

APA Post Trauma Care Response



Psychological
Awareness
for all

APA
Special Projects
Group

COLLABORATION IS KEY



APA has worked in collaboration with Qualified Therapeutic Professionals, from across the Counselling and Coaching Sectors to produce, a positive framework of support for Medical & Care Professionals.

The Post Trauma Care Response Framework is designed to be the starting point in building an effective and sustainable protection from the impacts of Trauma, created by working in the Covid-19 environment.

Reducing the risks of a Post-Traumatic Stress (PTS) collapse within the Medical and Care Services, must be a priority for NHS Trusts and Social Care Providers.

Introduction from APA Chief Executive Officer

Welcome to Ayanay Psychological Accreditation, I am delighted to present this proposed framework for your considerations.

The Post Trauma Care Response is a framework that has been produced in collaboration with professionals from across the therapeutic sector. While we are disappointed that fellow membership bodies have chosen, not to take part in this collaborative effort, to support Medical and Care professionals, I am absolutely delighted that so many professionals have seen the value in collaborating for the greater good.

I would like to pay tribute to all those medical and care professionals that are making the ultimate sacrifice in the fight against Covid-19, and give special thanks to all those, that in spite of the personal risks, continue to fight this vicious pandemic.

APA's Collaborative framework, not only gives medical and care professionals an effective and sustainable means of therapeutic support. It also protects the therapeutic sector from a collapse into a voluntary status sector.

By building the Post Trauma Care Response, the sector has collectively supported the Medical and Care Professionals in a way that has never been done by the therapeutic sector before and I would like to applaud and thank everyone that has taken part in this project.

As CEO of APA I am humbled and excited to introduce to you all, The Post Trauma Care Response Framework.

Warmest Regards

Siobhain (Vonnice) Crosbie
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Award Winning Therapeutic Accreditation Service of the Year.

APA Special Projects

Ayanay Psychological Accreditation (APA) will from time to time create special projects. These will be primarily in response to feedback or development proposals, that the APA Executive believe would benefit and be enhanced by direct contributions from a wider base of professionals and interested parties.

Conditions of Project Activation

APA understands and appreciates that engaging in any form of special project with an organisation is often fraught with concerns and trepidation around personal contributions, ownership of intellectual property, recognition and many other factors.

APA will only activate a Special Project when it is felt, by the APA Executive, to be an appropriate response and certain conditions can be applied to the projects' outcome.

Special Projects Activation Measure

- There is no direct financial benefit or product created by the project.
 - All participants can be recognised and credited for their participation.
 - Where possible a CPD benefit can be attached to participation.
 - Where the outcome of the project benefits, go beyond the boundaries of APA.
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The Post Trauma Care Response

The outbreak of the Covid-19 Pandemic, has created a planetwide human response, unlike anything seen in the modern age.

With Pandemic countermeasures in place across the world, our traditional and established processes and coping strategies around trauma have been drastically affected.

APA is establishing the PTC Response Project to increase the knowledge and understanding available, in order to produce an effective and relevant framework of therapeutic support for frontline professionals that have experienced mass trauma in relation to Covid-19.

Special Project Structure

The Post Trauma Care Response Group is facilitated by APA Managing Director: Dave Sleet. Supported by the APA Core Torchbearers. Collaborative working is provided by qualified therapeutic professionals from across the therapeutic sector, irrespective of membership body affiliations. Collectively forming the 'PTC Response Group'

APA has produced a baseline framework; the PTC Response Group will be contributing to its development. into a working proposal.

Financial Benefit

Due to the potential scale of the required support and the essential need for professional therapeutic support, it is the view of APA and the PTC Response group that all Qualified Therapeutic Professional's, are paid at a pre-set hourly rate.

Confidentiality

It is essential that all therapeutic engagement preserve the normal boundaries of ethical confidentiality. Medical and Care Professionals must have confidence that the conversations that take place in the therapeutic setting are protected from employment discrimination.

All Medical and Care professionals that reach out for therapeutic support must be aware that, where there is a significant risk of suicide, or a risk of harm to others. The Qualified Therapeutic Professional must report concerns. This will only be done with their knowledge in line with APA's Ethical & Professionals Protocols.

NHS Advisory Overview

As few Qualified Therapeutic Professional's will have functional knowledge of the medical arena, APA and the PTC Response Group are advising that an Advisory Overview Group is developed. This will allow Qualified Therapeutic Professional's to raise concerns and ask questions (in confidence) should there be issues specifically around the safety of the Medical and Care Professionals and their effectiveness in their role.

A Zoned Approach

Red Zone

Amber Zone

Green Zone

The PTC Response Group proposes a zoned approach, so that the right level of support can be made available to those in need.

By dividing operational factors into Zones, the risks of trauma can be assessed and containment protocols can be brought into action.

Red Zone

All Medical and Care professionals working directly with C-19 treatment areas.

Amber Zone

All Medical and Care professionals working in C-19 related support roles.

Green Zone

All Medical and Care professionals working in Non-Direct C-19 related roles.

Qualifying Requirements

The Minimum qualifying requirement to engage with NHS medical and Care Professionals is a Level 4 Diploma in Counselling / Psychotherapy. With pre-set years of experience to engage with specific groupings of Medical and Care Professionals.

All Qualified Therapeutic Professionals must have independent supervision and insurance in place.

Strict tracking of Supervision must be maintained and audited. All Qualified Therapeutic Professionals that take part in this delivery framework, will be asked to have a Supervisory Agreement and Supervision Tracker in Place. (The APA Starter Pack, includes these and are free to all APA Members).

Overview of the Supervision Tracker should be undertaken by the NHS Advisory Overview Group but not impede on the Therapeutic process.

Ensuring that the therapeutic professionals working with medical and care professionals, that have experienced mass trauma, are not put at risk of their own emotional overload is a vital consideration.

Vital too, is the quality and safeguarding requirements to protect medical and care professionals. To this end APA and The PTC Response Group advise that all Qualified Therapeutic Professional's that wish to be included in the In-house Directory, agree to accept and abide by the NHS disciplinary protocols.

In order to provide the NHS with significant provision of qualified therapeutic professionals the PTC Response Group is advising that the current recruitment and engagement restrictions, around membership body affiliation is removed, for the purpose of increasing qualified professional access to support Medical and Care Professionals.

The PTC Response Group is also making the following recommendations.

- An In-house Directory of all Qualified Therapeutic Professionals is created.
- Qualified Therapeutic Professional's will remain self-employed and agree to work with Medical and care professionals at a negotiated hourly rate.
- Pre-set limit on the number of hours of direct working with professionals from the red zone. (See suggested limits in Therapeutic Support - The Framework) To reduce the risk of burn out.
- Professional Experience:

Medical and Care Professionals must be given the best possible support, Therefore those from the:

Red Zone must be aligned to Qualified Therapeutic Professional's that have at least 3 years post qualified experience.

Amber Zone must be aligned to Qualified Therapeutic Professional's that have at least 1 year post qualified experience

Green Zone will be able to work with newly qualified professionals and those on study placements, where the standard safety protocols are in place.

Functional Support

It is important, that awareness of how trauma impacts differently on different people is more widely understood. Not everyone will respond to trauma in the same way or in the same timeframes. People, often respond to trauma by focusing on maintaining their presentation to the outside world. This is often known as being in 'Survival Mode'. One trait of this coping system is that the longer a person remains in it, the harder it becomes to transition out of Survival Mode. The negative impacts of survival mode are like an ever-devolving spiral that includes, reduced efficiency in decision making. This factor must be taken into account in responding to the need for effective, Functional Support.

It is crucial that those, impacted by any mass trauma event, can where possible, receive direct and immediate functional support. This is the support on the ground, that ensures an individual is able to function in their role, but also allow for any required escalation of support, to be done in an effective and timely manner.

In the 1st instance, Functional Support is always provided by team members, colleagues and operational management. However, experience informs us that this is seldom sufficient to allow the individual to continue functioning at a level that is required for the role, they have.

No one should be expected to cope with a mass trauma event and be untouched, emotionally and psychologically.

Functional Support MUST become more than Mental Health First Aid.

It is inevitable that, some people may, (as it is a natural response to trauma) become dissociated from their experience and are unaware of the full impact of the trauma, until their relationships, health and lives suffer. Operational management and Human Resources should avoid seeing this, automatically as a wilful attempt to conceal the effects of trauma.

Operational Management and Human Resources are advised, to be mindful of the natural anxiety trauma can cause; i.e. A fear that employment may be adversely affected, this is an example, that can be a self-fulfilling prophecy. APA and the PTC Response Group advise that no medical or care professional is penalised for this natural response.

APA and the PTC Response Group, propose the following Functional Support Framework.

- Independent Peer Support Groups:
These should be 'Zoned' (ie Professionals from Red Zone are not in a group with professionals from the other zones.)
- A Bail Out / Panic Button:
Giving professionals an immediate safety net in the event of panic. (Primarily for Red Zone professionals)
- Flag on the Play:
Allowing professionals to acknowledge a personal need for additional support.
- Telephone / SMS Support:
Maintaining signposted services to 3rd sector support.
- Effective Supervision
Supervision Should not be confused with Case or Line Management

More details see Functional Support - The Framework

Therapeutic Support

As a species, the human capacity to respond and function, following any traumatic experience, is based completely on the prior experiences of the individual. There is NO silver bullet or single solution, that works for everyone.

The pace at which anyone feels the need to move from receiving, 'Functional Support' to benefiting from 'Therapeutic Support' may take several months. APA and the PTC Response Group advocates that, NO timeline is mandated for support to be requested.

APA and the PTC Response Group, also propose the following Therapeutic Support Framework.

- All Therapeutic work is maintained external to the NHS environment.
- Establishment of a Bursary allowance for NHS to pay Qualified Therapeutic Professional's (at a pre agreed rate).
- Only Qualified Therapeutic Professional's from the In-house Directory would be permitted to be paid from the Bursary Fund.
- The Medical or Care Professionals would be able to select the Qualified Therapeutic Professional, they wish to work with.
- Confidential NHS Overview must not impede the therapeutic process.
- Medical and Care Professionals wishing to access the Bursary would be required to complete a self-referral document, including an overview of the impacts they are experiencing and points of focus they wish to discuss.

More details see Therapeutic Support - The Framework

Functional Support - The Framework

Independent Peer Support Groups:

These should be 'Zoned' (ie Professionals from Red Zone are not in a group with professionals from the other zones.)

Groups should be facilitated by the appropriately qualified therapeutic professional for the group they are facilitating.

Confidentiality and professional boundaries MUST be maintained.

This should be facilitated away from the NHS environment.

Payment to the facilitating professional should be subsidised by the Medical & Care professionals' employer at an agreed rate.

Establishment of Peer Support Groups would be controlled by NHS Trust and Care Managers, based on need and demand from medical and care professionals.

Qualified Therapeutic Professionals would be able to establish support groups however, Only NHS Authorised Support groups (ie facilitated by a professional from the approved directory) would be promoted to Medical & Care Professionals, in the workplace.

A Bail Out / Panic Button:

A direct link to 3rd sector Emergency responders (Samaritans etc)

Giving professionals an immediate safety net in the event of panic.
(Primarily for Red Zone professionals).

An immediate means of support can be activated with a phone call from an emergency response trained professional. Rather than the Medical or Care Professional having to make the call.

Allowing medical and care professionals to 'Ring the Bell – Don't Come and Tell' The support will come to them.

Flag on the Play:

Allowing professionals to acknowledge a personal need for additional support for a colleague.

This allows for team interventions to take place as appropriate to the situation. Maintaining team integrity and providing an early warning of possible difficulties. Where appropriate this can lead to a management referral.

Telephone / SMS Support:

Maintaining signposted services to 3rd sector support.

Giving Medical and Care professionals a direct access support line for use as they need. APA and the PTC Response Group advise that any such support is overseen and supported by paid Qualified Therapeutic Professionals, rather than trainees.

The ratio of call handlers to Qualified Therapeutic Professionals is advised at 12 call handlers to each Professional.

APA and the PTC Response Group Recommend that all call handlers are able to access personal supervision on a regular basis.

Effective Supervision:

Supervision for Medical and Care Professionals should not be confused with Case or Line Management.

Supervision for Medical and Care Professionals should be part of a professional's personal and career development.

APA and the PTC Response Group are advising that a new Supervision Mandate is drawn up, ensuring that case management and professional supervision are not merged, this is to protect medical and care professionals, as well as clients, patients and members of the public.

Rota management should allow for regular supervision that is not with a direct line manager. This avoids operational blindness to the need of the Medical and Care Professionals

Therapeutic Support - The Framework

Delivery of Therapeutic Support

All Therapeutic work is maintained external to the NHS environment.

Maintaining a clear divide between the working environment and the support environment will expedite the support process. Reducing the burden on both the client and the NHS in having to facilitate effective space.

Funding for Therapeutic Support

Establishment of a Bursary allowance for NHS to pay Qualified Therapeutic Professionals

Given that qualified therapeutic professionals are ethically limited to 25 hours of direct client work per week. APA and the PTC Response Group are advising that limits be placed on the number of hours Qualified Therapeutic Professionals can work with medical and Care professional from each zone.

Red Zone The Qualified Therapeutic Professionals have at least 3 years post qualified experience.

£55.00 per hour with a limit of 10 hours per week.

Amber Zone The Qualified Therapeutic Professionals have at least 1 year post qualified experience.

£45.00 per hour with a limit of 15 hours per week.

Green Zone will be able to work with newly qualified professionals and those on study placements, where the standard safety protocols are in place. This allows Charities and other 3rd Sector partners to provide direct support to Medical and Care Professionals.

£40.00 per hour with the 25 hours ethical limit being applied, where Qualified Therapeutic Professionals are engaged, from the Bursary Fund to work directly with Medical and Care Professionals.

APA and the PTC Response Group encourage all Telephone support services to include the paid service of Qualified Therapeutic Professionals to provide immediate and effective support, both for call handlers and those services users, requiring additional support.

Who delivers Therapeutic Support?

Only Qualified Therapeutic Professional's from the In-house Directory would be permitted to be paid from the Bursary Fund.

The following baseline conditions are advised

- Level 4 Diploma and above in Counselling / Psychotherapy (Note the zonal working conditions)
- Personal Supervision in place
- Personal Liability Insurance in place
- Acceptance to the NHS disciplinary guidelines. (To be made available by NHS prior to any submission by a Qualified Therapeutic Professional, to be included in the Directory)

Who chooses the Therapeutic Professional?

The Medical or Care Professionals would be able to select the Qualified Therapeutic Professional, they wish to work with.

This capacity to select the professional of choice, is a key factor in effective therapeutic working.

It is expected that the majority of work will be done remotely so there should be no restrictions to location of the Qualified Therapeutic Professional.

How does a Medical or Care Professional access Therapeutic Support?

- Self-referral
- Management Referral – (Flag on the Play)

Confidentiality

The bedrock of all ethical therapeutic working practice is confidentiality.

The exemptions to this are:

- Risk of planned suicide
- Risk of harm by the client to another

APA and the PTC Response advise that boundaries of confidentiality are included in details given to medical and care professionals at the point of referral.

Support Options

In addition to all sensible advice regarding the options of how a, Medical or Care professional can receive therapeutic support.

Face to Face:

APA and the PTC Response Group recommend that Face to Face interactions be restricted, and only permitted if and where the following criteria can be sustained:

- The therapeutic work space is large enough to accommodate client and professional, without encroaching on the 2m social distancing boundary.
- Where all services can be wiped down between appointments.
- Where any waiting area can be maintained in line with guidance around social distancing and cleaning.
- We advise where at all possible a sanitisation process is established before a client enters the therapeutic working space.
- There should be sufficient time between appointments to ensure clients do not pass each other.

Online / Video Link:

Only Secure and professional platforms should be used to facilitate online therapeutic working.

The cost to the Bursary Fund for Therapeutic Support via telephone should be no different than if the interaction is face to face.

Telephone:

Where Therapeutic Support is delivered by audio only (Telephone) as the primary means of delivery, extra care should be given to ensuring that the client is in appropriate setting.

The cost to the Bursary Fund for Therapeutic Support via telephone should be no different than if the interaction is face to face or online.

The actually telephone call should made by the Medical or Care Professional.

Qualified Therapeutic Professionals may choose to offer medical and care professionals the option of emergency additional support via the telephone. Outside of planned appointments. This service should be included in the In-house Directory listing. The cost of this additional service should be agreed in negotiation with the NHS Trust or Care Provider.

Single Session Contact:

Medical and Care professionals should have the option to engage with a Qualified Therapeutic Professional on a single session basis. Where they feel ongoing Therapeutic Support is not necessary.

It should be clear in the referral that Single Session Contact is all that is being requested, at that time. This should not exclude a medical or care professional from making a further referral at a later time.

Time Frames

While APA and the PTC Response Group acknowledge and appreciate the operational and financial considerations of offering Therapeutic Support on the scale required, post Covid-19, Failure to deliver this support risks a Post Traumatic Stress Disorder collapse of medical and care provision across the whole country. It will be easy for the sake of optics, and public presentation to offer support on a fixed time frame of availability. APA and the PTC group urge NHS Trusts and Care Providers to avoid this temptation. Medical and Care Professionals must be able to access the support as they need it, not on the time frame of senior management.

The Baseline Process

- i. Self-Referral / Management Referral
- ii. Qualified Therapeutic Professional accepts the referral
- iii. Initial 30-minute Consultation booked (No charge to Bursary Fund)
- iv. Therapeutic Support is activated by the Medical or Care Professional
- v. Appointments are booked and confirmed online*
- vi. When appointments are completed the online system is updated and verified.
- vii. Payment is sent to the Qualified Therapeutic Professional.

*APA and the PTC Response Group advocate using an In-house online booking system, for confidentiality purposes.

Failure to attend

It is a fact that appointments can be missed and it is only right that the framework takes this into account.

As outlined in the process, All appointments once booked are instigated by the Qualified Therapeutic Professional. Where a Medical or Care Professional cannot fulfil a planned appointment, it is their responsibility to reschedule the appointment with 48 hours' notice.

Appointments cancelled within 48 hours will be subject to a cancellation fee. Details will be worked out in negotiation with the NHS Trust directly.

Medical or care professionals that are delayed in reaching appointments must inform the Qualified Therapeutic Professional Directly.

Face to Face

A Medical or Care professional having booked a Face to Face appointment will have 10 minutes from the time of the appointment to attend, after 10 minutes the appointment will be cancelled and recorded on the booking system as a Failure to Attend.

Video Calls:

All video call links are set up by the Qualified Therapeutic Professional, and sent to the Medical or Care professional directly.

Medical and Care professionals will have 10 minutes in which if they have not joined the call, it will be terminated and recorded on the booking system as a Failure to Attend.

Telephone Appointments:

All telephone appointments initiated by the Medical or Care Professional calling the Qualified Therapeutic Professional at the scheduled time and date. If the call is not made, within 10 minutes of the appointment start time, the Qualified Therapeutic Professional will attempt to make contact. If the Medical or Care Professional does not answer the call, the appointment will be recorded on the booking system as a Failure to Attend.

WHO IS APA?

The Ayanay Psychological Accreditation Story

Ayanay Psychological Accreditation Membership is dedicated to supporting therapeutic professionals and focused on improving the client experience.

The term Ayanay [pronounced A an A] refers to people who are trailblazers, torch-bearers, researchers, teachers, and those who show others the way. They are leaders, motivators and idealistic visionaries who are self-aware.

Ayanay was founded by Vonnie Crosbie and restructured into a membership model, (Ayanay Elevated Membership) in April 2018, after receiving a diagnosis of cancer in January 2018.

The diagnosis, treatment and recovery meant Vonnie's private psychotherapy practice (APS Psychotherapy & Counselling) went into suspended animation. This resulted in time to create and develop ideas, around how the Therapeutic industry can unite, grow, and develop. Not just for the professionals but for the service of those that seek the support of Therapists, Counsellors and Coaches. (The Clients). In early 2019 Vonnie and Dave, started to redesign Ayanay Ltd and on the 4th July 2019 Our Accreditation Membership was launched. Providing the therapeutic community with a genuine choice of membership bodies.

In September 2019 our legal name was changed as the company was reregistered at Companies House, as Ayanay Psychological Membership Ltd, Trading as APA.

APA works to provide the best possible package of support to the therapeutic community, through special events, on line learning and our elevated learning retreats. We believe that the best professionals should be given the best support. Not only to develop their own best practice, through increased awareness, but also to grow their business capacity through: facilitation of Elevated Learning Modules, Effective Networking, and Introductions to additional revenue streams. This means members can also have the opportunity to promote their own workshops and presentations and ultimately to be paid for delivering them to APA Members and fellow peers.

Vonnie and David also saw the impacts on professionals of not being able to reach their supervisor. Whether that was due to the supervisor being sick, on holiday, or just unobtainable at the point of most need.

With increasing numbers of professionals, needing to supplement their income and many not practicing, APA sought to create a community of

**Ayanay
Psychological
Accreditation
Membership**

professionals that could ultimately learn, grow, and support each other. Using the same psychological awareness and approach that gave APA life.

With an ethos of supporting the therapeutic professional to achieve, APA truly supports those that support others. Giving guests the perfect balance of Learning and Rest. Which, is to APA a vital component for growth as well as self-care.

In less than a year we have developed a full range of presentations that are delivered in conjunction with Guest Speakers at the Elevated Learning Retreats with guests such as, Professor Windy Dryden. APA has also developed the Community Learning Hive, providing coaching based programmes that support the most disadvantaged in our communities. This includes a collaboration with Sweet Ways To Stop Abuse and the development of 'The 1976ers Project' and a very special international collaborative project with the Pellin Training Institute, to develop 'The "Work Well Within" Project'.

APA has also campaigned and raised awareness of 'Closed Shop' Recruitment practices that have been damaging the therapeutic sector for decades.

APA has also developed a Special Project Mandate, that allows collaboration with professionals from across the therapeutic sector, irrespective of their membership affiliations. The Special Project Mandate was designed to promote and develop a sector wide response that benefits everyone.

APA is proving that collaborative working, even for professionals in private practice, or working as a sole trader, can be an effective means of increasing success for clients and success for the professional. APA will continue to bring together and collaborate with the best advocates for effective working and elevated practice.

The Benefits of APA Membership

No hierarchy of professionals
Client focused over financial bias
Maximum support for professionals
Elevated learning that's relevant, responsive and required
Active member promotion
Therapeutic community development
Opportunity to become an APA Facilitator
FREE Career Professional Development (CPD)
Discounted Insurance with Holistic Services Insurance
25% discount on all APA Retreats*
Weekly direct and confidential access to the APA Executives.
EMERGENCY SUPERVISION**

Open to all Therapeutic Professionals and those that are Psychologically aware.

* APA Retreats are all inclusive CPD events.

** 2 Hours of Emergency Supervision per annum, with APA Supervisors as listed on the APA Website.

Registered Group Participants

APA LEAD

Dave Sleet	MD	Ayanay Psychological Accreditation
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APA Core Torchbearers

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Collaborative Contributors and Endorsers

APA is delighted that this proposed framework has been created in collaboration with Qualified Therapeutic Professionals, irrespective of the membership body they are affiliated with.

Project authorisation for release has been given by:

APA Chief Executive Officer, Siobhain Crosbie.

If you ever need to contact APA our details are:

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APA Membership

Our Focus

Create, Increase, Provide and Elevate

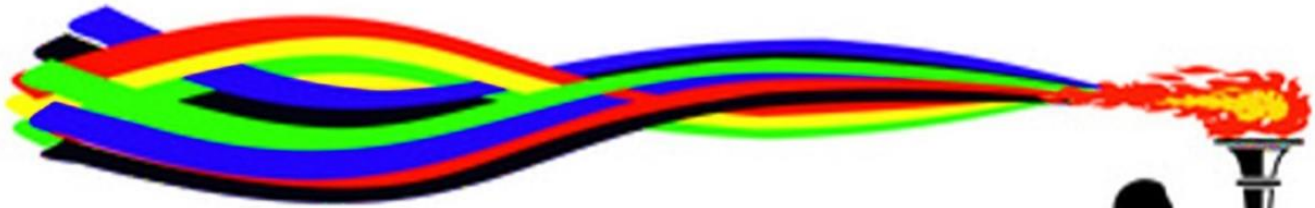
Create: an effective framework for the sustainable and successful development of best practice within the therapeutic community.

Increase: the positive awareness and use of therapeutic knowledge.

Provide: the therapeutic community with an ever evolving and enhancing level of support.

Elevate: public confidence in the effectiveness and professionalism of the therapeutic community.

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