**Transcription – Therapist 2**

Duration: 36 minutes 44 seconds

**Interviewer**: OK, so [Therapist 2], thank you, and so just for the purpose of the recording and for notes, I'm [Interviewer] and you are?

**Therapist 2**: [Therapist 2], yeah, [Therapist 2].

**Interviewer:** Brilliant, and [Therapist 2], you were a therapist in delivering PETAL and thank you for allowing me to record this, because it means that I can worry less about taking notes and worry more about what we're speaking about.

**Therapist 2**: Sure.

**Interviewer:** And today's date is the 9th of August 2023. Brilliant. So this this talk today, our meeting, is about your experience delivering the PETAL program. You took part in the feasibility phase isn’t that right.

**Therapist 2**: Umm yes.

**Interviewer**: And we'd like to talk about your experience of delivering PETAL and your views on the PETAL therapy so far. OK, happy enough?

**Therapist 2**: Umm yeah.

**Interviewer**: OK, so I've got some set questions [Therapist 2], I’d like to go through them, but no fixed order so we may shuffle around a little bit. And if you see me looking down it’s because I want to make sure that we've covered all the bases.

**Therapist 2**: Yeah.

**Interviewer**: All right, so I've got my trusted sheet here. Alright, so listen, first off, what was it motivated you to take part in in the pattern study?

**Therapist 2**: Umm, I guess as I was quite new to the my role and my team as an assistant psychologist, and so I think as an assistant psychologist, you're kind of encouraged to use more like manualized therapies as like a unqualified member of the psychology team. So I guess it I felt like it was a really good opportunity for me to kind of develop my therapeutic skills in a kind of safer manualized way. I also I work in a Community learning disability team and a lot of the work we do is with people with a learning disability who use kind of behaviours of concern to communicate an unmet need. And I kind of from my work, I can see that sometimes the approaches that we're using at the moment, like PBS, don't kind of always work for everyone. So I was kind of interested to see the kind of a different approach and see kind of how that would work out.

**Interviewer:** Very good. OK, excellent. Can you remember back to the participant information sheets and resources that we had before and what was your experience of them?

**Therapist 2**: What the ones that we would give to the participants?

**Interviewer:** Yeah.

**Therapist 2**: I think I didn't have too much contact with those because my PETAL supervisor [Supervisor 1] kind of completed a lot of that kind of more admin side of things. Umm yeah, so I didn't have too much contact with those.

**Interviewer:** Sure. OK. Umm. Was that the same with the with the feasibility scale? [Note: Interviewer made a mistake of asking this but tried bringing it around] Checking whether your participant were feasible for the study or not?

**Therapist 2**: Yes, I don't think I saw that.

**Interviewer**: Sorry the fidelity scales? Sorry. All right, so I'm jumping. Forgive me for that, ok?

**Therapist 2**: So is that.

**Interviewer:** Yeah.

**Therapist 2**: That's different from the fidelity checklist that we completed during the therapy. Yeah, I didn't see, I didn't see one before I started the therapy.

**Interviewer:** OK, so the participants were passed your way and as such all that feasibility, all the kind of suitability checks, and that was then passed your way then yep.

**Therapist 2**: Yeah.

**Interviewer:** So ok, so you mentioned the fidelity scale, then after the different sessions you used the fidelity scale, what was your experience of using it?

**Therapist 2**: Umm quite helpful. I think once I kind of realized I'd like looked through it properly after the first session, I kind of realized oh if I look through this before each session it's kind of gives me a good idea of the kind of main things I need to cover. Umm, because I guess some of the modules were quite content heavy and for the participant I was working with. Um it kind of, he was easily distracted and it was kind of not, I was kind of worried about making sure I kind of delivered all the most pertinent like the most important content, so it was definitely helpful in that respect. I guess it was straightforward and easy to fill out. And I liked the bit at the bottom about if any, if there's been any issues in the session and any kind of adaptations had been made, it was just kind of made it easier for me to remember, kind of what I'd done. And I guess sometimes working in a learning disability team, you don't always realize you're making adaptations that maybe not everybody would naturally do. And so it kind of made me think of that as well.

**Interviewer:** Yeah. Good. OK, well glad it was useful. That sounds like it definitely was. And in terms of therapy itself. Umm you said about your role in the team and your experience, but how prepared, did you feel for delivering the sessions with the carers and adults?

**Therapist 2**: Umm, I think quite prepared. Like you mentioned, kind of from my background anyway. I'm delivering therapies I think. Yes, I think my previous experience was helpful, but I think also the training was that we had online was really helpful as well and I kind of noted in the training people weren’t kind of may be actively engaging that much. And I think maybe because it's online or umm, I guess people were coming from lots of different like backgrounds kind of experience wise. So maybe some people felt a bit less confident, so maybe, umm, maybe if we'd had a bit more time kind of rapport building within ourselves at the start of the training, people might have felt more comfortable to do, like the role plays and stuff. So I guess there may maybe I would have felt a bit more prepared if we'd had a chance, an opportunity to do those. Umm, I didn't want to just be like volunteering myself and kind of putting somebody else under pressure if they didn't want to.

**Interviewer**: Yeah, sure. Well, it kind of makes sense, but the order of things in the training to help make it more conducive for people to open up, doesn't it? Do you think if some of those changes had to be made and you had different opportunities, there were anything in the therapy that you could have been better prepared for then?

**Therapist 2**: Umm, I think responding to kind of situations where the participant was disengaging or not interested. I think it would have been helpful to know kind of, I think we touched on it briefly, but it would have been kind of helpful to see in practice how other people kind of would respond and kind of what boundaries they would hold and kind of how, how assertive that they would be kind of during the sessions cause I guess I was always conflicted between not wanting to kind of damage any report build and making sure that all the content was covered. So I guess it would have been helpful to know how other people would have responded um to the a similar situation.

**Interviewer**: And then thinking back to any other, any other points about either content or how the training was provided? Umm is there anything else that you think could have been done differently or better?

**Therapist 2**: ‘Cause it is a while ago I'm trying to think back.

**Interviewer:** That's OK.

**Therapist 2**: No, I thought I thought the training was really good. Umm and maybe with the…. Something very basic, I could have done with a bit more time with the assessment at the end. Umm, I think, yeah. If I just had maybe like half an hour more, I would have been able to kind of wrap my head around a bit, but I thought the feedback that we got from that assessment was really helpful as well.

**Interviewer**: And then during the during the study, you also would get supervision, PETAL supervision. What was it like?

**Therapist 2**: Yeah, the supervision was really helpful. Um it was by one of my colleagues and we work in the same team anyway and it was like a group supervision with three other PETAL therapists. Umm, we were all at very different stages of the therapy, so I guess because I was kind of a little bit ahead of some of the other people….I guess it would have been nicer if we were at a similar stage just to like, talk about shared experiences with each module. Umm, but I guess that couldn't be helped. And I think kind of mine and one of the other therapists who kind of was a bit ahead and our experiences we kind of fed back to the people who were just starting out. And I think maybe gave them some helpful pointers as well. Umm but yeah, it was a very, um the supervisor made a really safe space to kind of ask any questions and talk about any queries or concerns that we had.

**Interviewer:** And did you, I’ll rephrase the question. How many participants did you have to deliver the therapy to?

**Therapist 2**: Just one.

**Interviewer:** Just one, ok. Um, so you mentioned earlier again about your kind of your, your position, your role in the team and your experience and PETAL, and delivering the PETAL program, helped build a confidence on your skill set in that?

**Therapist 2**: Definitely. Yeah, yeah, I've really enjoyed it and I think I've definitely I think because PETAL kind of covers such a wide range of topics that we wouldn't normally spend so much time considering in just like a standard piece of PBS work. I guess like we wouldn't normally spend a whole module or like 2 hours talking about healthy habits, for example, or communication from a psychology perspective. Umm, I guess firstly it was great experience and secondly it kind of changed my thinking a little bit. And when we when I've been kind of feeding back to the wider psychology team about it and I think maybe it would change our general approach as well, just to kind of include all these different avenues.

**Interviewer**: What sort of, um, behaviours that challenge would you normally come across in your in your general more PBS based role?

**Therapist 2**: Umm, like the presentation of the person? Umm, I guess either or both physical and verbal aggression. Mine’s a split role, so I also work in a college for people with learning disabilities, and there, a lot of the behaviors of concern are around kind of disengagement and not engaging in tasks and quite a lot of like sensory seeking behaviour as well that maybe other people kind of don't understand what they're trying to, like the function of the behavior or what they're trying to communicate.

**Interviewer:** You talked about maybe two sessions in the module, for example, and having the time that you wouldn't normally get for some of those topics. Where you able to complete most of the modules in one or two sessions?

**Therapist 2**: Yeah, so the module 1, I completed in two sessions. Module 2 I think I found the most kind of content heavy. Maybe the most kind of complex and the one that maybe I had to kind of adapt the most to support the participant’s understanding. So for example with the kind of the ABC kind of the framework of behaviour, the participant just kind of wasn't kind of understanding what I was meaning by each thing, and I think even the words like consequence and stuff, they're quite, they're not very, it's not very accessible language. And so I found using like visual prompts incorporating his special interest of Marvel superheroes. So I made like a visual ABC chart to kind of show. So that was helpful, but it meant that we had to spend more time on that and umm, kind of had to rush through the last bit of the module, which I think was like the risk part or the de-escalation techniques. Module 3, the communication we did in two sessions. Module 4 - emotions and we only spent one session on it because the participant became quite upset during the module and kind of declined to complete it. But later on I found out that there was kind of a change in his routine. So it wasn't actually to do with the the module specifically, but because of that kind of negative experience he'd had with that module, he then cancelled a few sessions in a row and declined to what he said he wanted to withdraw completely. And then after speaking to his support worker a bit, he agreed to continue. But he did not want to complete Module 5, so we didn't do we didn't complete module 5 and he wouldn't consent for me to complete it just with the carer. Umm, so we moved on and did module 6 and seven and then a review. Umm Module 6 and seven were both done just in one session, one session each.

**Interviewer**: Yeah, OK. Alright. Umm can you think of which modules we've been the most helpful? And for the participants or for the carers?

**Therapist 2**: Um I think for the carers, module 2 and module six were the most helpful and the carer was quite new to working with people with the learning disability and he hadn't seen like ABC charts before. I think they found the Broset checklist really helpful. So just giving that kind of overview of behaviours of concern and that they kind of are communicating and unmet need and things like that and can have a function was really helpful and kind of helped him to support the participant in a different way.

**Interviewer:** Yeah.

**Therapist 2**: And I think they really appreciated spending the time talking about the carer`s wellbeing as well. And yeah, I don't think they'd realized, especially being new to the role, I don't think they'd realized how much they've kind of been compromising on their own wellbeing. I think for the participant, the module 3 the communication module, and module 7 the healthy habits module. I'd say communication was the most helpful and because a lot of people had previously described him as aggressive, when actually he, when we kind of spoke more about his communication style, we kind of realized he can actually be quite passive and being passive and going along with things can then lead him to feel frustrated and resulted in the kind of challenging, aggressive behaviour. So we were working towards being more assertive. And that's one of the things he was able to implement during GP appointment and and reflected on during the review session. So it's one of the things that like stuck with him and I say the one he enjoyed the most was the healthy habits module. He really liked talking about, I guess things that are a little bit more concrete, like a bit less abstract. I think he found it easier to engage in and just it more enjoyable I think.

**Interviewer:** Excellent, good. Are there any modules that you think need some extra work? Need fine tuning?

**Therapist 2**: I think may if, I think they're all great, but if any, I think it would be the emotions module. I'm I think just because I think, firstly, emotions can be so abstract that he found it kind of difficult to identify emotions and I guess the difference between thoughts, feelings in particular was quite difficult, even with kind of using visual prompts it was quite tricky and also I think just talking about emotions in general for this participant was a bit kind of triggering for him. So maybe just if it could be approaching maybe just like a slightly more accessible way. Umm, that isn't quite as kind of.. Maybe if you just made a little bit softer if that makes sense, like just a little rather than just starting by kind of, these are emotions. That's, but I guess that could just be the participant that I was working with.

**Interviewer:** No, that's good. And what about session duration, like stuff like that, was that all ok?

**Therapist 2**: Yeah.

**Interviewer:** Yeah, alright, good. And did any of the, did the carer need extra support or contact in between sessions? Or was it just what was in the program?

**Therapist 2**: Umm do you say did the carer need any support?

**Interviewer:** Yeah.

**Therapist 2**: Um I think I called them in between sessions just to check in. Occasionally they text me, again just to check in and kind of make sure that if they had like a question about a home practice task or umm or maybe the participant was having a particularly difficult week and they thought, oh, maybe it's best to rearrange or something like that, but that was it.

**Interviewer:** Yeah, ok, thanks. In terms of the kind of practical challenges or facilitators and running the program within your service, and did you have capacity ok to deliver the sessions?

**Therapist 2**: Yes. Yeah.

**Interviewer:** Yeah. Ok, it didn't add an undue burden or extra work for you?

**Therapist 2**: No, no, not at all.

**Interviewer:** And did you have enough support from your colleagues and managers and such?

**Therapist 2**: Yeah, definitely.

**Interviewer:** Yeah, and was it easy to follow the manual?

**Therapist 2**: Umm, sometimes I think some sessions were more difficult than others. Umm, I think as I got used to the manual it got easier. So maybe like I'd read through it all before, but I guess it's so different using it in practice. I guess one of the thoughts that myself and some of the other therapists in the group supervision did have is maybe in between the training and delivering the therapy, if we'd like met and, like, done a bit of a face to face, run through like role play and kind of troubleshooting any of the parts of the manual that we weren't sure about. And I think the thing I found most challenging was, umm, when to sometimes… it wasn't clear when to bring in some of the specific like additional resources that we'd like printed out for each session. And the I think like the PETAL confidence scale for example, like in some modules it says to bring it along, but then it didn't say when to use it. But yeah, apart from that, it was. Yeah, really thorough and fairly easy to follow.

**Interviewer:** Good, good and practical things like availability of rooms and resources? Were there any challenges for you there?

**Therapist 2**: No, we completed all the sessions in the participants home and there was an available room every time and which was fine.

**Interviewer:** Good. And the bottom line is about where the sessions useful for the carers and the participant?

**Therapist 2**: And it's hard to say, but I think so I guess. On a kind of zoomed out perspective, the participant’s behaviours of concern, or challenging aggressive behaviours in the community significantly decreased by the end of the sessions. I think it was two, it had been two weeks without any incidents and I think for the carer, like I said before, it was really helpful as kind of like an introduction to behaviours of concern, challenging aggressive behaviour and he, I think, quite enjoyed having kind of taking a bit of a lead in it. And I think he's a psychology student, so he's quite interested in developing his professional skills and kind of took a lead and presented all the kind of scales and charts and stuff to the wider team and implemented them within their like daily sheets that they have to fill in. And so I think that was really helpful for them and for the participant. I think I think some of the content was helpful, but I think, behaviour-wise, it was probably the change in the support team that made a bigger difference, but I think what the participant found helpful was just having the opportunity to kind of voice concerns about different things and communicate, having the like mediated opportunity to tell the carer like how he feels about certain things. ‘And oh, actually, I would quite like it if you invited me to go out for walks.’ More or things that are actually I'm not very happy with my financial situation. ‘I don't like my appointee’ umm, so I think that was really helpful and I think he also kind of just enjoyed having, like a meaningful activity to do as well, like the social contact. He spent a lot of time talking about his special interests, and even though that kind of could sometimes be distracting from the main session, I think that part was just as helpful as the actual content as well.

**Interviewer:** As you said earlier, helping him be less passive? And by virtue then, being more assertive and his interaction leads to less challenging behaviour. And did you notice any differences in how the staff were managing those sort of behaviours?

**Therapist 2**: I think I noticed that the staff were more kind of trying to understand why that he was using the behaviours rather than, yeah, like they were trying, they were spending more time trying to make sense of them rather than kind of, um, so I guess taking more of a proactive approach rather than responsive or reactive, that's probably the main the main difference.

**Interviewer:** Perfect, can you think of any of the sessions that didn't work for the carer or the participant?

**Therapist 2**: Umm, I mean the the emotions one didn't. But it's really hard to say whether that was kind of external factors because of his change in routine that day. Umm, but I guess he did… When we're using the emotion scale, he kind of he identified that he was feeling agitated and that was something that the carer is kind of said he he's never been able to do that before. He's so, in a way, even though it disrupted the session, it was really good. He was able to kind of label how he was feeling. And I guess it gave me an opportunity to model to the carers kind of how to respond to that in a maybe more effective way. Umm and yeah, I'm I'm not sure why he didn't want to participate in module 5, a calm environment. I'm I tried to talk to him about it and I'm, yeah, I'm just not sure. Umm, he didn't give any reason why.

**Interviewer:** The workbook you mentioned earlier as well, in the resources, were they helpful, sorry, was it helpful?

**Therapist 2**: The the one for the participant and the carers? I think for the carers it was really helpful. Umm, they completed kind of all the stuff and used it to present the kind of concepts to other members of the team. And had it as like a point of reference to look back if they'd forgotten anything from the sessions. For the for the participant, umm, he he didn't really enjoy it. He struggles with writing and he found it I think a little bit, umm, stressful, kind of writing things down. So we we tried to stick with it for the first few sessions. And you know, I would offer to write for him or his career would, but I think he didn't like that either, cause he's very kind of wanted to be independent. But then would also kind of feel quite upset if he spelled something wrong. For example, he so that that was challenging, so we didn't… We used the workbook to kind of look through as like for the visual things, but didn't always fill everything out like towards the other end of the sessions. I think a lot of the images were taken from photos, symbols and which I think is great but but this participant in particular umm, I think he knows he has a learning disability, but he doesn't feel like he has peers and in the learning disability population. And so he said that he didn't enjoy umm kind of having those images in the book because he felt like, umm, he was kind of been putting it in a peer group that he doesn't identify as himself.

**Interviewer:** OK. That's very helpful. What could we do without the help others and support others?

**Therapist 2**: Um I wondered if there was a way like with filling it in. I wondered if there was a way that it could be almost a little bit more interactive. Like I know that the PETAL therapy’s like for anyone with a like a the whole range of learning disabilities or any level and I wondered if that could be any way to kind of have it more as like a talking mat exercise or like have just like picture cards which they kind of choose and maybe the therapist can like take a photo of the way it was laid out. And so it's recorded that way rather than expecting them to write everything down. Umm, with the photos. I'm not sure because I think, I think for some people it would be really kind of beneficial to see somebody that looks similar to themselves in the manual, so I'm not really sure if that should or could be changed, but I guess it's, I just wanted to kind of bring the participant’s voice into this conversation.

**Interviewer:** Absolutely. Thank you. Oh, absolutely. Well, that's the thing, isn't it? As you say it, it's for people with a huge range of needs and abilities, so that's kinda hard. One size doesn't fit all. This is why you have to try and personalize it and is there anything [Therapist 2] thinking back now, about everything that we talked about, is there anything that we haven't talked about, that I haven't asked you in terms of your experience of PETAL and delivering the program and why there's been helpful or not?

**Therapist 2**: Umm, I think. The closing letter? Umm, it's something I've already mentioned outside outside of this conversation, but when I wrote the when I was writing the closing letter, I noticed that the template was… It wasn't in easy read. And I felt like just having kind of the way the way that it was in the template wouldn't be accessible for the, for the participant. And so I made an easy read version and checked it with [Researcher] and sent that umm, so I guess maybe having an easy read template of the closing letter or or, I guess, any communication would be good. I think one of the main adaptations that I made during this towards the last few sessions that was really helpful, was having a visual schedule for this session with kind of allotted breaks. Just so the participant can kind of see where they are, you know. We set up I think in the fidelity of checklist it says, you know, did you set out the agenda? But I think sometimes or a lot of the time just kind of stating what the agenda is isn't enough. If you have it visually and kind of give them a pen and get them to tick it off, it kind of it helped with engagement a lot. Yeah, and having the allotted breaks and even sometimes we'd like say what we're going to talk about in that break. It just helped again to bring him back to the the task, and similarly I thought it might have been helpful. I know at the start of the participants workbook, there's like a contents page which has each module in but having a bit of a printout of the modules, you know that the participant could put up on their wall and like tick off each module as they do it again just to see where they are. Umm, I thought might have been helpful, especially for the person I was working with.

**Interviewer:** OK, would they have been helpful for you delivering it, helpful for you?

**Therapist 2**: Yeah, I think, yeah, I think it would have helped with when the participant was getting distracted like within for the schedule was really helpful. And with the kind of visual timetable of the different modules, it would have been good for when he was kind of saying I've had enough of this, I don't want to do anymore just to have that visual of like you've come so far, you've only got these ones left. And just so maybe he was a bit prepared for what topic to expect each week because you know you you say it verbally and you remind the carers, but if it's on his wall, I think it would be a bit more, for example, he might have been more prepared for the emotions module. Umm, you know, talking about quite a potentially heavy subject, he might have been a bit more prepared for it, which would have made it easier for me.

**Interviewer:** Yeah, absolutely. OK, that's great. And is there anything else that jumps out that you can think of?

**Therapist 2**: No, I think that's that's kind of everything that I've noted.

**Interviewer**: OK. Brilliant. That that's all my questions [Therapist 2], I’ve gone through my list as well my schedule that I have for me, and which I have found very helpful. So thank you very much. I really appreciate that. So what I'll do is I'll take transcript and I'll kind of pass that back and it'll feed into us understanding better what that was like for you to deliver PETAL and what was helpful and what wasn't. So I really appreciate everything that you've done and all that that you gave to your participant, really appreciate that and your support of the PETAL project. And particularly for today as well because that's been really, really helpful.

**Therapist 2**: Ok, yeah. Thank you.

**Interviewer:** So very much appreciated as well, and any questions for me or?

**Therapist 2**: No, no questions.

**Interviewer**: Ok, good. Alright, ok, listen, thank you very much, it's been a pleasure talking to you.

**Therapist 2**: Thank you.

**Interviewer**: Alright, bye bye.

**Therapist 2**: Thanks bye.

**Recording stopped.**