**Transcription – Carer 3 (paid)**

Duration: 1 hour 29 mins 50 seconds

[Interview with paid carer who attended the PETAL therapy sessions. Paid carer did not complete initial research questionnaires (completed by family carer)].

**Interviewer**: OK brilliant, so that is us now recording. So for the recording, today’s date is the 21st July, my name is [Interviewer] and I am a researcher on the PETAL study. The participant ID number we have given you is [participant ID]. Thank you so much [Carer 3] for joining me today.

**Carer 3:** No worries.

**Interviewer**: So yeah, so you took part in the PETAL study which is to support people with learning disabilities who are experiencing aggressive challenging behaviour. So this is a feasibility study, we are really interested in your views about the therapy, how you found taking part in the study, and all of the feedback will be really helpful in further informing the PETAL therapy and the next stages of the study.

**Carer 3:** OK, alright. Well I started supporting [Participant 3] in October. He started in September but obviously we now were like one to one to him because we didn’t know him well so I think most of me or my colleagues we work with him. Then we noticed that he got particular behaviour and he responds well to specific members of staff. In the beginning, it was me and another member of staff, but then this person left and it was just me. So when we started to do the PETAL therapy, he always did with me, aside from maybe one or two sessions that he did with another person but most of the time it was me. I mean, [Therapist 3] knows. So [Participant 3], I think [Therapist 3] told you about him, how he is and stuff like that. And when he had the incident, I mean he got the bad behaviour, he was aggressive to other staff and all this kind of stuff. I was there, I mean I didn’t support him while he was doing the challenging behaviour, but I was there in the recovery zone. Every time that he got aggressive, he always tried to go to men not women. So I noticed that and I said okay I can use that in my favour. So I can basically try to avoid the de-escalation and stuff like that. So day by day we start to work together, he was quite good for most of the time. But when it’s coming to after Christmas or summer break, so every time it was the last day and the next week was a half term, he will get very agitated, he will tell you “oh I’m not happy, I feel angry” and this kind of stuff, so we already knew the reason and we tried to re-direct him to doing something he likes, I don’t know, like cooking or making some beads or this kind of thing that he can self-regulate. But most of the time, especially before the therapy, it didn’t work. So even if he has everything that he likes, everything that he wants, it was very difficult sometimes to manage because obviously it was like “I’m sad, there was nothing that can fix me”. So when we started the therapy, in the beginning it was very like not paying any attention, he was quite distracted by maybe writing and stuff like that. But then we noticed, me and [Therapist 3], that even if he was distracted, he was still focused. So example, we were talking about a topic, emotions, so we were talking about that and he was focused on writing the date on his notebook, but then the next session he remembered every single thing that we talked about. So slowly, because it then for him became a routine, it was he knew that on a Tuesday at 11 o clock he had this therapy, this class and this kind of stuff, so I will be there with these people and we will do this. So for him it was kind of routine, so he would start to go okay I know what I’m doing.

And I think, and I also told [Therapist 3] this, that the therapy really helped him. I mean really really definitely because especially in the last few days before the summer break, all of us to be honest we were very very worried about him because if at Christmas which was 20 days off college and he got very aggressive, he punched people, he was, punched people. So imagine now we have summer break, two months, so we were very very worried but I think it was the best last day that we had with him because yeah he was a little bit up and down but he never reached the level. I was very proud of him because during the therapy we put in place some strategies. So we said okay [Participant 3], we played a game, like oh what you do when you’re happy and he said oh I do this and that, what do you do when you are sad or upset, he said, maybe because he didn’t understand that in that moment you are not sad, so you just need to explain that it’s just an example, but for him he is like ‘oh I’m sad now’. So we would say ‘oh no, no you’re not sad but when you feel sad’. So it was a little bit difficult with this but he managed to say oh I rip things or maybe I’ll shout or maybe I do this. And in his notebook, because he had a notebook with him for the therapy, and we wrote the technique that he can use when he is feeling angry or upset or sad, and we said, because I know him very well I said to him oh ‘what [Participant 3] does when he is sad?’ ‘oh I listen to music’ and we say okay write in the book when you are sad or upset you can listen to music, ‘oh okay’ and he wrote that. Then he wrote that he goes for a walk, then he wrote that he does some cooking, it depends, we wrote a few things. But most of it, that makes me think that the therapy worked, because he wrote the music, and the last few days he was really very upset obviously because the summer break and started to shout for no reason, and I said to him okay what we will do now, do you want to, because he has got OCD with cleaning so most of the time when he is upset I let him clean or maybe rip some paper that we don’t need, this kind of stuff, so I say oh do you want to change the bin and he said oh yeah that’s fine, and he did it and then he was still anxious and stuff and without any prompt he just went to the computer and said oh can I listen to music. I said oh yeah that’s fine go ahead, and he did it and he started to spin because he listens to music and then he spins. So he calmed down just like that and I said this is the technique that you wrote in your book, maybe he didn’t realise that the two things were linked but because I was in the therapy, I was like oh he used the technique, I was so happy and so proud that I went to him and I said ‘you are a star’. Because sometimes he seemed that he didn’t focus at all during the sessions but with this he actually did it, he focused and he did really well. The therapy I think, yeah the therapy really helped him. Obviously, maybe he didn’t fix the problem but now he can self-regulate better.

**Interviewer**: That’s great. So you’ve noticed changes in [Participant 3] behaviour through the therapy, that he is now able to put some of those strategies in place?

**Carer 3:** Yeah yeah yeah, definitely because, he is very particular, he can’t be supported by every member of staff because to work with him he will always have your mind working all the time because he can change idea every 5 minutes so you need always to have different plans, so you don’t want to do the cooking so we can do another thing, you don’t want to do that anymore, we can do another thing. It’s tiring but it’s alright. I mean I used to, he is very able, he’s quite smart so it is fun staying with him. I started working with him because I noticed that he responded well to females. But the problem is because I’m a female, it’s not always that I can help him because he knows that when he gets upset he will push me away because like to communicate okay I’m angry, I can’t be angry with you because I can hurt you so I want a man because with a man I can be aggressive. So for me, someone like him, so he knows the difference, instead of like okay I’ll just punch everyone, for me he is already like wow, I know it’s not the best thing because he still has a bad behaviour, but if he already knows the difference between women and men, that he can be, I’m sorry for the men, but if he already knew the difference it was already a huge difference, so he was like oh okay that’s fine. I mean obviously I can’t stop him physically, but I can prevent it which is okay. But he knows that when he can reach that level, he knows that he can go to someone like him, tall and strong. But he can self-regulate really well, because before the summer break he had a not very good day, and instead of shouting or becoming physically aggressive, he will just say oh I want to do like shredding, so he will self-regulate with that. So I think even for himself, he has started to think oh I can’t be aggressive anymore because it doesn’t help me because then I will stay home or stuff like that. So I think he is starting to think oh now I need to do something, some technique by myself if I can self-regulate. And it worked because sometimes he came in the morning, parents said that he was good, but when he came into college you can see clearly in his face that he was not happy, so I let him do whatever he does, because he’s got his routine so breakfast and then toilet, and after that he came back and said oh can I go outside, I said yeah that’s fine because I knew he was a little bit upset, so okay if you are telling me that you want to go outside, for me that’s a win because you’re telling me that you know you are not well and that you want to self-regulate. Because maybe before, because he was new, he didn’t know the staff, he didn’t know me or whatever so he didn’t know how to communicate with us but now I see a lot of change. Obviously he can do better but it takes time but I think he’s, I think since January, lets say February, he did well. He still had the up and downs, obviously because, I also have ups and downs it’s quite normal. I’m very happy that he managed how to self-regulate.

**Interviewer**: That’s great. That’s great to hear.

**Carer 3:** Yeah.

**Interviewer**: You mentioned there that [Participant 3] used his workbook, so filling out his workbook. How did he find that?

**Carer 3:** What we did, an example, so [Therapist 3] will tell him “oh we will see you next Tuesday, that is the 20th of June”, I don’t know, a date. Then he will start to say “oh can I write in the following dates?” I say yeah that’s fine, because I noticed that when he is writing or focused on something else, he pays more attention to the dialogue we are having. So for example, if he was here now and we were talking about him, because he knows, so even if he is writing he is still paying attention to you. So in the beginning we were like come on [Participant 3], pay attention, stop what you are doing and listen to us, but then we realised that even if he was writing he was focused on us so we let him write. And maybe if someone else comes in the room and sees us talking and him writing, they might say why are you guys doing that when he is clearly not paying attention but he is paying attention because then we asked questions and he would reply everything. Yeah I think it was a good idea to give him the book because he knows that the book was his and he was quite smart with that because he knew that on the Tuesday he had the session so for the rest of the week the book was not even in his bag. Because sometimes we had to do a homework like filling in the chart and stuff like that and I said where is your book? It was like the Thursday or Friday, something like that, and he said at home because today is not Tuesday. I said oh look at you. So it gave him a sense of responsibility having the book with him. So yeah I think it was quite good. I mean maybe now it’s ripped and in the bin, I don’t know but definitely yeah it helped him to know what’s going on. Even with his diary, when we record his day at college, he was very, umm how to say, he was very into filling. For example in the beginning, he always said no, no writing in my diary, I will write. So he knew sometimes that he had a bad day but in his diary he was saying ‘[Participant 3] had a good day’, so only his book was filled with [Participant 3] had a good day. Then slowly we would say, okay don’t worry, you had a good day today, lets write what you did so your mummy knows what you did at college. Ah okay. So slowly, it did take a really long time to let us write in his diary, and then he said to you “oh can you write in my diary?”, whereas before it was okay don’t do it, it was now like okay do it. So example, some weeks before the half term he came to me and said ‘okay today college, tomorrow college, tomorrow college, tomorrow college, and then it was the weekend Saturday Sunday, and then he knows that it was maybe a bank holiday and he would say to me “we have college on this day?” and I would say no we have no college but don’t worry because [Participant 3] stay home, [Carer 3] stay home, and I would say like a lot of people stay home so he knew that it was not punishment, because maybe he can link the staying home with the consequence of his bad behaviour in the past, because when he had the incident in November he stayed home for maybe one or two weeks, or even more because then it was Christmas so it was like for a long period at home. So to let him know that was not the same thing, I let him know the half term, everyone stays home, you say home, [Participant 3] stays home with his sisters, so I name the sisters, [Carer 3] stays home with family, don’t worry college is closed. He will say oh okay college is closed, no one is coming. No, no one is coming, so with that he became more confident of that. I think what I did on the last day, because he was worried that Christmas was coming or his birthday, I said to him ‘look you don’t need to worry because now is summer, you go to [Country], because he said to me oh I go to [Country] for summer holidays and stuff like that. Summer is good because it is hot, you will travel, you get the flight, [Carer 3] go back to [Country], you go back there, don’t worry it’s not Christmas. So I showed him the calendar, I said look this is summer, this is summer, then we have college again. So with that he said “oh Christmas is very far”, even if he didn’t know far, how much it is, I said don’t worry about it when Christmas is coming [Carer 3] will tell you. Ah okay. I think we have a bond of trust, that every time I said to him trust me, he will trust. So yeah it took me, I think it took me a few months to do that but after I think, even with the therapy I was more confident to support him when he had the challenging behaviour than he was in a good mood. So for me it was easier to support him when he was upset because I already knew how to do it, instead of, obviously when he is in a good mood, everyone can do it you know. When I’m happy I don’t need any help so it’s fine. But when he is upset or angry now I know the reason. I think I know him like he was one of my brothers. So it’s kind of like yeah I know what’s going on, I know what’s on your mind, don’t worry, I know how to help you so here’s the solution. Obviously, especially in the last few weeks, instead of telling him oh you are upset so you do this “let me know what you want to do? what does [Participant 3] want to do?” so I still give him the option but I leave the choice to him obviously. Because I knew that he was doing the therapy and he put the technique in his book, so okay from the cooking or music, what do you want to do? What would make you happy? And he says oh I want to listen to music or I want to cook or whatever, so it was starting to understand how it works so it was okay you give me something I’ll give you something back. So yeah, I’m very proud of him to be honest because obviously it is something that is very interesting to see the progress. Because all the people, even my colleagues, they always see all the bad, the worst behaviour, but they don’t see how actually he is. Obviously everyone has a bad day but it doesn’t mean if you see a bad day, every day will be like that. So he was very, umm, I was very happy to see all his progress yeah. And I also told his family when it was the last day that I was very happy to support him this year and I hope that again next year he will be with me so we can continue, so let’s see.

**Interviewer**: Yeah that must be really nice for you because you work so closely with [Participant 3] to see the progress that he has made.

**Carer 3:** Yeah, yeah. We work everyday together all day, work with him morning and afternoon. I noticed that we had a good relationship because when sometimes I was not with him or I was not at college because I was off work, he will tell me oh where have you been? So it was like aw that’s very nice because you can see that sometimes he doesn’t really care about people, like he can’t remember some names because he doesn’t like them. So in the beginning he didn’t know me well so he mixed my name with [another name], we will say some other names, [another name], it’s like no I’m [Carer 3], he didn’t bother about me. But then because he saw me every day with him he said oh okay I can trust her so I will care about her. Yeah it was quite good.

**Interviewer**: Do you think it was important for [Participant 3] to have someone that he can trust and works closely with to support him during the therapy. Was that of benefit?

**Carer 3:** We had, there was two of us with him, and obviously, it was a man, so we adapt the same strategies to work with him but obviously we are different. So we put in place the same strategies, the same techniques, but I noticed that [Participant 3] will more come with me. So example, if I say something, sometimes he will listen more to me than to the other staff. Maybe because, he was very strict, as I am, we are both very strict, but the way we are strict, so for example if [Participant 3] will go away and get the tissue and put it in the bin, maybe he will say why are you doing that, you know you can’t do that every single day you need to stop. Whereas I will say, “okay [Participant 3] you did that but remember we need a tissue so if you put it in the bin then after we won’t have any. So how do you dry your hands or how do you clean after?” So it was a little bit different on this but obviously we put the same strategies as it's not like we go, confusing. But then this guy left so then it was just me. Maybe in September, my manager, they said other people will support him, so I don’t know what to think because obviously the same people that we had last year will be the same people that we have next year. So if [Participant 3] didn’t like you now, I don’t know if he will like you in September. So it’s better if we try because obviously in terms of, I can’t stay with him every single day because sometimes I can be sick or whatever so he can’t stay only with me because of that. So it’s better, and it’s better if he had relationships with other people so he can be more sociable with other staff. So I hope if someone else will come and join him, I hope that he will be happy, because I’m happy when I see other people work with him because obviously like oh look at him he wants to make friends, because sometimes he wants to make friends, it’s normal. So I hope that he can find someone else that he can trust because really he is a very good guy. I hope that he can go, okay if [Carer 3] is not here I can go and talk with [Colleague 1], I can go and talk with [Colleague 2], you know, like us we don’t just have one friend we have some few, so okay, why not for him.

**Interviewer**: You mentioned about the home practice tasks. How did you get on with them?

**Carer 3:** Most of the time it was the homework for me. So for example, it was the Broset list, that one, and it was the ABC chart. I think he did very well. Because for example when someone has an accident in college, we will record it anyway so for me it was nothing new. It was very easy to fill in, and I think we did, not too many, thank god [laughs]. We did a few, maybe 4 or 5, If he had a good day and then he was a bit upset. It was not only for incidents, so even if he had a good day and then maybe in the afternoon before going home something happened, I would record it and then let [Therapist 3] know. So an example, during April/May, one day around that time, he had a really good day because sometimes he is a student wow, like the best one, so he was very good during the morning sessions and the afternoon sessions. Then because of other students in his class, maybe they shout or maybe they are too noisy, he will get upset. So I remember, because one of his peers was shouting all of a sudden, and he was focused on doing maths, so that shout made him a little bit upset, like oh I don’t like that and yeah he became upset and said to me “oh I don’t want to stay here in this class, I want to go somewhere else”. So for me that kind of communication was good because before he just used to shout and say “I don’t want that” and maybe become aggressive, whereas now he was telling you okay I don’t like that, I want to leave this class, I want to go somewhere else. So he became agitated and he started to talk about Batman, because I don’t know if you know, his main triggers are batman, Marvel, DC Universe, that sort of stuff, so when he starts to talk about them that must mean he is upset. So he told me I want to leave the class and go somewhere else, and while he was cleaning he was like “oh batman”. I said don’t worry, we left that class, now we are here, this is a quiet space, soon we are going home because it was around 3.10 - 3.15 they go home, so I was like don’t worry in 10 minutes you will go home with mummy, you will see your sister, you will have fun, you will stay on your IPAD, all this kind of stuff. Then I recorded it in the book that [Participant 3] had a good day, during the morning he did that, he did that. During the afternoon while he was focusing on doing his maths, this happened and then he became agitated. So most of the time on the ABC chart, all the triggers were something like all the noise, sudden noise, or when someone else outside of me will tell him no. So for him, yes you can say no obviously but how you say no. So for example, if someone said to me, if I dropped something on the floor, and for example my dad said to me what are you doing why did you drop that? Are you stupid? You feel like why you talk to me like that. So it’s the same thing for them, if you go and say to him why you do that you need to stop it, obviously he will become upset. It is a normal reaction that everyone can have, so it was an accident, maybe I dropped it by accident, and even if I did it on purpose don’t ask me oh what did you do. Ask me, okay it’s okay but next time instead of dropping it you can tell me and we can say okay and find a solution. So most of the time the trigger was other noise or when people said to him no in non-appropriate ways but yeah it was quite easy to fill in to be honest because it was what happened before, then the consequence, then the behaviour and all the stuff, so yeah it was quite easy to do. And I was happy because I didn’t fill it in too many times because that means that he had good behaviour. I did most of the time, the Broset list, because it was very very easy to do. Yeah most of the time he just became verbal, because even if he was, not upset but a little bit, you know if you don’t know if you’re good or not he will become more verbal, so he starts to self-talk more. So yeah it was easy and it was helpful because after when the therapy finished, me and [Therapist 3] noticed that all the patterns are being told no not in a good way and the noises, so for example the fire alarm or when people are shouting all of a sudden. We got the conclusion okay these are the patterns, so if something happened in the future, we will look for these details.

**Interviewer**: Yeah, is that an activity that you think might carry on in the future?

**Carer 3:** Yeah definitely. Yeah I told [Therapist 3], I don’t know if we still have the session once a week but definitely we can still use, me and him, we can still use the book, we can still use the strategies that we put in place this year. So yeah I think it will help him very well. Even at home because he can take the same strategies and at home he can use them. Because it is something that everyone can do, so if he got upset at home they can let him listen to music or take him for a walk because he has calmed down very quickly. I was quite surprised in the last few days he was quite upset I said to him do you want to cook? He said “yeah okay”. I said what do you want to make? He said “chocolate cake”. I said yeah but we don’t have the chocolate we have to go buy them. He said “okay”. But you need to calm down. He calmed down like [clicks fingers]. I don’t know how, I was like how can you do that, before you took ages like all day, up to 4 hours to calm down and now he just calms down just like that. Obviously it depends on the level that he is angry but as soon as we said we can go get some, go to Tesco, we can go there but you need to be good. It was like ‘oh yeah I will behave’ and he was calm, so as soon as he came out of the college he was completely a different person, he came back to his baseline and he was like this is good. So we can use the walking as a strategy. Obviously because of health and safety, the safeguarding, it’s not always the best idea but because I know him well, I know when he can go out or not. And definitely the last two days when we took him out was definitely the best thing to do because he was not that level. And I said to my manager, if I’m taking him out it’s because I know he’s calm. Even if he was 1% still angry, oh no, because I knew that anything could happen outside and who can help me after. So I knew that he’s back to his baseline, he can go out, he’s alright, we go. But if he was even the 1% I would say no, I would say to him we can’t make the cake we can make the pizza or something else. Definitely in the future, even if he is not with me if he is with someone else, I think it will be very very helpful.

**Interviewer**: That’s great, and you mentioned about some of the strategies that have been useful. What would you say are some of the things that you found most helpful about the PETAL therapy?

**Carer 3:** I think with [Therapist 3], we let him choose what he likes to do. Because sometimes he just says “oh nothing”, so I say to him “oh [Carer 3] knows that sometimes you listen to music or sometimes you want to cook”, or sometimes, he likes cleaning so sometimes he, even if he just has the water, even if he just puts the water on the floor, he goes with cleaning. Even if he doesn’t really clean like we do the dishes and stuff, he just needs to wipe the water. So, you like to do that “oh okay”. So every time [Participant 3] is feeling sad or a little bit upset, [Participant 3] can do all this kind of stuff, can rip papers, can, everything that he wants to do. Obviously sometimes he, how to say, he wants to escape, so sometimes he was a little bit cheeky and starts to rip papers without asking. I say “why are you doing that? You tell [Carer 3] if you can rip that paper and [Carer 3] will let you do it, because sometimes he just rips papers even if they were important like it was not for shredding, so before you do that you need to ask [Carer 3]. Don’t worry, if you can’t do that paper, [Carer 3] will get you another one. So it’s like ‘oh okay, okay’ so he started to do that. And then I know that, I don’t know if it’s every day, but I know that most of the time during the week after college he goes for a walk with his sisters, so I said to him I know that you go for a walk with sisters, what do you think if sometimes if you are feeling upset you go to the park with [Carer 3]? He said yeah, he was not really happy about that, not happy but he was not really agree because obviously it was something that he done with his sisters but I’m a stranger, why I need to go a walk with you? But then instead of walking into the park, I said we can go to buy ingredients for some session and he said oh okay alright because he linked, okay if we go to Tesco I know we will buy ingredients for the cooking session, it was something that he does, but if you tell him oh we will go for a walk now he will say no because he is aware of his timescale and his routine so it sometimes happened that on the Thursday afternoon we have yoga exercise but because it was quite hot sometimes the teacher decided we can go to the park and do yoga, other students say oh yeah it’ll be fun, but he will say no we have yoga, we will stay here in college, because for him it’s college we can’t go out. So if he was in cooking session, and said to him okay we have to go out because we need to buy ingredients he will say alright, even if sometimes after we go shopping I will say to him “oh look there’s the park, do you want to go to the park?”, he will say “no we have to go college”. So he was very aware of that and I think the work will work only if it is linked to one of the sessions like cooking. Even if it was yoga and you said do you want to go to the park, he will say no. It was quite funny because he became upset like “no it’s yoga, why do you want to go to the park?” and I was like yeah but you can still do yoga and he was like “no I want to do it here” so I was like okay that’s fine whatever, so yeah.

**Interviewer**: And were you able to raise any worries that you had during the therapy sessions?

**Carer 3:** Sorry?

**Interviewer**: Were you able to raise any worries that you had during the therapy sessions, so if you were concerned about any of [Participant 3] behaviours were you able to talk about that with [Therapist 3]?

**Carer 3:** Yeah yeah yeah. I mean, yeah.

**Interviewer**: Great. and did you feel able to say how you felt?

**Carer 3:** Yeah, yeah. I mean obviously in the beginning in September/October when he started it was okay because obviously he was still new so he needed to know how to adapt. Then before the incident happened, I always noticed oh this guy is fun, he is interesting to support because obviously he is very able so I was like that’s interesting. So I started to support him very little like once in a week or twice and that was OK, obviously I was not 100% aware of what he can be. And after the incident, every time he had, in November he had the two incidents two days in a row, I can never forget it because when he was upset, I saw him cry, and I said oh I don’t want to see him cry any more. So when he was in the recovery zone after the escalation, I went there for example giving the bag and said look now it’s home time you need to go and he said to me “oh thank you”, like he didn’t really know me well but he saw that I was there, like “oh thank you so much, that’s my bag, that’s my coat” and I asked him how are you now and he said good and he left. Then the second day, he saw me again and all of a sudden he said to me “I’m not happy today”. Even if we were not already, we didn’t have the relationship, he was able to say to me I’m not happy today. So I was like this is good, it means that even if you don’t know me well, you are already trusting me and I think from that day we started to work together. So, at the beginning in the first few weeks when we were 1 to 1, I was not really 100% confident because obviously he’s tall, he’s strong and I’m tiny and stuff like that. So I always worried about if he punched me, what would happen. But then slowly I noticed that he was becoming more bonded to me, like sometimes he came just to hug me or take my hand and play or tickle. I was like okay, so slowly I start to know him better and he know better me. Yeah and I think with time, it took time obviously to bond and build a relationship so slowly slowly I became more confident and comfortable to work with him.

And during the therapy I told [therapist] I was more confident to support him when he was in a bad behaviour or on his bad days instead of his good days because as I said everyone can support you when you are happy, when you are happy you don’t need no help, so I was very. I noticed my progress as well because obviously before I saw, if I saw that he was becoming a little bit aggressive or upset I would go and ask for help whereas now I was like no I can do it because I know how to let him self-regulate, I know how to talk to him when he’s in these moods so yeah we got there.

**Interviewer**: Okay, that’s great. So there’s things that you’ve picked up from the therapy about how you handle different situations?

**Carer 3:** Yeah, yeah. It was very, obviously sometimes it was very tiring because yeah you work with him so you are very focused on him because he needs to be watched every single second because if not he would go and do something like rip paper that he is not supposed to do or put in the bin something or in the toilet, so you always need to be aware where he is. Where he is, you stay with him, he’s your shadow. So sometimes it was very tiring but in the end of the day I was, yeah I was happy to stay with him because I knew that from working with him that he knew what he can do and what he can’t.

**Interviewer**: Was there anything that made it easier or more difficult for you to attend the therapy sessions?

**Carer 3**: …

**Interviewer**: So was there any practical challenges that made it more difficult to attend the therapy?

**Carer 3:** Umm let me think. One day the fire alarm went off in the college so obviously we had to leave the building. Another student obviously he became upset because of the noise, he went to [Participant 3] because he was the first person that he saw, it’s not because he wanted to hurt [Participant 3]. So I think he just scratched him a little bit, he did this with his hands and he went from 0 to 100 in one second “oh I want to hit that guy” and I physically stopped him. I think that was the only occasion where I was involved in physical stuff like that but he calmed down very quickly because I said to him, while I stop him, don’t worry we will go away, we will go in a quiet place with not too many people and stay there stay with me, don’t worry you are safe, and I think there was a tree close to him and he starts to scratch the tree so he was kind of self-regulating with that, and then as soon as the college was safe we came back and he said “okay it’s almost home time, before I go home can I rip some more papers?” I said yeah that’s fine. So I think that was the only time that he became a little bit aggressive but not because of him but because someone else scratched him and for him it was like “oh now I need to do something” but I said to him “don’t worry you are safe, stay with me, it was an accident he didn’t want to do it on purpose, don’t worry, [Participant 3] is alright” okay so it was kind of like okay what can I do. Then sometimes he just wants to flush something down the toilet, it was maybe beads or something else that he was not supposed to do. So sometimes I went to him and said “please don’t do it, do something else, I give you an IPAD, I give you everything you want but don’t flush it”. So sometimes I used to go like this and say stop, and he used to take my hand and go like go away, I kept holding, and he tried to put it down but I was still firm and he said to me “hey” because he noticed that I was not fighting back but you know what I mean, I don’t let you flush that because you cant do that. He was like “hey why you doing that now?”. I said don’t do it and then he stopped. Yeah he wasn’t very aggressive with me and I was very happy about that. Because he’s got two sisters and he’s very protective over them so I think he knows that with females he needs to be gentle and kind. Sometimes even when he made me upset, and I said to him oh you flushed that down the toilet now [Carer 3] is sad and he said to me “oh come here” like he wants to hug me and say oh I didn’t mean you to be sad, sometimes you just laugh. Most of the time he was very protective over me, sometimes he used to go to Tesco to buy something, maybe on the ground was a broken glass and accidently step on it and he said “oh be careful you can hurt”, I’m like I’m the teacher but you’re telling me [laughs]. So yeah, there was not many times when he was aggressive with me.

**Interviewer**: How did you find the time involved in attending the sessions, was that manageable?

**Carer 3:** Oh yeah, yeah, yeah definitely because obviously all the teachers know about him. So he can’t really focus on a task for a long period of time, maybe more than 10 minutes, especially if it’s something that he really likes. So, example, when he went to the cooking session, the teacher said to me what do you think, [Participant 3] is in a good mood? I said yeah he’s fine, he can do everything that he needs to do don’t worry, so he will go in the session and stay. Obviously you need to watch him because he will go and pour everything down the sink, the dishes soap, or even sometimes the flour, he will just empty the flour in the bin, so he needs to be watched anyway, but no he was good. You need to keep him busy so he can’t do these kind of stuff, like the pouring or putting in the bin everything he sees. As sometimes, for example, he sees the pan, he wants to put in the bin, so if you are telling him oh don’t put it in the bin as I need it, he will break it. He will say “oh now look it’s broken, we need to put it in the bin”. I’m like you did it on purpose [laughs]. So sometimes it was a little bit, not challenging but a little bit tiring to do but yeah it was okay because obviously when I start to notice that he was a little bit, he was becoming a little bit, not upset but he was having enough of the activity, sometimes I will push him to do more like “okay don’t worry, in 5/10 minutes you can have a break but we need to finish this” sometimes it worked but if not when I saw he really had enough of the activity, I said OK now we have a break, 5/10 minutes or whatever and then we go back, and with what because staying session, break, session, break, it was manageable to stay with him, so yeah it was good, he was good. Because only when he did the enterprise sessions, it was something about beads, making bracelets or necklaces, this kind of stuff, or cleaning something he was very focused on that, he can do that without breaks, he can focus a lot. So when we had these kind of sessions, I was kind of relaxed because I knew he will sit there for 2 hours until home time because most of the time he did from 1.30 till 3 o clock, no stop, not even asking to go to the toilet, not even asking to have a break, not even the self-talking sometimes so I was like ah that’s good. Obviously sometimes he used staff for self-regulate because most of the time because he asked me to do the beads when he was feeling upset so then it helps him to self-regulate but then we have to stop that to do the beads because when he had enough, instead of telling you oh I don’t want to do it any more, he will take the beads left and go and throw them in the toilet. So he did this, not a lot of times but a few times, because it took me a while to think okay he had enough so instead of telling me I don’t want to do any more, I go and throw them because that means it’s finished. I noticed that he can’t leave something, so if you had enough I go and throw them because that means it’s finished, I don’t want them anymore. He didn’t understand that the next day, he won`t have any if he keeps throwing them. So one day he was creating bee wax and in the box there were maybe 8 – 10 in a box and he said to me oh can I do that and I said yes that’s fine, you break them and you put them in the bowl and all this stuff and he started with two and then he asked me for more and then I noticed that you want to finish all them because then you want to get the box and put it in the bin. So I said to him “[Participant 3], do you want a break?” and he said to me no I need to finish. When he says I need to finish I need to do it, you can’t really stop him because it’s a need he has to fill. So yeah it was quite, sometimes it was quite, not funny, but interesting to see how the OCD works. I don’t have any, so to see someone very, oh you need to finish all the box because he can’t leave something there, so you need to finish and then rip the box then you are done. And he did it, he said to the teacher can I finish all of that, and the teacher said yes because we need it for the session, but sometimes when we said to him no because we need it for the next time or another student has to, sometimes he will just accept that like OK if you have a plan B, if you already have something else to do, to let him do it, if not he will say I want to do it, I want to do it. It’s quite difficult to take the activity away, obviously slowly slowly you can talk to him if you have a relationship, like “OK [Participant 3], we can do this another time, so in order to do this we need to do that” he will listen to you, but if you just go and say this is finished now because another person has to do it, he will just say no I don’t care. Yeah, during the session it was good, it depends on his mood how he is feeling but when he was feeling very good I think he was one of the best students we have. Because he can, I remember one time we had personal and development session where sometimes we talk about the culture, where we say the culture is something we have like if you come from another country tell us about your country. I remember that me and him did a PowerPoint, I don’t know, something, and I said to him “where’s [Participant 3] from?” he’s like straight away I’m from [Country], I’m like seriously, so I was surprised that he was able to answer that question. So I was like OK, what do you think about [Country]? And he would say “oh I like the beaches, the roasted food” that kind of stuff, what you think about [Country]? “Oh I like KFC and the Lego store in Leicester square” I was like wow, you even know the place. So It was quite good because he knew how to, yeah it was good, I really enjoyed to stay with him this year. I hope that he learnt as much as I learn from him.

**Interviewer**: And the therapy sessions with [Therapist 3], were they weekly?

**Carer 3:** Yeah yeah yeah. There was a session every week.

**Interviewer**: Was that manageable? The time to attend..

**Carer 3:** Yeah yeah. He came from, at the beginning he was Monday to Friday, then because of the incident, in January I think he came only two days a week on Tuesday Wednesday, then after maybe a month he started doing 3 days a week, Tuesday Wednesday and Friday, and then he will do Tuesdays to Friday from April to June basically, he didn’t come on Monday. So the same session, for every student we have a timetable fixed for every week from September to June, so that’s the timetable. They can do something different in the sessions but the sessions are the same. So example, in the cooking session, today we are making pizza, maybe next Friday we will make a cake or we will make something else but it’s still the cooking session. So they are fixed so he became aware on the Tuesday we have media, and then we have the enterprise and then on the Wednesday we have cooking, so he was aware. So yeah, they are fixed and they are very manageable because they were sessions that he liked so we were making stuff or cooking.

**Interviewer**: So see for the PETAL therapy sessions, you spoke about some of the strategies that you found useful in the sessions like the relaxation music and finding a quiet space. Were there any sessions that you felt were not as useful?

**Carer 3:** No, not really. Sometimes when I noticed that he was a little bit upset or a little bit agitated I used to tell him while you are cooking do you want to listen to music and he would say no I just want to do cooking, because sometimes we have students and they are able to do both things so I can listen to music and clean or cook at the same time but he will focus just on one task, so if you let him cook he will just cook, if you let him do the beads, sometimes we used to put some music for background for everyone but he will say I don’t want it or he will ask you to stop the music. Because the class is very big he will say OK I will move and I will go to the other side of the class where it’s quiet.

**Interviewer**: So for the weekly sessions with [Therapist 3], is there anything else that would have been helpful to cover? Any other support with different aspects of [Participant 3] behaviour that would have been helpful to cover in the PETAL therapy sessions?

**Carer 3:** Umm I think, because then, what’s his name, the tutor he was aware of him obviously, so he also put in place strategies to let him join in the sessions. So he knew that he would like to do maths, so every time it was his session, the media sessions are structured so we do the practice, like maybe the photography we start to set up the equipment to take pictures or to film something, or the video games, to create video games. And then the maths and English things to do. So because we knew that [Participant 3] takes a little bit longer to join the session, we talk about OK instead of starting with the filming or the photography, we can let him do something that he likes first. So most of the time we decided to do the English or Maths task first because obviously they were related to the targets that he had to achieve, so we started to do that, and then “OK [Participant 3], now that you’ve finished the Maths and English, do you want to film the video for something or do you want to go and take pictures of the other students? And he will say yes. It depends on the day. After a while that we tried to do that, we decided that okay now he needs to stay with his peers in the session, so he will do the same thing that everyone does. So I remember that we were doing construction, he listened, so I don’t know we were doing the chopping board, so how to send something, he was following the instruction, but literally after 5 minutes he didn’t like it. So after 5 minutes he said to the teacher “Oh I don’t want to do anymore, can I do something else?” so we let him do the maths and we thought OK even if only for 5 minutes he still participates with other students which is good so now he can do that. Another day we were playing the game that we have the music and then when the music stops you need to sit on the chair. Yeah, we were playing that and he was participating in that so I was like oh that’s good. Finally he is enjoying something with his peers, so he is playing, he’s making friends with them. And then after 20 minutes he said OK stop, I don’t want to do any more. I think between me and the tutor we knew how to manage all the sessions. I think without the technique that we wrote in the diary before the PETAL therapy, we knew how to push, when to push him or just to when, ah okay, if we push him a little bit more he might become agitated, when to avoid that, sometimes we push it more just to stretch and challenge, obviously because he can’t have everything that he wants all the time so sometimes we just say “don’t worry, lets just do this a little bit more and then we go back to break. So it was always like a compromise”.

**Interviewer**: Yeah. So the different sessions of the PETAL therapy around understanding emotions, practicing relaxation techniques, finding a calm environment. Is there anything else that would have been helpful in those sessions of the PETAL therapy? Is there anything else that would have helped you?

**Carer 3:** Umm I remember that with [Therapist 3] we played a game. It was like the movie Inside Out. Obviously they are emotions. So we played that game, taking turns just to let him know that it’s something that we do together. And he was a little bit agitated. So at the beginning when he put, when he threw the dice and he had maybe the sad face, he used to make the sad face because he understood that OK I’m sad now then. So at the beginning he started like “oh I’m sad” and I said “No, [Participant 3] is not sad, it’s just the game”. So we let him say what he does when he is sad. But because I noticed that he will, the faces that he will have will impact on the real mood, so I said to [Therapist 3] try to give him, not all the time the happy faces, but maybe reduce the angry and the sad. So when he started to see all the happy faces, he will say oh yeah I’m happy, when I’m happy I dance for example. So I think that particular session helped him because from then he started to use that particular technique to self-regulate and to communicate to you when it was maybe a loud environment to say “oh I want to go to a different class”. Yeah because before the summer break we had a party for all the students, so all the students in the college were in a big big class, so they were talking, we were making a show, music and stuff like that. [Participant 3] was sitting in a spot and I was not supporting him that day and so I was with other students, opposite completely, I was not close to him, and he see me and he said to me [Carer 3], and I said, who’s calling me? Oh what happened [Participant 3], what happened? And he said to me “oh I don’t want to stay here, can I go to a different class”. So even if I was not with me, he communicated to me like “I know you are my friend, I don’t know how to say, I know you and I’m telling you I’m not comfortable here because there are a lot of people, a lot of noise and I want to leave”. I was like ah alright. So I think that session, it helped him more to understand how he is feeling and how to communicate because we said to him “when [Participant 3] is happy, you can say [Carer 3] look I’m happy because yesterday I went to the beach” for example, and when you are sad you can tell [Carer 3] because [Carer 3] can help you. So it was kind of, always to reassure him to say look you are safe, don’t worry. And on the second last day, yeah before the last day, he was, he was quite upset, he was agitated and he was becoming aggressive too, it was verbally to another member of staff. So I noticed and I went to him and said “can [Carer 3] come to you? Come close to you?” and he said yes so I gave him my hands, I took the risk that maybe I would get slapped but I took the risk and he held my hands like that and I said to him squeeze, don’t worry, you don’t hurt me so squeeze. He started to squeeze and I said to him “don’t worry because [Participant 3] is safe”. I said “why [Participant 3] is safe”, “oh because I’m with [Carer 3]”. I was like aw that’s so cute, so you know don’t worry you can trust me. And because we were worried about the summer break and he can escalate, so I asked the safeguarding leader if instead of calling his parents to pick him up like we did in the past, I said to him, what if we just call him, like call his dad or his mum on the phone. So on the phone they can reassure him, instead of picking him up, is the last decision, last choice that we have, maybe we can tell him now talk with your dad, maybe you calm down, and it worked. But when we call him, when he called his dad, they had a conversation and he calmed down, he said to his dad are you in the building, because he thought that he was coming to pick him up, and I don’t remember what dad said, and they hang up and [Participant 3] told me his dad was here, and I said no dad is not here, and he said yes dad is here because I talked with dad, and I said “do you trust [Carer 3]?” “yes”, “dad is not here, dad is working” and he said “ok dad is working” and just like that he calmed down. And so yeah, I think he managed to self-regulate better because he was even telling you “okay I’m not, I’m feeling overwhelmed, I’m feeling like there are a lot of people around so I want to leave the room” whereas before he just left the room without even telling you, just ran away, maybe go to the toilet and flush everything down. So I was very happy that he start to behave like that.

**Interviewer**: So learned some strategies through the sessions about self-regulating behaviour and understanding emotions…

**Carer 3:** Yeah, yeah definitely, for him to do that. Sometimes he will just tell you if he is overwhelmed. Because I knew him, sometimes I would ask more than one time “are you feeling good or a bit good?” and he will say “I’m good or not really”, “So okay, what do you want to do to feel better?”, he will say to me “Oh can I go to the quiet room with the IPAD?”, it was a conversation whereas before it was just action, OK I go. Ok I leave, I don’t want to stay here, I leave, I don’t care about you. So now definitely.

**Interviewer**: Would you say you’ve noticed a change since starting the PETAL therapy?

**Carer 3:** I don’t know if, I think it was because of the therapy that we did, I think yeah it was because of that. Because obviously, I think it was both the therapy and how we are supporting him. So we try to stay on the same page, so in the therapy we say that if you’re upset you can listen to music, so we kept that. Because obviously we can just say the therapy, if you are upset you can go for a walk and then kept him in college, so to stay on the same page we tried to do both, so you said that you want to listen to music in the therapy, so you listen to music when you feel overwhelmed. You say that you want to cook, so you will cook when you feel happy or whatever. So yeah I think yeah, yeah, definitely.

**Interviewer**: So we spoke about [Participant 3] had a workbook, you also had a workbook that you filled in.

**Carer 3:** Yeah.

**Interviewer**: Is that something that you think you will continue to use?

**Carer 3:** I think on my notebook we have to do the Broset list and the ABC chart. I think it was very helpful and maybe we can continue with that, so helping me to know him better because example this year the part of the challenging behaviour was around noise or the no, maybe next year it will be something different as we don’t know in 2 months that he’s not coming to college, so we don’t know if he will develop others, you know other behaviour, so I think it will be useful to do that. I know I have more pages to fill, we have still more sheets to complete so I think I can continue with that. Because it’s quite, it seems like “oh I need to fill it” but then when you go through, say on this day this happened and he was upset because the fire alarm, then next week this has happened because of this noise, so you start to link the noise all of a sudden it can be a trigger for him, and to self-regulate or whatever, to calm down, he needs to do this, because I saw from all the previous incidents that he’s had. So yeah, I think it will be helpful, yeah definitely.

**Interviewer**: That’s great. You mentioned that there isn’t any changes you can think of, in terms of the therapy sessions?

**Carer 3:** Umm, no not really no because the sessions, they were good, I mean I don’t feel like to say something needs to change, no not really.

**Interviewer**: Because this is the feasibility, if there is anything that would have been helpful? Any other support that would have been helpful?

**Carer 3:** Obviously because he’s got learning disability, sometimes if we can have visuals, like an example, for emotion they were useful because we talk about them and he can see the happy face or sad face, maybe we can, if this thing will go on, we can introduce more visuals to help him focus more and understand more. Obviously when you, he’s verbal he’s talking, sometimes he talks too much but he’s always a learning disability. So if he saw something he can remember it better. So yeah, maybe just that.

**Interviewer**: Okay adding in a bit more visuals would be helpful, OK that’s great.

**Carer 3:** Yeah as he can remember more of what we are saying.

**Interviewer**: OK great. Is there anything else that you think would be helpful? Any other support you think would help you?

**Carer 3:** Um no not really. Just there are not many people who they want to work with him because he is very tiring. As I say you need to always keep one eye. Example, you are [Participant 3], I just need to look at you like this all the time because he can just go. Sometimes, yeah he made progress in terms of communication but obviously the way it is, he can just say oh no I just leave now. So he always need to be on the, no, he is okay. I mean I prefer to stay with him instead of having any help because obviously when someone else tries to take over, it is always difficult for the person themselves and for us because for [Participant 3] it would be like a new person, new habit, everything new. For me, it would be like right I do this, I need you to be on my page so try to do the same thing that I do. Most of the people say oh no I can’t do that because it’s like you are really soft to him. It’s like no I’m not soft, you need to be strict but in a good way because if you just say no, no, no all the time without explaining why or you say no in an angry tone, obviously he will never listen to you but not because he doesn’t want to but because it’s normal. If you come to me and say you always reject everything that I want to do or if I do something instead of understanding why I’m doing that, I then me either wants to stay with you and I don’t have autism or learning disability, it’s just human being, if you are kind people will be kind to you. It’s not always the occasion but you need to be very very very patient.

**Interviewer**: Is there anything else about the PETAL therapy that we have not covered today that you would like to talk about?

**Carer 3:** No not really. I mean this is my first time that I heard about the PETAL so I think, I told [Therapist 3] that she taught me a lot and I really learnt a lot. So no, thank you for giving me the opportunity to learn about that, because it’s something really new that I didn’t know that even exists so I was like ah it’s good so we can understand him and obviously other students.

**Interviewer**: Oh yeah, that’s great. Thank you so much honestly, thank you for taking the time to chat with me, it’s been really nice to meet you, and this has been so helpful, and will be really helpful in going forward with the study. I’ll just stop the recorder.