**Transcription - Service manager 2**

Duration: 21 minutes 22 seconds

**Interviewer**: The recording has started. Yes, I can see the transcription, so just for the recording, today's date is the 16th of February 2024. My name is [Interviewer]. I'm a researcher on the PETAL study and I'm conducting a feasibility interview with [Service manager 2] as a service manager who just took part in this study. So thank you again for your time today. So you have taken part in the feasibility phase of the PETAL study, which aims to find out how to best support people with the learning disability who also display aggressive challenging behaviour, and I just would like to discuss with you your recent experience as a service manager. So the first question would be that what motivated you to take part in the petal study?

**Service manager 2**: Right, so of course I have a slightly unusual sort of position in that I'm actually directly involved in in the study as well, but I wanted our service to take part in the research really because I thought that we could that our services users could benefit from being involved in the study. Certainly one of the issues that we've had is that we haven't had a psychologist in post for a while so I thought it would be really helpful for us to have access to, you know, to an, to an intervention and to help people with challenging behaviour who are currently on the waiting list, waiting for psychological interventions, but because, yeah, because the waiting list was quite long, and because we have, we know we didn't have a psychologist in post, we thought that this would be a good way of a good way of them accessing interventions.

**Interviewer**: OK, that's brilliant. And was the PETAL therapy what you sort of anticipated it, that it was going to be, was there any different from the approaches which you already offer at your service?

**Service manager 2**: No, I mean from my perspective it yeah, because I'm I obviously have just some knowledge of the of PETAL already. So yes that it was exactly what I expected.

**Interviewer**: Ok, ok, that's brilliant. Has your service managed to deliver the PETAL therapy and if so, how did you find the delivery or what sort of issues came up around there?

**Service manager 2**: Yes, so I guess there were a few issues. So firstly around recruiting facilitators. So we managed to recruit 2, but then one of the facilitators actually went on sort of long term sick leave and then couldn't take part in the study. So that the left us with one facilitator, we were able to identify a service user well, carers and a service user who were willing to take part initially, but then they then withdrew from the from the intervention at a very early stage, so they didn't actually have any sessions at all. So they withdrew for various reasons, I don't know if that's that'll come up later, but essentially I think so the service user wasn't, so once the carers were keen to take part, the service user didn't want to take part. And so that was the reason for the withdrawal. So we didn't in the end, we didn't actually get to deliver the intervention, unfortunately.

**Interviewer**: Um-hum, OK, but it seems like you got to the stage of recruiting the therapists and recruiting the supervisors as well. And did you find any difficulties around that stage? So to find, you know, therapists available and their capacity as well as the supervisors, I know that you were the supervisor yourself as well, so you are in a very special position.

**Service manager 2**: Yeah. So as I mentioned, kind of early on that one of the therapists did who did volunteer actually, then went on sick leave. So that that was a bit of an issue in terms of getting interest from the service. I did, yeah I circulated the information quite widely in the team, but I think it was a bit tricky because I think people were wary about the amount of time they would need to dedicate to being a therapist. So I think that sort of put some people off of sort of putting yeah, putting themselves forward.

**Interviewer**: Um-hum, OK, I understand. And I would have a question that's more about being as a supervisor yourself that I assume that you received the PETAL training as a supervisor. How did you find that training sort of how well did it prepare you for? I know that eventually you could not deliver the therapy, but how did you feel about the training itself?

**Service manager 2**: Yes, I thought I thought the training, yeah was fine and I think it was a good idea for supervisors to have that information so that they could be prepared so that they were more prepared and knew what the intervention was about. So yeah, I thought it was helpful.

**Interviewer**: OK. OK. I see. OK, that's great. Right, let me see. And what would be your thoughts about the way the PETAL therapy could be, maybe integrated within your service if it was shown to be successful after the main trial? I know it's kind of a broad question. But so who would need to support better for it to be working in the service? Or what would need to be in place for it to work?

**Service manager 2:** Yeah.

**Interviewer**: This sort of implementation issues if you could think of it might be hard to answer this because you have not delivered it actually, but you were kind of in the phase of setting it up, so you might have maybe.

**Service manager 2:** Yes.

**Interviewer**: It's a bit of a hypothetical question I know.

**Service manager 2:** Yeah. No, I think I think the good thing about the PETAL intervention is that it's a short intervention.

**Interviewer**: Mm hmm.

**Service manager 2:** And so in that sense it's, you know, it's it can be, it could be appealing to some carers, because it's over a shorter period of time, whereas the sort of traditional PBS intervention can take months and months to deliver.

**Interviewer**: Mm-hmm.

**Service manager 2**: So I think it's it would be about getting a bit sort of buy in from from professionals. First of all, because we would need to be able to deliver it. So we still have this issue around kind of who's going to be delivering it. And, would the psychology team, the behavioural psychology team, be willing to deliver it? If not, who would you know, we would have to identify people who would be willing to deliver it so that I think that is probably the main issue.

**Interviewer**: Ok.

**Service manager 2:** And if we could find people to deliver it, then I think it could be integrated reasonably well because we would, we would look at people who are on the waiting list for who have challenging behaviour and who are on the waiting list waiting for intervention of some nature and then they, you know, we could offer them the PETAL intervention.

**Interviewer**: Mm hmm.

**Service manager 2:** And it's you know it's manualized. I mean, so the other, I guess the advantages it is manualized and so the, you know you could have a broader range of people delivering say PETAL than you would kind of with more sort of traditional PBS for example.

**Interviewer**: Mm hmm.

**Service manager 2:** But I think it would be just about, yeah, thinking, thinking broadly around the staffing and who would be delivering it.

**Interviewer**: Mm hmm, so that seems like that's a little bit of a barrier there probably to sort of figure out who would be right to who would be the right person to deliver it.

**Service manager 2:** Yes, yeah yeah.

**Interviewer**: Ok, ok, that's brilliant. Very important feedback all of this. Thank you. Thanks for that. Umm and do you think that PETAL would maybe complement the other intervention approaches which you are already delivering at the moment? Within the service?

**Service manager 2:** Yeah. No, absolutely, yeah, absolutely. Yeah. I mean, I think it sort of touches on bits of other therapies, but.

**Interviewer**: Mm hmm.

**Service manager 2:** But obviously not in such an intensive way. So I think, yeah. So I think it's, it's certainly, I don't think there's, yeah. So I think it does complement, I don't think that so for example in terms of the behavioural aspects that sort of kind of learning understanding people's behaviour, although there is a bit of overlap with PBS don't think that the overlap is so significant that it would, that you're sort of kind of just you know replicating what's been done already. So I think there's enough difference in in how in PETAL and the content of PETAL for it to sort of complement other interventions.

**Interviewer**: Hmm ok, ok, great. And how would you make decisions about which treatment to offer? So if PETAL were to be rolled out, you know, compared to other interventions, what do you think?

**Service manager 2:** Yeah so

**Interviewer**: I know it's very hypothetical as well again.

**Service manager 2:** Yeah. No, I so I think so with PETAL I think that given that, it's sort of, yeah. So I mean, if the way I sort of see PETAL, I think it would be useful for people who are presenting with sort of maybe mild to moderate behavioural problems.

**Interviewer**: Mm hmm.

**Service manager 2:** Because obviously you know, ideally we want people with learning disabilities to be part of the intervention and so I think the more severe the behavioural problems the more risky the less likely that they would participate and get as much out of it. So I think for the kind of load sort of, yeah, so the mild to moderate, low to moderate levels of challenging behaviour, I think PETAL would be a really good intervention, almost kind of preventing things from deteriorating.

**Interviewer**: Mm hmm.

**Service manager 2:** And then if people need kind of more support than they then having access to those kind of individual therapies, which are a bit more intensive.

**Interviewer**: Mm hmm.

**Service manager 2:** Would then, yeah, might be more appropriate for people needing more support. So yes, I think it'd be, it's sort of meets the gap in terms of, you know, with the most, most people with behavioural problems are kind of probably in the mild to moderate kind of, you know, level. The severe ones probably aren't as you know, they're not as big a group, and they often do need just much more intensive input. So yeah, I think, yeah, that's kind of, yeah. For the mild to moderate group I think that would be in terms of behaviour anyway I think PETAL would be ideal.

**Interviewer**: Ok, ok, great, I understand. Umm and do you think there are certain things which would make the therapy more or less able to work? So hm I'm not quite sure actually about this prompt question umm yeah, maybe.

**Service manager 2:** It's like it's in terms of the service.

**Interviewer**: Yes, it's yes, it's exactly, it's that.

**Service manager 2:** Yeah so I think, yeah, I think it's more around who's going to be delivering it to whether yeah, whether yeah, I think it's the biggest resource issue is around delivery of the intervention and also just making sure that the kind of people have access to resources if they need, so if PETAL has the manual. There's quite a few, sort of there is various manuals. You know, there's obviously the manual for the therapist, but there's a manual for carers and participants as well, so it's making sure that all those resources are available and accessible so freely accessible. I think, you know would yeah, that would help in terms of uptake, I think if you if PETAL was to be, if those manuals were to have a cost implication. Then I think maybe some yeah services might not be as keen to sort of engage with it. So yes, if it's available for free and then it is the training really. How, you know, how would we be would we access training after the trial? How would that be delivered kind of in terms of, yeah, when the trial's over? How would that be delivered? Yeah so those are, I think those are the sort of key issues kind of staffing resources and training.

**Interviewer**: Mm hmm. OK. Oh, that's a really good answer. Thank you. Very comprehensive, very useful. And just to getting back a little bit about the specific issues you were experiencing at your service and what do you think now is if you sort of look back and reflect on, you know, how things worked, what could have been maybe helpful for you to be able to, you know to deliver the therapy eventually. So was it, was it mostly about the therapist were maybe pulling out? And then also the participants were pulling out kind of at the same time or was there anything else which could have been done, you know to sort of prevent this to happen? What do you think?

**Service manager 2:** So I think when I when I look back at the some of the some of the issues so one of the issues, the issue that we mentioned was the facilitators, but also actually finding participants was also a little bit challenging. So the approach that I used during the feasibility study was that I looked at the waiting lists for people who were waiting to have PBS and some of those people have been waiting a long time and a lot of, in fact, the majority of the people waiting were actually kind of lived with family members, with family carers, so when I when I called them up and I spoke to them about the study, I think some of the carers were reluctant to take part because they were worried about how the amount of burden on them in terms of how much time they would have to commit and many of them were working. So that was a factor, I think some of the carers were a bit worried about that they didn't they felt a little bit sort of worried about their skills and whether they had the right skills.

**Interviewer**: Mm hmm.

**Service manager 2:** They would be anxious about taking part because of potentially being scrutinised and so there was a bit of anxiety there.

**Interviewer**: OK.

**Service manager 2:** And I guess the other thing was that when because people have been waiting on the waiting list for a while, they some some of them just didn't meet the criteria when I rang them, so problems had been resolved or carers didn't think it was a big issue. Some carers didn't even know they were on the waiting list.

**Interviewer**: OK.

**Service manager 2:** So there were issues about kind of eligibility, whether people actually met the eligibility when I, when I contacted them as well. So yeah. So those are kind of some of the some of the issues I had really. So it was a lot of it we get was bigger, yeah people just not being eligible and carers not feeling they had enough time to take part, so that was one of the browsing terms of identifying participants. So those main family carers that I approached so I think in terms of if I was to think about recruitment again, I think I would try and actually approach maybe more sort of paid carers because I think that they might be more well they might have a bit more time because they're obviously they're paid to deliver care. So I think I might, I would sort of maybe change the strategy a little bit.

**Interviewer**: Mm hmm mm hmm.

**Service manager 2:** And maybe try and recruit a bit more broadly, maybe use recruit through the IST teams as well. The intensive support teams as well.

**Interviewer**: Mm hmm. Yes, yes, OK, OK, I understand. And did you find it, actually, that the eligibility criteria were maybe too narrow at first? Because I think it was mentioning weekly incidents of aggressive challenging behaviour. And then it's it's this is probably a bit, it had to be kind of relaxed a little bit and I think it got relaxed a bit..

**Service manager 2:** Yes that was another issue as well.

**Interviewer**: But then maybe we were kind of running out of time as well. So it was a bit of a, yeah so did you have issue around there?

**Service manager 2:** Yeah, that was definitely a factor. Yeah. Yeah. People just didn't, they weren't fulfilling the eligibility criteria. Yeah, it was a bit too sort of too strict, yeah.

**Interviewer**: Mm hmm. Mm hmm. Ok, ok, I understand. Right, let me see. And how would you keep the PETAL therapy going once it has started in your service? So how would you have to kind of sustain it if it was rolled out and if you were, if you were about to sort of, you know integrated it within your service?

**Service manager 2:** Yeah, I think that that is a good question. I think it would require, yeah I mean maybe like a like a champion, a local champion who is sort of is an expert on it on the PETAL intervention and can and and is willing to train other people so they get trained and they then then train other people. Because I think one of the biggest problems is that we get staff leave that they there's a big turnover of staff, so even if we you train some staff, if they leave then you know you have to retrain more staff so. Maybe having, yeah, having somebody a local champion who can train other people.

**Interviewer**: Mm hmm.

**Service manager 2:** I think would be helpful and just to problem shoot if there's if there are any issues.

**Interviewer**: Mm hmm. OK, no, that's great. Brilliant. And let me see. And if your service was approached again to join the study, would you be willing to take part in the study?

**Service manager 2:** Yeah, yeah. Yes, of course. Yeah.

**Interviewer**: Actually you are taking part in the main trial, so this question is.

**Service manager 2:** Yeah, yes. But I think I look at maybe the recruitment strategy and see if, yeah broaden it out and yeah.

**Interviewer**: Yes, yes.

**Service manager 2:** Because the last approach didn't quite work so, yeah.

**Interviewer**: Yes, but it sounds like it was a bit of a combination of many different factors, you know, so you know you do your best and then the outcome might be what you expect or maybe maybe not exactly that. So it's yeah, it's completely understandable. Yes, right. And finally, is there anything which I have not covered and you would like to maybe talk about or share any sort of experience? Anything else?

**Service manager 2:** I guess the the only one final thing I would say is that actually when I was trying to approach carers to talk about the study, I was, I thought, actually it might be really helpful if there was some sort of script available.

**Interviewer**: Oh, ok.

**Service manager 2:** So that we could then use to describe the study, because it's actually quite a complicated study and to describe it in a way that's simple for carers to understand and that doesn't require sort of the person who's talking about the subject to really have to kind of think and put it in a way that cares would understand, I think that would be really helpful. And I think that that might be useful for for other sites too. So just a way of a simple way of when we're approaching participants really simple way of describing the study that we could just, a script that I think that might be helpful, and then you can sort of standardise how people are approached. It's a bit like when you send out an invitation letter.

**Interviewer**: Mm hmm.

**Service manager 2:** Sort of asking people to join the study and having basic information. A lot of the times obviously we're not obviously sending out invitation letters, but we're having at least maybe having a conversation on the phone or in clinic face to face. But having a simple way of describing the study I think would be useful.

**Interviewer**: Ok. Oh, that's a really good feedback. I mean just, you know, obviously it's it's more like from my research assistant perspective where we do have like a little script when we phone people up after we receive the expression of interest. And I do find it very helpful and it's a very simple way of explaining, but it also conveys the important information of what this study would involve for them. And you know what it is about and why it's good for them maybe to join. So it's a really good feedback. Thank you. I definitely pass on all your feedback and then we can make changes based on that. So it's it's really, really useful. Is there anything else which you would like to maybe raise or include?

**Service manager 2:** No, no, I think that I think that's fine. Yeah, I'm good. Thank you.

**Interviewer**: Yes, alright. OK. Let me just have a very quick look at my questions. But I think I think I managed to ask everything which I was meant to be. Yes, I think it's all good.

**Service manager 2:** No problem. Thanks very much.

**Interviewer**: All right, thank you. So I'm going to stop the recording if that's ok.