-person therapy without masks. We expect more research to come in over the next 1-2 months while we also track the rate of cases, hospitalizations, and death. Unfortunately, in Colorado, the **current daily rate of infection** is about 16 per 100,000 people in late March, which is **triple** what it was in early September when it was about 5 per 100,000 people per day. A still-unknown number of the roughly 1000 infections per day in Colorado are from the newer vaccine-resistant and/or treatment-resistant variants. So, we remain hopeful, but we are not yet reassured about opening in early summer.

The (Very) 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. The CDC now estimates it was 745 people who died that month. The CDC's current estimate for Colorado's February COVID-related deaths was 300. 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 this was cut in half in February. Yet, many people 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, olfactory, respiratory, and cardiac damage from COVID. In other words, of the 450,000+ 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 clearly improved from their holiday peak, and while we expected February to be better than January, **we have seen a "flattening" of the rate in February and March** rather than a further dramatic reduction. Daily infection rates are still much higher than last summer. Our fatigue from the sustained shutdown and desperation for socializing and normalcy should not be confused with things actually "not being so bad" anymore. Our current COVID hospitalization and death rate are still about double to triple what they were last summer.

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 profoundly, though 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, then increased ventilation and air purifiers will likely help us open earlier, and we will not need waivers or have to 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

- One of the important adjustments to doing therapy by video is that you are not coming to a different space that is designed for quiet, safe, supportive work. You may be doing the session at home or even in a car, and it needs to be as quiet and free from any intrusions or distractions as possible. Therapists tend to spend a lot of time considering how to 'make the space' to conduct in-person therapy, so please be considerate of your own needs for doing this work in a comfortable and protected area.

- 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.