**Transcription – Supervisor 2**

Duration: 25 minutes 7 seconds

**Interviewer**: Thank you so much. Right. So hello again. Thank you so much for taking some time out today for me. So you have taken part in the feasibility phase of the PETAL study, which aims to find out how to best support people with the learning disability who also display aggressive challenging behaviour. So today I would just like to discuss with you your recent experience in the PETAL study as a supervisor. I forgot to mention before that I do have a topic guide with me, so time to time I may look down just to kind of see if we have covered everything, if that's ok with you but I am listening, if that's ok.

**Supervisor 2**: Of course, yeah, of course.

**Interviewer**: Amazing, right, thank you. So the first question would be just a general one that what motivated you to take part in the PETAL study as a supervisor?

**Supervisor 2**: Oh yeah, so we've had some, we've supported our [University] colleagues before with some previous research into intensive support teams, the [Study], and so I think we sort of felt like we had contacts there and we enjoyed that and we got some good feedback from it. And it's just, I felt, I think we felt as a team that we were contributed to the evidence based in some way but on a slightly more selfish oof sort of professional level, I sort of do have some sort clinical academic interests. So this sort of networking and experience is really valuable for me as well. So that's probably what motivated us. And of course, it's an opportunity to try out a different model of support, slightly different approach. And yeah, we're keen colleagues, so that helps.

**Interviewer**: OK, that's lovely, sounds really lovely. And was the PETAL therapy what you anticipated that it was going to be or how was it maybe different from the approaches or therapies you have supervised before?

**Supervisor 2**: Yeah, I suppose it was a bit different. I mean, my colleagues, the actual therapists would have more knowledge of the therapy. But I suppose from a supervisor perspective, I suppose I found that it was it seemed to be sort of quite a rigorous and sort of quite procedural and almost scripted, I suppose.

**Interviewer**: Um-hum.

**Supervisor 2**: And so I think sometimes my therapist colleagues felt that in practice they would probably use a more slightly, more hybridized version, you know, adapt it, and or what I was going to say, they might just sort of veer off scripts slightly, but for the sake of the research and fidelity, they sort of stuck with it, yeah.

**Interviewer**: Right, OK, yes, I completely understand.

**Supervisor 2**: Yeah, yeah, yeah.

**Interviewer**: Yes, yes, because it is a manualized therapy but then yeah, there is supposed to be some space for personalisation as well.

**Supervisor 2**: Oh yeah.

**Interviewer**: So yes. Yeah, absolutely. That's brilliant, thank you. Right, let me see. And how did you find the… [Phone rings] Are you OK?

**Supervisor 2**: Uh, sorry and.

**Interviewer**: That's ok if you have to answer that, I can stop the recording if you want.

**Supervisor 2**: I'm gonna decline it, actually, and I'll just let them know..

**Interviewer**: Are you sure?

**Supervisor 2**: That's ok, yeah. And I will just let my colleagues know on here that I'm in a meeting. So I did forget to let him know actually that's so that's my fault.

**Interviewer**: That's ok, but if anything urgent comes up, just feel free you know, to pop out, it's not a problem, I understand.

**Supervisor 2**: Oh, thank you. Yeah, I'll just let them know now.

**Interviewer**: You are very much in need (smiles).

**Supervisor 2**: It is a bit like that today, yeah, yeah. Go on, [Interviewer], sorry, that's it. I've said that. Yeah.

**Interviewer**: That's ok, that's ok. No problem, that's all good.

**Supervisor 2:** Oh thank you.

**Interviewer**: But honestly, do you let me know if there's anything urgent comes up and you know you have to go, it's not a problem. So the next question would be about the supervisor training.

**Supervisor 2**: Um-hum.

**Interviewer**: I know it was a while ago, but if you can kind of think back, how did you find that training? So in what ways it prepared you to deliver supervision for the PETAL therapists?

**Supervisor 2**: Yeah, I do remember it was very useful and it is a while ago now but I think it was a good introduction and I think you know had we been, had I been supporting the therapy with a few more therapists and with a few more participants I think, that would have been where the real learning sort of takes place. But as it happened, I only supervised one therapist with one participant in the end. So but my memory was that it was very thorough and useful and the materials were useful to refer back to, you know, to any questions, yeah.

**Interviewer**: OK, ok, that's absolutely brilliant. Were there maybe any issues which you encountered in the study which were not covered in this supervision training? If you can think back of anything?

**Supervisor 2**: Yeah, I can`t. No, I can`t. I say yes but I don't know if it were actually. I'm thinking I feel like maybe, you know, I'm trying to think back for a little while now and I've not really sort of briefed myself ready for this discussion, but I can't think of any specifics, if I'm honest.

**Interviewer**: Okay.

**Supervisor 2**: Umm yeah. No, I can't think of any specifics, I'm sorry about that.

**Interviewer**: No, no, not at all. It's great. Thank you. And I know it is hard to sort of think back because it happened like a good probably six months ago or even longer, you know longer time ago. So yeah.

**Supervisor 2**: Yeah, actually something's come to me. I`m not sure if it's relevant to this question, but and that was around the eligibility criteria. So that was something that I think contributed to us maybe not being able to find as many participants as we would like. I can tell you a bit more about that now, or if you think it might be something for a bit later.

**Interviewer**: You could of course.

**Supervisor 2**: Yeah, yeah, yeah.

**Interviewer**: Absolutely, yes. Yes, we don't have to go in within kind of strict way with the questions. It's just the topic guide and yes, I just sometimes need to check if you've covered everything, but if we are jumping, that`s not a problem, it's very, very useful and very important feedback. Yes, so it`is the eligibility criteria. Did you find that maybe too narrow or what was the issue there?

**Supervisor 2**: Yeah, I think it, I think that's where we found that it was potentially narrow for us to sort of join the trial within a certain time frame and I think the difficulty was the severity or no, it was the frequency of aggressive outburst I think and I can't remember, but it might have been, someone might needed to be that someone has experienced aggressive outbursts in the last week or something.

**Interviewer**: Yes, I think it was weekly.

**Supervisor 2**: Initially.

**Interviewer**: Yes, we did correct that now for the main trial. Just to say, I think in the past month I think so, yeah, there was some adjustment made for the main trial based on that, right.

**Supervisor 2**: That's it. That was it.

**Interviewer**: So you found that that was being maybe too frequent for participants to sort of exhibit that behaviour?

**Supervisor 2**: Yeah.

**Interviewer**: Yeah, um-hum.

**Supervisor 2**: For us to find participants in the time frame, I mean, I think if we as a therapy that we're evaluating where we had a longer time frame, I think we would have met more people. But yeah, that was it. And then of course we it's not that we don't meet lots of people who meet that eligibility criteria, but then it's having a person and maybe a carer who are willing volunteers and it's getting that combination and that's where we only ended up actually, I think having one participant. But then I know that they were trying to sort of relax the frequency of incidents towards the end, but we just ran out of time for that.

**Interviewer**: Alright.

**Supervisor 2**: Yeah.

**Interviewer**: Ok, brilliant, thank you.

**Supervisor 2**: So I think we would have I think we would have had a few willing participants who would have been really interested to work with, but they just fell out the right outside the criteria.

**Interviewer**: Oh, that's a bit of a shame, isn't it?

**Supervisor 2**: Yeah, that's that. Yeah, yeah.

**Interviewer**: Yes, yes, ok, I understand. Thank you.

**Supervisor 2**: That's ok.

**Interviewer**: Brilliant. Umm, right, and was there maybe anything else that would have been useful in the training? If you can think back or we sort of covered maybe that?

**Supervisor 2**: I think we've covered everything I can remember, yeah.

**Interviewer**: Yes, that's brilliant, that's all good, thank you. And how did you find delivering the supervision itself during the PETAL study, how was that for you?

**Supervisor 2**: That was fine I think, I mean if I'm honest, I probably didn't meet the exact frequency with the supervision. It was just too hard to organize, so I probably fell short of the frequency of supervision. And essentially it was the therapist who was educating me about the PETAL therapy as we were going and stuff. So, but it was sort of fine because I was working with a colleague who I already worked closely with. I provided formal supervision too, so it was quite natural process I suppose.

**Interviewer**: OK, so was his supervision maybe within his regular supervision, or you kind of allocated time separately?

**Supervisor 2:** Yes, it was allocated for this really.

**Interviewer**: Right.

**Supervisor 2**: Um, yeah, yeah.

**Interviewer**: Ok, ok. And so all you know, do you feel like the frequency and maybe the duration of the supervision sessions were sufficient, how do you feel?

**Supervisor 2**: I think they probably were sufficient in terms of the recommended sort of frequency, I can't remember what that was now, but I think we just the nature of work and things and availability and people being on leave and we work seven days a week, sometimes we have days off in the week and things. So it just proved difficult to deliver on, but I think the target was correct was about right. But we just struggled to meet it.

**Interviewer**: Right, ok, ok.

**Supervisor 2**: Yeah, yeah.

**Interviewer**: And if you can sort of thing back, what worked well during the supervision sessions, or maybe what did not work so well? If you can think about any of these?

**Supervisor 2**: I think it was just that sort of reflecting on the activities that they were doing in the therapies, and planning ahead for upcoming activities, some of the things. Then maybe my colleague, the therapist was uh foreseeing as being an issue, we had, my therapist had quite a few engagement issues in terms of whether the participant was going to meet them, where they were going to meet them, but I think it was having to do a bit of driving them around to make sure that they did engage. Sometimes it was, some of the early sessions were done in the family home and that was just proved bit chaotic and too distracting, so we were sort of reflecting on other options for that. Uh, yeah, those are sort of my memories.

**Interviewer**: Um-hmm.

**Supervisor 2**: Very much felt like a normal sort of clinical supervision really, but just with a much more PETAL focus.

**Interviewer**: Right, okay, that's brilliant. My next question was going to be like was it any different from, you know, the regular clinical supervision, but it sounds like it was quite similar, yeah.

**Supervisor 2**: Yeah, it was, it was quite similar, you know, so our clinical supervision is very client focused rather than much broader than it just felt, it just felt, yeah, like one of those sort of very client focused clinical supervisions, yeah.

**Interviewer**: Is there anything that maybe you would change in the way the supervision could be delivered, what do you think?

**Supervisor 2**: No, not that I can think of.

**Interviewer**: OK.

**Supervisor 2**: Yeah.

**Interviewer**: No, that's brilliant. Sounds really good.

**Supervisor 2**: Yeah, that's right.

**Interviewer**: Thank you, that's great. Umm, right. And if what issues, if any, did you experience during the delivery of the supervision? So this question refers more to like did you have the capacity to deliver the supervision? Was your wider team as well supportive of you of having this role as well? How was that for you?

**Supervisor 2**: So the wider team was very supportive, there's no problems there and I think the capacity was the was an issue for both of us. I mean, that's touching that we've already talked about.

**Interviewer**: Right, um-hum.

**Supervisor 2**: Suppose uh, just because, you know we've got caseloads and things and the way we configured things was that this, the participants didn't sit on our regular caseload.

**Interviewer**: Oh okay.

**Supervisor 2**: In order in order, in order to in order to deliver the therapy, they sort of we arranged it so that they sat outside of it and that was in order that we don't sort of get caught necessarily sort of caught up in lots of other things that we have to do with our cases, which would arguably contaminate the therapy in some sort of way, you know, where we because there's so much, there's so much that we might do with the service user even though we might be doing some CBT type approach over here or some functional behaviour assessment over here, there's all sorts of other things we might be doing with staff teams and stuff so that so yeah we tried to keep them separate to the caseload and so the difficulty was that I suppose, so my colleague had an extra case to his case load. I suppose I just had extra case that are supervising to our case load.

**Interviewer**: Um-hum.

**Supervisor 2**: That was that was the only difficulty, really. And then just how to how to articulate that and report that in our clinical notes and records, so that should anything happen with this individual, if anyone needs to find out who's case managing him, who's care coordinating him or her, it would have been it would have been clear in terms of this person's a research participant rather than a normal receiver of our services, if that makes sense.

**Interviewer**: Right, that's a very useful feedback, thank you.

**Supervisor 2**: Yeah.

**Interviewer**: It's really important, yes. OK, great, thank you. And let me see, were there maybe any clinical issues that were specific to supervising the PETAL therapy? So did you find any sort of clinical issues which were kind of particular for the PETAL therapy, If you can think back now?

**Supervisor 2**: No, not that I can think of. We only had one participant really, so haven't got a lot of experience.

**Interviewer**: Um-hum.

**Supervisor 2**: Uh, but it was just the clinical issues with just the setting and the surroundings and people's chaotic lives and all those sorts of variables really, yeah.

**Interviewer**: Umm, ok, I understand. And then what were the experiences of the therapist delivering the therapy, the PETAL therapy, what do you think? How was he sort of feeling about it?

**Supervisor 2**: Yeah, I think he, I think he enjoyed it. I think he felt that probably, I might be misrepresenting him, but I think he felt that were some components that were really useful, some that were some that maybe that felt a bit novel and new. Others that felt a bit sort of basic for the service user and it was the sort of having to go through all of the stages, I suppose to some degree. I think some he may have skipped and others he would have probably dwelled on for a bit longer if that makes sense.

**Interviewer**: Yes.

**Supervisor 2**: And he might have padded it out or shortened bits you know, and things, but obviously because we had to sort of try and stick to a course for the sake of the fidelity of the intervention I suppose yeah, that was probably the main difficulty really.

**Interviewer**: Um-hum, OK.

**Supervisor 2**: Yeah, but he enjoyed it, and I think he's and he`s had enough to present to the team as well about PETAL therapy. So that we're so that we're all sort of educated on it and that sort of thing.

**Interviewer**: OK, lovely, that sounds really lovely.

**Supervisor 2**: Yeah, yeah.

**Interviewer**: That's great. So it sounds like maybe around personalisation, he found it a bit tricky of finding maybe the balance between personalising the delivery, but also adhering to the manual as much as possible?

**Supervisor 2**: That would be it, yes.

**Interviewer**: Yeah? OK, great.

**Supervisor 2**: Yeah, yeah.

**Interviewer:** Thank you, that's brilliant. And do you know that sort of on his account, what worked well, or maybe less well in the PETAL therapy sessions while he was delivering them, if you can think back?

**Supervisor 2**: Uh, less well, I think would be getting engagement from the carer. There was a parent who had needs of their own and you know, and difficult life, and so I think there was some of that really. And then and again, some of the logistics about where to meet, how to get the participant there, maybe to meet the participant away from the parents and maybe being able to meet with the parents away from the participant and all these sorts of logistics could be a bit of.

**Interviewer**: Ok, ok, I understand.

**Supervisor 2**: Yeah.

**Interviewer**: And are there any maybe improvements that could be made to the therapy to make it easier to implement it in practice, if you could think of anything? So in terms of implementing it within the service, let's say.

**Supervisor 2**: Yeah, I just remember it being quite a sort of complex manualised intervention, and if there was any, if there was any scope for stripping it back, making it a little bit thinner, if you like, that might help I think.

**Interviewer**: Yes, okay.

**Supervisor 2**: But then, but I don't know if that's fair really. But that's that sort of how we felt it might be actually, sometimes these sorts of interventions, as you become more rehearsed in than they become much more part of you and then you can adapt them a bit more easily. But maybe it's not only on, maybe it's on the first outing that it feels like a big manualised therapy, so it may not be fair, but that's how it did feel, I suppose, yeah.

**Interviewer**: Okay, that's great, brilliant, thank you, right. And let me see. Have you received any feedback on the sessions from maybe the person with the learning disability or the carer? Do you know that how they found the therapy, what was the kind of the feedback on that?

**Supervisor 2**: I don't think I have had any feedback personally, but I can't remember, this was a little while ago now so I got the impression that they did enjoy it. How much of it was the therapy and how much was just the support, you know? Yeah, separating all those bits I`m not quite sure.

**Interviewer**: Yes, yes, um-hum.

**Supervisor 2**: But they certainly enjoyed working with the therapist over a set of period of time on most of the activities.

**Interviewer**: Oh, that's lovely, it sounds really nice, great.

**Supervisor 2**: Yeah, yeah.

**Interviewer**: Brilliant, right, and just finally, is there anything else that I have not covered maybe and you would like to talk about?

**Supervisor 2**: Uh, well, that's one thing was the term I might be wrong with this. I might be wrong, but I think there was some, there might be something more concerns of our research department colleagues because obviously we did a lot of liaisons through them who helped us with the [Organisation] sort of research processes and things. But I've got a, we internally in the team, but it`s just cropped up in other teams, we decided to put, to allocate the participants outside of our team, you know, almost like a research case load for the reasons that I outlined earlier. One of the risks of that is that if someone's in your caseload, every contact is a commissioned contact, so there's income that's attached to every commissioned contact you have with someone that's on your caseload. And because they weren't on our caseload, these contacts weren't commissioned.

**Interviewer**: Oh, okay.

**Supervisor 2**: And this may be something that we just need to learn about and we've got it wrong, I don't think this has anything to do with the research team. Uh, but then as we understood that there was payment attached to our participation in the study. So I suppose in our heads, without really checking we assumed this will counterbalance all of that, but then with the with the payment came through, I think it ended up being something like 30 pounds or something.

**Interviewer**: Um-hum.

**Supervisor 2:** Uh, so and that was maybe that's just us being naive about what a research cost amounts to. Well, maybe it maybe it maybe it arrived in the at the trust in as a much bigger sum, but as it filtered through all sorts of others, maybe only arrive to us about £30, I don't know the details, but it was sort of one that was one thing that we found ourselves reflecting on and chatting about.

**Interviewer**: Umm yeah, it doesn't sound as substantial amount for sure for the amount of work which was sort of put into this, so that's a very useful feedback as well. That also kind of feeds into implementation issues and yes, this is very, very useful. Is there anything else which maybe comes to your mind? Actually, I just realized there was one more question I forgot to ask you is that I think you had some sort of regular supervisor meetings as well with the PETAL research team. How did you find those? Were they helpful or not so much?

**Supervisor 2**: Yeah, they were good. I think the thing was that I think we were all at a different stage or different place with recruitment and things. I can't remember where I was, I think I was probably somewhere in the middle, I can't remember, so sometimes we were meeting and some people were, there wasn't usually many people, I suppose it's the nature of the feasibility study. There wasn't many of us, and so I think initially there was one person who was often running, but I wasn't really having anything to share because we weren't, and then by the time, and then so, but it was useful just to sort of ask questions and hear other people's questions, actually, because they were asking things that I hadn't considered, which was useful to know, and also it was useful hearing some of the solutions that they had come up with. Uh, I remember, yeah, it's useful to see people from around the country and then later on I think it as the as the research area spread out, I think it's spread outside of [Country] later on and ended up, we had a colleague from [Country], I think it was [Researcher 1] sat on the and there's a supervisor and he had some really useful perspectives as well. So hearing his perspectives alongside [Researcher 2]'s and alongside oh uh, who's the..?

**Interviewer**: [Researcher 3]?

**Supervisor 2**: [Researcher 3], of course, yeah.

**Interviewer**: Um-hum.

**Supervisor 2**: So although it was that [Researcher 2] and [Researcher 3], who were sort of leading the session, it was good. Yeah, those alongside the other research supervisors and obviously with [Researcher 1] having lots of, so much research experience that was really useful.

**Interviewer**: Okay.

**Supervisor 2**: Yeah, yeah.

**Interviewer**: That sounds really good, brilliant. Is there anything else which maybe comes to your mind to share, any other feedback? It can be negative as well, those are always points of improvements, you know.

**Supervisor 2**: Yeah, no, I haven't got any, thank you, that's all I can think of. As I say, it's been a bit of a gap between the well, yeah, but what was last year was there, quite middle of last year that we finished, so my memories are a bit phased, yeah.

**Interviewer**: I'm so sorry, we should have contacted you slightly earlier, but yes, this this at this point we got to the stage of, yeah, being able to do that.

**Supervisor 2**: That's OK, no problem.

**Interviewer**: So, ok, now I think I've asked everything I was meant to be. Yeah, right, thank you. So I'm just going to stop then the recording, if that's OK with you.

**Supervisor 2**: Yeah.