



### COVID-19 UPDATE: 06/02/2021

The Colorado Center follows the science on COVID safety. And this often means digging into primary research to determine what is safe and effective (for therapy, and for opening our offices).

**We plan to open for in-person therapy, for fully vaccinated clients, fully unmasked, in mid-July**

#### 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 (NOTE: The “current” numbers are virtually unchanged from our last update in late March):**
  - 14-day Colorado average of fewer than 75 new cases per day (currently: 775)
  - 14-day average of fewer than 7 hospitalizations per day (currently: 55)
  - 14-day average of fewer than 2.5 deaths per day (currently: 11)
- It appears from peer-reviewed research in [JAMA](#) and the [NEJM](#) as well as health departments reporting in Colorado and other states that **the incidence of breakthrough infections, hospitalizations, and deaths are very small** given the COVID variants that are currently spreading in the US. The rates vary based on the method of measurement and how recently the measurement was taken (for example, whether from convenience samples or close-monitored samples). Some *current* estimates are:

	LOWER END	HIGHER END	Sources
○ Breakthrough infection rate:	1 in 10,000	5 in 1,000	CDC, NEJM
○ Breakthrough hospitalization:	2 in 100,000	4 in 100,000	<a href="#">CDC</a> , <a href="#">IL DOH</a>
○ Breakthrough death:	3.4 in 1,000,000	1 in 100,000	CDC, IL DOH

- The rate of vaccination in Colorado has slowed considerably, and about half of Coloradans remain unvaccinated. When adjusting for the extremely low incidence, hospitalization, and death rates for vaccinated people, the time-lag-adjusted differences between vaccinated and unvaccinated Coloradans is striking, and disturbing. **Hospitalizations and deaths are far too high for us to open to unvaccinated people without masks (we can continue with teletherapy in those cases). However, the rates for vaccinated people appear to be safe enough for in-person therapy if every person in our offices is documented as being fully vaccinated.**



- While we are now more confident about effectiveness of the vaccines against infection and spread, we are concerned about the slow-down in vaccination rate which provides more opportunity for variants to mutate with vaccine-resistant properties. We will continue to monitor the situation closely.
- Unfortunately, in Colorado, the **current daily rate of infection** is still about 11 per 100,000 people per day as of June 1, which is **more than double what it was in early September** when it was about 5 per 100,000 people per day. Nevertheless, the rates are now almost all in unvaccinated people, meaning that proportionally the current rate is worse than it appears. On the other hand, the rate among fully vaccinated people is likely to be only 1% to 10% of this rate.

### 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 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 all are exhausted from COVID, but our staff does 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 we can begin to open to those at the least risk of infection and serious complications. For unvaccinated people and those with compromised immunity, and those who prefer the convenience, 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 safe and convenient methods for treatment. We are not through the pandemic yet, and we will continue to track the epidemiological data carefully over the coming months. For now, we are confident about opening in mid-July, without masks, and under specific, well-documented, and careful conditions.

In Service, and Wishing You Continued Good Health,

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Director

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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.