**Transcription - Therapist 4**

Duration: 34 minutes 34 seconds

**Interviewer:** So [Therapist 4], some questions about your experience delivering the PETAL program. What that was like and uh, you know, things that stood out, positives and things that I suppose we could change or enhance cause you were part of the feasibility and this is kind of moving forward now. So, this is a time If there's any adaptations that we can make that it's a good time to do that. And so, uh, so we'll ask some questions about specifics and some generals and just see where we go.

**Therapist 4:** Yeah, sounds good.

**Interviewer:** I'm just curious. Umm, what was it that motivated you to take part in the PETAL program, to be a therapist for it?

**Therapist 4:** I had just come into my role here within the community LD Team learning disability team and we wanted to think about and, but I know there was a link between us and [Colleague] who was involved with the research overall, and she had suggested that it might be quite a good package that we could use within our service for supporting our service users initially, as part of almost a hierarchical approach around, if they present with the behavior of concern, can we utilize this as a package initially, follow it and then follow it on from that maybe utilize something like a PBS plan or something that might be used for more severe kind of behaviors or more severe presentations. So, I think my motivation was around seeing what the package was like really and seeing if I could supervise that with other members of the team, other practitioners utilizing it. So, it's really just around, is this feasible for us really?

**Interviewer:** Yeah. So, it was something you would integrate into what you're already doing as well, add to the quiver as such?

**Therapist 4:** Yep, correct.

**Interviewer:** Brilliant. And just a little procedural bit going back. Did you have access or see the participant information sheets that were kind of given out?

**Therapist 4:** I didn't see those because I believe whoever was working with [Researcher], can't remember who it was, who was in the meeting, but they dealt with all that side, so I didn't see any of the participant info sheets or anything like that.

**Interviewer:** Ok yeah.

**Therapist 4:** Sorry, [Interviewer] was that with regards to me as a, as a participant or the?

**Interviewer:** No, no. For you, as a practitioner, you know, did you have access to that just for the information to know what they would they would know about the study, that's all.

**Therapist 4:** Yes. Uh, no, not necessarily, no.

**Interviewer:** No, that's ok. Another small procedure point I know there was like a fidelity checklist that was to be done after each session. What was your experience of doing that?

**Therapist 4:** That was, that was ok to do. I think it was. I found it useful to have that as a guide before I started the session so I knew exactly what I needed to tick off really. Always difficult within practice, like I definitely looked through afterwards and thought a couple of things I missed there and even as I I'm not massive, I'm not hugely experienced but I am fairly kind of into my career now, sort of 10 years I've been doing sessions like that quite a lot and even then it was hard to make sure everything was included. I would say it's tough really, this is more of like a research thought that I had going through it, but I was in the opinion that it might be better if somebody, as part of the research, was going through the fidelity to see if things are included they would expect within the session, so my assumption would have been the research team would have done that. I don't know whether that's something that you're planning to do, but I think in terms of because because research I've done before, it was around the fidelity or treatment integrity of particular interventions and I would look at myself, I would I would rate that, I asked people to rate that using the fidelity measure so it enabled, so I had an assumption that there would be researchers or other practitioners looking at fidelity. So, I was thinking, ok, so my perception of fidelity might be different from someone that's less experienced or someone who's more experienced than me would have an idea of what fidelity is different to me or better. So separate from that I found the fidelity form fine, you know, there was a guide and it was ok to mark. I definitely felt like towards the end I was putting less information in. Really, I don't think I put much information in sort of later on in terms of extra stuff, but yeah, it was fine to do.

**Interviewer:** How prepared did you feel for delivering the PETAL sessions?

**Therapist 4:** I felt fairly well prepared and I did feel like because I had a bit of a gap here in between session, so over Christmas we had a difficulty in making sure we were keeping the sessions going, so there was a gap in between of a couple of months. So I'm probably one of the later ones who's finished this intervention, so I definitely felt like the longer it went on after the training, the more I was out of practice with the content, I need to revisit a little bit more but I didn't feel like the content was really different from stuff that you might do within a community team anyway, so it's just was just about for me trying to make sure that I was as close to the model as possible really, but I felt fairly well prepared from the training. I'd say the manual is really useful to utilise. Really straightforward, so yeah.

**Interviewer:** Ok, and the training, did it cover what you needed it to cover?

**Therapist 4:** Yeah, I would say it did from memory. Yeah, it did. It was definitely useful for me to have the manual, to have it afterwards to kind of remember the different components, but overall I think I'm pretty sure from my memory the training was extensive and covered what I needed to. Yeah, I was happy with it.

**Interviewer:** Does anything stand out during the delivery you say, ohh we didn't cover that in the training?

**Therapist 4:** Uh, let me just have a look and see if I’ve got the manual here. And actually it might be good to say, no I don't think so because it was quite a prescribed, but it seemed to go through each of the areas. So I don't think there were areas that were necessarily missed really from what I would say, chance for practice, chance for reflection in the booklet, I think, yeah I think it seemed what I would expect, I don’t think I’ve got much feedback around the training in particular, I think it covered what was needed.

**Interviewer:** Good, good. How many participants did you have that you delivered PETAL to?

**Therapist 4:** Just the one.

**Interviewer:** Ok. What impact, if any, did PETAL kind of delivery and the training have on your practice? Because you did say earlier you integrate that into the practice model that you have but what about at an individual level?

**Therapist 4:** Umm, on an individual level I would say, and it's meant that, I think I'm quite used to working with complex service users that are coming in with complex behaviours of concerns, so it's just meant that on an individual level I’m looking more at that sort of foundational level of PBS input really, I think that's encouraged me to do that a bit more, which I was already aware of, but it's made me think about it more really in terms of team input. Uh, and I would say a couple of the things that were included in there, namely the Broset violence checklist, I hadn't used that previously in my training I've had before anything like that, and I don't think we've been using it in this service and so that's something I've definitely brought in individually in terms of when I'm supervising people and when I'm utilizing it myself or working with staff teams and so that's really had a good impact, and then I suppose it's given me more material really around working with the staff team I would say for sure, because I've been working mainly with the team manager you see, I wasn't able to work with the service user because they just because of their sort of communication needs and so it's meant I've had to think a little bit more about how I would work with staff. I think there's heavier components there that I wouldn't have done before necessarily around like self-care, which I've definitely done with more parents before I would say, less so carers. But the person I was working with, the team manager was clearly emotionally impacted by their support that they were giving and that sort of rapport that they had with the person. So, I think that was a very impactful part of the work. So, I've definitely taken that away, yeah, for sure.

**Interviewer:** What sort of behaviours were present with that participant?

**Therapist 4:** So, they were mainly hairpulling, uh, pushing, grabbing, slapping, scratching, that kind of thing, and that was in particular times of the day consistently, really. It was a rarity that didn't see any of those behaviours. I think it was mainly in the morning at a certain time in the evening, so a couple of, yeah, a couple of times a day with those, you know, those behaviours,

yeah.

**Interviewer:** Were you able to complete each of seven modules in one to two sessions?

**Therapist 4:** So we completed all of the modules. Just because of time constraints, I know in terms of the research and so the time we tried to complete it was a bit longer, so we fit in the last two modules within one session, uh, but the other the other five were done within one session, 8 for each one.

**Interviewer:** Ok, which modules do think were most helpful for the participant that will work, you said you work more with the carer, so?

**Therapist 4:** So, I would say carer wellbeing was very useful and I'm trying to think where the Broset checklist was, I think that was probably introduced in module one or two, isn't it around there? So, there's something around that, that time in terms of those modules, uh, I think communication was really important. Really, I would say, you know, having said the carer wellbeing was important and I think that would probably be one of the most important actually, I think of the modules we did. Then I felt like really like because a bit around healthy habits you know at the end, and so we were covering those areas and it definitely, I know within any clinical sessions I choose to use a little bit more Socratic questioning and have that space, because we were trying to finish, it felt it felt a lot more didactic. So, I've definitely felt like there was less value in the final bit of that last session, just because I was trying to get through the content really and finish it off really. So, it'd be hard to comment on how valuable that was because I think I was just trying to get through it really.

**Interviewer:** Ok. So, my next question was, which modules might need more work or tweaking ok.

**Therapist 4:** Are you ok if I just have a quick look at the modules and look through to remind myself and let me just see? And so module one, I felt like that was pretty extensive, I like the inclusion of diagnostic overshadowing and it was useful to have a phase where you're getting to know the person of course, exploring readiness for change, that’s useful. Yeah, that flacc scale is really useful actually, I remember we used that quite a bit I've got to say. I definitely felt like sometimes just felt, so just maybe a general comment, I felt like sometimes, It was because I know I was just working with the practitioner, the team manager, so sometimes I felt a little bit like I was sifting through, I don't know, It's clear on there, but I just felt a little bit like I was maybe thinking, OK, so where's my bit, you know, where's the bit that where I've got to work with the? So, the manuals made for that, but I definitely felt a little bit more like I was missing quite a lot of content because I couldn't work with the service user, so don't know in terms of development if there would be a change there, but I just felt like I was, you know, trying to sift through. Ok, I wouldn't need to cover that, I will need to cover that, and just go ahead.

**Interviewer:** I wonder, if there's maybe something that we could put in there to help you work, not that we need to teach, but if there were others as well, that have a different background or a different experience level, but teaching them to work systemically through the carer? And so the carer almost provides that work with the participant. Is that what you’re getting at?

**Therapist 4:** Yeah, that was almost what I ended up doing. So, I was talking to the team manager about how he would disseminate a lot of what we were doing. So even and it felt quite odd though, because I kept on saying, ok, well, you know, we'll get back to the manual now to make sure we're in line with it and then sometimes it's coming off and just saying ok, so there's an importance around disseminating this between staff and ensuring that they're using it. So, it definitely felt like there's a difference between work with someone who's a team manager and work with someone who's a carer support worker, even though they're both, you know, important. There's a difference there isn't there. Umm, so it felt like I was almost looking at the content then rewriting, I was rewriting out what I need to cover for that person specifically a bit more and so that's that. And just to add general comment as well, the use of challenging behaviour and I know there's sort of mixed views on that, isn't there in terms of terminology and use of wordage and I just wondered if that had been thought about and I know it can get wordy using things like behaviors of concern or anything else, but I had noticed throughout that you've chosen kind of challenging behavior and I've just, I've noticed a shift kind of clinically and research wise around the use of that really and whether that's still used as much. But I think that's just, you know, that's a pedantic kind of thoughts about the content, I think.

**Interviewer:** Yeah, yeah. I mean, I don't have an answer to that. And I suspect what I'm also thinking was when, where in the manual was devised, given the length of duration of the project, was a few years back as well, probably so and who knows. But yeah, the terminology is changed in a relatively short space of time realistic, you know, compared to other social changes. But yes, some consistency in the language and maybe we need to look at that as well, just so the language is consistent.

**Therapist 4:** And then do you know, do you know what? I'm just looking through now.  
I don't think so, just in terms of feedback of what I think was good, remembering it now, it was nice to have, you know, description of exactly what you would do within the session. I would say I wonder whether a, suppose we've had the training before. I wonder whether a video to show like an example of a session would be quite useful, maybe around the more difficult sessions, just to kind of show how that dialogue occurs even though it's there in quotations as an example, I think that could be something that would be useful, maybe it’s In development, but I think in terms of the content, in terms of what's included, it's good, it's all linked up together, it makes sense. So yeah.

**Interviewer:** Good, good stuff. Did any of the staff or the staff member need any extra support in between sessions with it or were the sessions enough?

**Therapist 4:** No, the sessions were enough. I know there was a care coordinator involved otherwise who works within the staff team here and they were having regular reviews with the staff team, psychologist involved, etc, one of which could attend, but there wasn't any extra support needed, and I think you know, whatever happened, whether it was PETAL or something else, whether she became more settled, there was a significant decline in kind of a presentation deterioration and kind of behaviors of concern. So, I think there was less need for that extra input really than there might have been.

**Interviewer:** Ok, and at an organizational level were there any challenges or hurdles in bringing this model into what you're doing?

**Therapist 4:** Yep, for sure. So, I would say I've been thinking quite a lot about that and I wondered whether it was because of because of where I'm at in terms of like my job plan, it was very difficult to, for example fit in this fit in the sessions I would say and consistently say I can set out this every week. That was tough to do, especially when there were occasions when I was off over Christmas, where I might have been unwell, where the staff team member was unwell or off, that kind of thing. So, it did extend out quite a bit and I appreciate [Researcher] was trying to sort of chase up and ensure that we were completing the sessions, but I definitely found that difficult. So so I don't know if there's something there about, you know, unfortunate circumstances, but it definitely feels like organizationally, possibly my job plan, whether that's kind of the band I’m at or the job I’m at, it didn't, it felt really tough to intensively provide that PETAL intervention, I would say. And so I don't know whether that's definitely about our service in particular or what other factors are at play there. But that's my you know, that's my kind of experience really. I would say and I'd had a chat to my manager actually recently about, you know, they said to me what do you think about using PETAL? And I said, I think it's a good intervention we could use. I wonder whether it's something that we could utilize though in terms of like as a team as I've discussed with you earlier really and maybe if people have more availability, they can, you know, commit to that, that time over an 8 week period, maybe, and it'd be a succinct, you know, sort of two month intervention rather than over sort of six months or four months.

**Interviewer:** That sounds like your manager's pretty involved in the conversation, and is thinking about it and would support it.

**Therapist 4:** Yeah, definitely, yeah. And my supervisor she’s quite keen on PBS and restrictive practice and all that kind of thing. So, she does a lot of research around that, and the team managers involved quite a bit with that as well. So, I think it comes, you know, we know it's gonna be part of our service model going forward whether it's PETAL or not, whether it's components of kind of that.

**Interviewer:** Ok. Any other practical issues about small things but big things, your room availability, and there's the work plan, but there's also the environmental realities of where you're going to do that.

**Therapist 4:** No, I don't think we had any. You know we we our intervention was virtual throughout. So, in that sense, we never, we never actually met face to face.  
And so I'll be intrigued actually to see what your results were, if there's a difference really between virtual and face to face and, but yeah, no difficulties I would say no, it was all fine as well.

**Interviewer:** Ok, good stuff. Umm. So just straight toward a question, but in what way were the sessions useful for the carers you know?

**Therapist 4:** Uh various ways. So, I would say uh, it was useful for the team manager to go over what he knew already to think a little bit about the strategies that were already there, to share with me about the service user a little bit, ensure that she's in the room and kept her in mind. I think learning new things as well it was really useful so it was able to utilize things like the flacc scale, forgive me I’ve forgot, the Broset checklist. And I think in general, you know, like when you set people homework, it can be a little triggering for people, takes them back to school a little bit, doesn't it? That kind of thing. But I think it was useful in that sense to know that things are being followed up on actually so, because typically, especially in the community team, you can set those goals and you don't have the space to get that feedback, you might say these are the goals, is what we wanted to do, and then you might discharge or say, you know, things are settled so. But with PETAL you have that to and fro. So, I think that was useful for the team manager to have someone come back to then talk with me about what's been actioned. And I would say obviously there's been a change in her presentation. So, I'd say that's been useful as well, yeah.

**Interviewer:** Yeah. And did you get a sense from the carer about the benefit to the person with a learning disability and what was coming back to you from those conversations?

**Therapist 4:** So, the benefit had been a better quality of life I think and what he'd said he'd said that in terms of the morning and they don't really you know it's rare they see any behaviors of concern anymore. So, the benefit of that being that a day starts better and she's able to engage with more things throughout the day. Uh, and then again in the evening, the same sort of tailing off, I think maybe still seeing more behaviours there than in the morning, but that that tailed off really. So, it's just in terms of, you know, a slip, a bit of an improvement in state really around being more settled in the evening, but also in terms of waking and then starting the day just a better start to it really for her. So overall a better quality of life, I think is what he had shared with me.

**Interviewer:** Do you have a sense of what differences were made in how the staff then related to the person with a learning disability. What was it brought that change about? Because change doesn't happen without a reason.

**Therapist 4:** Umm, no, no, I think they had more of a, I would say when I started the work, the staff team weren't necessarily analysing the behaviour or looking at why it might have been occurring, and I think the change from a staff perspective was that they were doing the ABC charts, they were looking at pain a lot more, they were reflected on what was happening, so it almost felt, it was an odd one really because I’m used to asking staff to do that and then coming back and writing a comprehensive plan but with this intervention, it felt like that purely their understanding improved their sort of approaches with her, which invertedly improved things. It wasn't as if I was prescribing, oh, you need to exactly do this like you were doing a PBS plan. It felt like their understanding of how improved and then resultingly there was some kind of change there, I would say.

**Interviewer:** You have this much more systemic, isn't it?

**Therapist 4:** Yeah, for sure. So, I'm yeah. So, when I saw that they were, realizing that there were particular functions occurring at certain times and certain staff are using different approaches that seem to be more beneficial. So, they had more space to do that. I don't, [Carer 8] who I was working with he was keen on making sure that staff were sharing in that knowledge. So, I think that helped massively and it's a big change.

**Interviewer:** Yeah, were there any ways in which the PETAL didn't help or didn't have an impact or you know the flip side of that coin really.

**Therapist 4:** That might have worsened things?

**Interviewer:** Worsened things or maybe didn't have, watered down the impact.  
When I asked that I'm also mindful that you mentioned about doing the delivery online and whether that had an impact or not. What's your gut feeling around that one even?

**Therapist 4:** My God, it's so hard, isn't it? It's so hard because it's both sides, isn't it?  
The access, accessibility is better, which was clear was an issue. I think in general just trying to make sure that we had that chance to meet for two hours each time. So in terms of virtually working, I think that was helpful. I thought I always think if I'm going into a service, you get more of a sense of what's going on. You get a feeling you get an idea of how someone presents and so for example, I haven't actually met the service user. I knew a lot about them from other staff members that work with her and I knew a lot from what the staff team told me, but I haven't actually met her before, so if I were able to go into that environment where she's living, maybe meeting her, that would have made a difference I guess. But then you know in terms of models of working, sometimes that is the way I work and in terms of consultations, you don't always get a chance to meet people. You're mainly working with the staff team and joint formulations and so on, but I would say from a personal perspective, I would say I would, my preference would be that I'd be going in and seeing the staff team and seeing where she's living and get a sense of that, but that effectiveness wise, I’m not sure.

**Interviewer:** Thank you, any other things about the structure of PETAL or the content that could have been more helpful do you think?

**Therapist 4:** Just all I was thinking about then was just like the structure of the modules. I don't have a specific example for this, so if you press me a little bit more, but I think it could have been some, there could have been some elements of repetition in there, which I think is good for a perspective of ensuring that it's embedded for somebody but also can feel a little bit, not condescending, but it can feel a little bit repetitious. And but I think there's an element of need for that because that you know, when you were going back to the Broset checklist or ABC chart from there makes sense. But I do consistently remember coming back to things and thinking we've already sort of covered sort of areas like that. So, it makes me wonder whether some parts of the modules could be condensed somewhat maybe so they're not as long, but better to work the other way, right? Start with all the info scaled down rather the other way uh, but that would be think, I think that might be all, yeah.

**Interviewer:** Ok, the workbooks for the carer and for the participant as well. And I know you didn't get to work with the participant, but with the carer, did you find the workbooks useful or did they find it useful?

**Therapist 4:** Yeah, they found the workbooks useful, and I know that he referred to a couple of times. So when we had the session, he said to me when he might have sort of forgotten some of the content or what we were looking at, it was all in there for him and it’s printed, you know, he got a copy of that, sent the copy of that and he was able to fill it out as we went along. So it, I think that was useful as well. And also I've gotta say, even though you know you've got the description of exactly what you wanna do as a practitioner like what you want to say, It was good to have that booklet there myself to see the areas that he's got in there so I can sort of refer to that as we go along as well. So, I think that was, yeah, that was pretty good. Obviously couldn't comment on the service user one, but I think the carer one was, yeah, was useful to have and the reference to it, yeah.

**Interviewer:** Did the carer actually complete the homework tasks do you think or work through the book?

**Therapist 4:** He did complete, to be honest in terms of the workbook, I know he didn't necessarily complete the whole everything that was in there, but when we say, for example, when I asked them to complete ABC charts, he came back with tons of those sent me lots of those, sent me examples of the flacc and the checklist, the Broset checklist as well shared with me that he's got those up in the office really, especially in the service users files. So, they're, so he had completely locked the homework really, I would say.

**Interviewer:** Yeah, alright. Ok, good. Had a concern in my head, people are busy, they may not have time to complete those things, whether it was a time consuming, a useful use of his time or was it a time-consuming drag, you know?

**Therapist 4:** Yeah. And the one thing I would say is that it felt less important for, you know, those checklists were filled out less as the sessions went on. So I think that might be linked to like what I was saying earlier around some repetition because there might, if there wasn't a change in behavior, there would be a need for that still to be pertinent in the work, whereas supposed in this instance there was less, there was concern. So, if I was revisiting the Broset checklist, it didn't feel linked, so I know there is sort of kind of clinical experience that comes into play, isn't there? But there was definitely less emphasis on in repeating those, you know ABC charts, and because the behavior wasn’t occurring and so yeah.

**Interviewer:** Brilliant. So that’s all of my set questions that I need to cover. Is there anything else that you can think of?

**Therapist 4:** No, I don't, I don't think so at all, but just a final thought and I wonder whether this would be included within like the research write up or not, but I'm just wondering about how because we're thinking about how to embed it within our practice and how that would work and at what point, how that would work within community teams and I'm sure we're using inpatient as well but I mean, I'd be intrigued to read the paper when it's out, but it's been good to be part of it. And yeah, thank you for your thanks for your time.

**Interviewer:** That, that would be an interesting kind of conversation for a focus group wouldn’t it, to get a couple of teams together and I'm sure what their challenges, but also how they could do it, are they, get, overcome that other teams as well, I think that would be a great conversation.

**Therapist 4:** Yeah, yeah, I think it would be worth doing, especially as initially there will, you know we've got people that have PBS plans I think could have benefited from having PETAL prior to that and then probably could benefit from having PETAL.  
So it's kind of the other way around to what you would, might design a perfect service like initially I suppose. So, I've been doing a little bit about that, but yeah, I think it would be a good focus group too, could write that up yourself, couldn't you I suppose?

**Interviewer:** Yeah brilliant thanks very much, if there’s anything else that needs to be said or heard go for it.

**Therapist 4:** No, that's all. If I have any other thoughts, I'll give you an email, but I'm sure that's all.

**Interviewer:** Appreciate your time and appreciate your energy and enthusiasm for this but I also appreciate your input, it’s very helpful.