



COVID-19 UPDATE: 11/12/2021

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 (unmasked if preferred), only for fully vaccinated clients.

We offer video therapy for all other clients.

- In October, we began using a new “lockdown decision tree” that we developed for estimating the risk of The Colorado Center staying open versus returning to virtual sessions as the case rates rise in Colorado this autumn and winter.
- We provide details below on the factors and assumptions in our model. This model also accounts for the technical details of our mitigation methods (including the rate of air changes per hour [ACH] from our particular HEPA filter devices).
- For us to continue offering indoor, closed-room, in-person therapy (including group therapy) without masks, given the mitigation procedures we have in place, **we need to see at least 2 of the 3 following indicators stay below benchmark levels in our formula.** Our benchmarks are based on a risk tolerance of approximately *double* the rates of death, hospitalization, and cases in the winter months of a worse-than-average year for influenza in Colorado:

The average **daily rate of breakthrough cases, hospitalizations, and deaths** in Arapahoe County (per TCHD.org), transformed to the population size of Colorado, reduced by the estimated rate of effectiveness of our HEPA devices (effectiveness estimated at 83% based on peer reviewed research of similar devices and the estimated ACH at speeds used in our offices) needs to be fewer than **75 cases, 7 hospitalizations, and 2.5 deaths** per day.

Indicator	Cty Rate	Xformed to CO	Estim @ 17%	Benchmark	Below Benchmark?
Cases	68.7	603.2	102.5	75.0	NO
Hosps	3.1	27.2	4.6	7.0	YES
Deaths	0.6	5.1	0.9	2.5	YES

(Arapahoe County data through Oct 31, 2021 as of Nov 10; per TCHD)

These estimates are not guarantees but educated guesses as to how much we are able to reduce the risk of exposure and adverse events to our staff and clients if a proportion of *fully vaccinated* people come to our offices with active breakthrough infections. We use HEPA cleaners (shown to be effective in SARS-COV2 particle reduction), and we have sampled the air quality in each of our offices with CO₂ detectors to improve ventilation through adjustments to our HVAC systems in both locations. Current CO₂ levels are generally ranging between 600-1000ppm for individual and couples therapy sessions, and between 700-1200ppm during group therapy. All therapy offices have constantly operating HEPA air cleaners, and our group room contains three separate HEPA air cleaners spaced around the room. Our HEPA devices have



ACH ranges of approx. 6.1 to 9.4 when operated at full speed. We currently operate ours at least at “medium” speed with a full-speed period of at least 6 minutes per hour of client sessions.

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. At these current rates, **without considering personal circumstances** such as age, pre-existing health problems and other factors which can influence these numbers, there is a not-uncommon risk of infection (about 1 in 200 vaccinated people in October tested positive, and in total almost 1.6% of fully vaccinated people in Arapahoe County have had a breakthrough infection so far). A substantial number of these infections might have long-term health consequences (e.g., “long covid”) with preliminary research suggesting 5% and 30% of cases, 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.

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.

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* long-term disability or 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 November, 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,

Jason Seidel, Psy.D.

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.