



COVID-19 UPDATE: 09/14/2021

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 are currently open for in-person therapy

only for fully vaccinated clients who prefer it, unmasked.

We offer video therapy for all other clients.

- For The Colorado Center to go back to indoor, closed-room, in-person therapy without masks for all clients, 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 substantially worse than our last two updates in late March and June).**
 - 14-day Colorado average of fewer than 75 new cases per day (currently: 1800)
 - 14-day average of fewer than 7 hospitalizations per day (currently: 95)
 - 14-day average of fewer than 2.5 deaths per day (currently: 13)

We also analyzed recent (August) data from Arapahoe County (extracted from tchd.org), which tracks breakthrough cases (Denver does not track breakthrough cases).

- Adjusted for population, Arapahoe County had the statewide equivalent of **163** new **BREAKTHROUGH** cases per day in August.
- Adjusted for population, Arapahoe County had the statewide equivalent of **7.6** new **BREAKTHROUGH** hospitalizations per day in August.
- Adjusted for population, Arapahoe County had the statewide equivalent of **0.4** new **BREAKTHROUGH** deaths per day in August.

To go **back to normal** in the future, where we would not need HEPA cleaners in our offices, distancing (which is not very effective in a closed room), or a reduced number of in-person clients per day, **we need to see lower breakthrough-case numbers.** You can see in the second set of three Arapahoe County statistics above, that **we have not met 2 of the 3 indicators even for fully vaccinated people.** So, we are still concerned about the risk of infection with in-person sessions and we continue to monitor these infection trends, we use HEPA cleaners, and we have begun sampling air quality with CO₂ detectors to improve ventilation when possible or reduce the number of vaccinated clients visiting per day.

- More details on breakthrough cases: 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 are low, but not rare.** For example, since March, about 2.5 of every



1000 fully vaccinated people in Arapahoe County have already had a breakthrough infection. **Just in August**, 1.3 in every 1000 fully vaccinated people tested positive in Arapahoe County, versus about 7 of every 1000 unvaccinated or partially vaccinated people testing positive. The (still unknown) risks of “long COVID” among fully vaccinated people with the possibility of persistent serious health problems are likely greater (statistically speaking) than for hospitalization. In August in Arapahoe County, 6 in every 100,000 fully vaccinated people were hospitalized with COVID, and 44 in every 100,000 unvaccinated or partly vaccinated people were hospitalized. For deaths in August in Arapahoe County, 3.4 per million and 22 per million were attributed to COVID (vaccinated vs. unvaccinated people). At these current rates with the Delta variant, and **without considering personal circumstances** such as age, pre-existing health problems and other factors which can influence these numbers dramatically, there is a not-uncommon risk of infection (about 1 in 1000 per month) with a substantial number of these infections possibly having long-term health consequences (e.g., “long covid”) for between 5% and 30% of people (a wide range, based on preliminary research), even if no hospitalization occurs. Currently, there seems to be much less statistical risk for hospitalization or death for fully vaccinated people, though this could change quickly as variants or spread evolve. And if you become the “one in a million,” the statistics don’t matter much.

- **Hospitalization and death among unvaccinated people are far too high for us to open for in-person therapy with unvaccinated people (we provide teletherapy in those cases). The infection rates for vaccinated people appear to be substantially safer (while still presenting a risk) for in-person therapy if we continue to take precautions and *every person in our offices is documented as being fully vaccinated*.**

Conclusion

We are sensitive to the tragedy and danger of this pandemic, and to the desperate desire 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 potential long-term damage from COVID infection, especially for those around us who *cannot* be vaccinated or who *choose* not to be. We all are exhausted from COVID, but our staff does not want to become part of the problem in *creating* disability and death. For unvaccinated people and those with compromised immunity, for those being extra careful, and for those who prefer the convenience, we will 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 will continue to track the epidemiological data carefully over the coming months. **For now, we are *somewhat* confident about remaining open through September, without masks, and under specific, well-documented, and careful conditions.** If we see conditions and risks worsening, we will move back to strictly online sessions for whatever time is needed.

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.