**Transcription – Carer 2 (paid)**

Duration: 36 minutes, 56 seconds

[Paid carer joined the therapy with Participant 2 from Module 3 part 2. Baseline assessments and previous sessions were completed with previous carer who left the service.]

**Interviewer**: So today's date is the 4th of August 2023. My name is [Interviewer], I'm a researcher on the PETAL study, and I am conducting a feasibility interview with a paid carer, and the participant identification number is [participant ID]. Right, so, hello, [Carer 2].

**Carer 2**: Hello.

**Interviewer**: Thank you so much for your time today. So you have taken part in the PETAL therapy and the PETAL study, which aims to find out how to best support people with the learning disability who display challenging behaviour in the community. And today I would like to discuss with you your recent experience in the feasibility study, because your feedback would be very beneficial for us to make changes to the therapy, the way it was delivered, to the content, or in any sort of aspect for the main trial. So I know that you have joined the therapy a bit later, was it sort of midway or a third of the way through?

**Carer 2**: Yeah, it was about third of the way through.

**Interviewer**: Alright, OK, so I will not ask you questions about the study processes, the questionnaires and things like that, because I did those with [previous paid carer of Participant 2], I'm hoping to see him as well separately, so he's going to be able to leave some feedback on those. So the next questions would be around basically receiving the therapy itself. So just a very broad question is that what was your experience in general with the therapy? How did you find it?

**Carer 2**: I found that I thought it was very positive overall. The only difficulties really came up when [Participant 2] was having a particularly rough day, for whatever reason, it was always because of reasons that were external to the therapy itself. I remember I had one session, few sessions on my own with [Therapist 2], which were really great, and we could talk about what was best for [Participant 2] and we went through the questions and the questions themselves felt quite natural, really simple to answer, also trying to get me to open up and think about a few things. Was one session in particular about there was specifically for paid carers and that was very helpful and then it was helpful to have the, that was in focus on me, but it was nice to think about the effect of whatever [Participant 2] is struggling with and what effect that does have on me and the other support workers, because that's not something that is I think is always discussed, and obviously will have an effect on the quality of his care and support, so overall, I think it was a very positive experience, very helpful.

**Interviewer**: Okay, well, that's really brilliant. Yeah, I think the main aim is, one of the main aims of the therapy is to involve carers, because there is a bidirectional relationship obviously between carers and the people with the learning disability, and if we can support carers better, then that's going to reflect on the care and support you can give, so yes, that's really positive. Have you been able to raise any issues or concerns you had during the therapy?  
  
**Carer 2**: Yeah, the person we did the therapy with, [Therapist 2], was very open to modify things as we went, trying things out to make sure that everything suited [Participant 2] best, so in terms of the session length, the kinds of things that we talked about, she was willing to bring in superhero things that he might engage with a little bit more easily. It was very easy to talk to her, maybe a little bit on either side of the session to try and figure out, OK, well, what's the best way to sort of get [Participant 2] to open up a little bit more next time? Sometimes [Therapist 2] would come and she would say `This is my intention for this session, how do you think [Participant 2] would respond to that, and anything that I thought `Oh, maybe he was actually not in the right mood for to play this game or to discuss this today`, she was very receptive to that and we were able to adjust as needed, which was really, really helpful.

**Interviewer**: Oh, that's really lovely. So it seems like she managed to really personalize the delivery of the therapy to [Participant 2] and to the day, and she involved you as well, and your opinion, which is really, really useful?

**Carer 2:** Definitely, she was very receptive. Any ideas I had and it went both ways, she had a few ideas of how best to, she had a better idea of what content she needed to get across and exactly what she wanted [Participant 2] to get out of each session, and the priority more than anything else was providing [Participant 2] with a comfortable space where maybe you'll get the most out of it, and I think she did a really good job at that.

**Interviewer**: That's brilliant, that's really lovely, it's good to hear. Right, and was there anything that made it easier or harder for you to attend the sessions? So in terms of finding the time, was it maybe a bit time consuming or was it easy or relatively [easy to attend], so was it okay to find the time for you, or allocate time? Did you meet weekly most of the time?

**Carer 2**: Yes, so we have tried to meet weekly, and the majority of time we were able to do that successfully, and umm, it's difficult because we wanted it to, obviously we wanted me to be there, so it's the same person there each week, and my schedule isn't the same week in, week out, whereas [Participant 2] might have a little bit more rhythm to his schedule, so there would be times where, yes, we`d meet weekly, but we might meet on the Friday and then the following Monday, which obviously isn't much time or we meet on the Monday and then the following Wednesday, which is a week and half later, so it was difficult to keep it consistent timing in between each session and we could definitely feel the effects of that. I think if we had a session on a Friday and then the following Monday, we could feel that actually not much time happened and we could tell that maybe [Participant 2] was a little bit quicker to lose patience with the session or maybe we hadn`t time to put in place anything that we'd planned from the last session. [Therapist 2] was really good with that, even though they were effects, if there was something we tried to put in place on the Friday, we'd be looking at that for the next couple of sessions anyway, and she'd be checking in with me to see how this has been implemented, at this been implemented. But we definitely felt the, it was a struggle to get in the exact same time every week, yeah.  
  
**Interviewer**: And is it just basically because of the nature of your schedule, isn't it? Because you do support others as well.

**Carer 2**: Yeah, exactly. I think it was, there was a little bit of a warming period as well, where we got to figure out what is the best time for [Participant 2] as well in terms of his mood, is it best to do it in the morning before he, when he has the whole day ahead, or is it better to do it at the end of the day when he's got nothing else to worry about, trying to figure out what the best time is for that, and over the course of a couple of sessions, we managed to figure it out.

**Interviewer**: So you managed to figure it out? Okay, so was it more like in the mornings or in the afternoon?

**Carer 2**: Afternoons seem to be better, so around 2:00 o'clock or 3:00 o'clock is when we had the sessions and he seems to be much more, much quicker to engage, much less likely to try and change his mind at the last minute and deciding not wanting the session, so that worked pretty well in the end.

**Interviewer**: That's really nice, very positive, isn't it? Seems like you managed to work really well together, all three of you actually.

**Carer 2**: Yes, absolutely. [Therapist 2] was really good at working, and really engaging with me and with [Participant 2], just trying to work out the best way around it. Those tools, which she took initiative, which obviously just fantastic, but she was always willing to be flexible and discuss what were the best way forward, was for us both and I think that was really, really great.

**Interviewer**: That's lovely, awesome, that's great. Right, so the next question is about that what did you find most helpful from the PETAL therapy, if you can think of anything? You could take a look at the workbooks as well or if anything just sort of comes to your mind?

**Carer 2**: I think there are a few things, practical elements that we try to implement, which is like the ABC charts, and the Broset checklist. And the ABC charts are something that we've tried to engage with [Participant 2] before, and it tends to be helpful as a way of, for our own records, support workers, and for making sure that everybody in the team is on the same wavelength with how [Participant 2] is doing when he's out in a given day. And it was just a really easy way of seeing `Okay, he's actually, he's getting better. We're having fewer incidences and yeah, incidents. And then the Broset checklist, we have a daily journal, daily guide that we have to keep up on of all of the people that we support, and so what we did was that we implemented the Broset checklist and that so that any person could…

[(A service user enters) Carer 2: Hi [service user]. Sorry. Hello. We're just having a bit of chat, you're going now? Sorry. Interviewer: It's OK, don't worry. I will come and say bye to you before I go, okay? Carer 2: [service user], you okay? Interviewer: Is he okay? Carer 2: Yeah, he is fine, okay, he is just on his way out. Interviewer: Maybe he wanted to say bye? Carer 2: Yes, I think so.)]

**Carer 2**: There we go, yes.

**Interviewer**: Just checking, recording is all good, it’s the first time I`m using this method.

**Carer 2**: All good? Sorry about it.

**Interviewer**: No, don’t worry about it, that’s all fine!

**Carer 2**: So yes, there is the Broset checklist, a really handy way of everyone in the team is able to register even if they're not trained or they're not sure what it is, they can see we've got the form where they can put in `OK, he has been feeling irritated, he has been getting confused today` and that's a really handy thing that we can cross check with, `Oh we had this number of incidents on this day`, that's been quite useful to implement.

**Interviewer**: So you implemented it even within the team?

**Carer 2**: Yeah, yeah, it's something that everyone in the team can access and it's really easy to update, it’s a couple of clicks.

**Interviewer**: That's great, really nice.

**Carer 2**: It's a small thing that could go a long way, and it's really easy to check back on and we can see exactly which points in the Broset checklist he actually does respond negatively to, because if he's making verbal threats, which is on the checklist, to him that doesn't actually tend to be a sign of an incident sometimes because I think he's just, he can just make those threats no matter what mood he is in, he just say `oh, I'll go off a little bit and talk about it`, but if it's particularly confused or irritated that`s slightly different and that means he is more likely to have an incident and it was really easy to be able to distinguish that and be like `OK, we don't actually have to worry too much, this is what he is doing, but if this is how it's feeling then, slightly different. So that was really, really helpful.

**Interviewer**: Well, that`s brilliant, awesome, that's really great. Uhm, do you feel that, in what ways do you think that the sessions made a difference on how you or maybe your colleagues handle episodes of aggressive challenging behaviour? Do you feel that there is a difference of how you guys react to those episodes?

**Carer 2**: More than anything else I think it's been really great to see [Participant 2], and, trying to think the best way to word it, so having the space or providing the space for [Participant 2] to open up about how he's feeling, it's not something he likes doing (both laughs), but him simply having the space there, whether he uses it or not, through this PETAL therapy, because he's given that opportunity, I think has made quite a difference for him and his and having staff as well, it's built up a bit of a relation between him and I, and that he does feel like I listened to him and when he when something happens or he shows behaviour or he comes by aggressive, I just try to reemphasize that now I think a lot of the staff do that and try to just listen to his points and let him run out of steam that way, and that's been really great. I've seen, he's not throwing things as much, he's not, he used to sort of just attack himself a little bit, and he's not doing that as much anymore because he's getting it out there in a way that's it's communicative and it's verbal. And yes, it's aggressive, but it`s not aimed at us, or me and he's able to open that up and he'll be very quick once he calms down to be like, `I'm sorry, I got angry` and that's been amazing to see. We've had far fewer very violent outbursts and he's been really good, to having that space, I think to communicate how he's feeling and learning how to communicate how he's feeling, which was a big part of what we talked about in the therapy. Uhm, no matter how much he engaged with it during the sessions, sometimes it was more than others, I think it's had the effect on how much he can feel like he can open up to us or can express how he's feeling, whether he understands it or not, and I think that's made a big difference.

**Interviewer**: Oh, that's amazing! So it sounds like that he is more equipped with the tools of expressing if he is not feeling great in the moment, and then the communication probably helps not to burst out.

**Carer 2**: Yeah.

**Interviewer**: That's really, really great.

**Carer 2**: Although if he knows or not, that`s a different question. I think it's something that he may be just picked up subconsciously, it's not something that he does deliberately I think or feels but knowing what he feels. But it's a change that I've noticed in him, and from what I've heard from talking to the other guys, it's been quite a recent one that we can attribute to this, just the opportunity to just having people come to him and say, `Yeah, you can tell us how you feel and that's what this is for`, even if he's like `No, I'm not doing it`, he will know that he can later on and I think that's been quite important.

**Interviewer**: That's brilliant. Yeah, because my next question was going to be that, did you actually see any change in his behaviour, in the frequency and intensity of those challenging behaviour moments? So it seems like it did definitely improve, and yes, hopefully it's actually due to the therapy. That's really, really good, very positive. Right, let me see, yes. Were the workbooks helpful for you? How do you feel about them?

**Carer 2**: The workbooks, they were helpful for me more than [Participant 2], I don't think [Participant 2] ever opened one.

**Interviewer**: Right, okay.

**Carer 2**: So we gave it to him every session, just read through if you want to. He didn't want to keep it in his flat, he wanted us to hold on to it.

**Interviewer**: Oh, really?

**Carer 2**: Yes, yes.

**Interviewer**: Okay.

**Carer 2**: So umm, I don't think he ever used it. The one that we used was helpful more so as a point of reference than anything else, so you can go through the Broset checklist and the ABC chart and saying a little bit more of those was really helpful for that and the practical things we want to implement, but because I think it a drawback of being able to personalize it was we went off script sometimes and we didn't always stick to exactly what was in the workbook and that's fantastic.  
But it means that we weren't using the workbooks I think as much as we could be. It isn’t necessarily negative at all, but it's just it was more useful for me than it was for him I think.

**Interviewer**: Right, okay, but that's really good. And did you find it easy to do the home practice tasks between the sessions? Was that fine or was it too time consuming?

**Carer 2**: There'd be times when sometimes they're a little bit more abstract that they were literal, I think that the tasks in terms of implementing Broset and ABC and keeping up with those were helpful as the number of incidents that we have to record become lesser than, there'd be some ways of `Oh, we don't actually have anything to put in here`, which is always, it's never bad news, so I think implementing that it was, that was a big parts of the practical staff and then my own personal goals that would be set, for example, after we had the carer session, I was more personal goals were set after that, and that's something I could have done in, but it would tend to be over the next week or two as opposed to by the next session we've done, xyz, it'll take a few weeks, in part that because we don't want to, at the end of the session, go to [Participant 2] and be like `Right, we've got to do this, this and this by next Monday, that's not practical but [Therapist 2] was really open, she was very aware, could be something to do next week, or just something to think about over the next few weeks, and having that kind of mindset around it, not set as concrete, a little bit more flexible in terms of what our goals were. So I think we set specific goals around healthy eating, for example, after the healthy habits, and that's really helpful for me to think about when we're going shopping with [Participant 2]. Now I've got these specific goals in mind. For him, it's just OK, I'm trying to be slightly healthier. But that's good because we can meet in the middle and my mind is more focused on the specific goals, his is just `I'm a little bit healthier`, little bit more abstract, and so that was helpful, that was beneficial.

**Interviewer**: That's really nice. So you managed to implement the healthy habits? Obviously, you have to meet in the middle I guess.

**Carer 2**: Yes, yeah. So it's something else, well, yeah, you're having a few more apples this week, or a few, a little bit more fruits, or maybe using a little bit less sugar in the meals, yeah, we've implemented that, and it's something that he was personally looking to do anyway, before we even had that sessions. We got to a point halfway through the sessions where he was getting somewhat frustrated by them, I think just because he had to set aside the time for and he didn't really want to do that I think at one time, so we'd cut the sessions down to 15 minutes, but what reason to got to latch on again was this healthy habits session, because that's something he had been thinking about himself, and he ended up sitting there for an hour after we said `Oh, well, I need to do 10 minutes`, but he was very, he was asking questions, he was really engaging, we sort of let the time carry on, and he did really, really well, he was very receptive, very focused, and he's been able to enable some of those goals in his day to day life since, and that's been very great to see.

**Interviewer**: There's brilliant, that's lovely. It sounds like he was very motivated as well in that session. And what about the session with mindfulness and emotion ones? How did that go I was just wondering?

**Carer 2**: So those were the ones that he would sort of shut down, I think the emotion session in particular, [Therapist 2] had a game she wanted to play based on the inside out I think it was, and he just shut that down and that was the session where I think it was halfway through, he was just like `I don't want to do this anymore`, and that's when we cut it down from an hour to about 15 minutes we'd see him, the rest of the session [Therapist 2] and I would talk about it and figure out what the best, what was helpful for him and what wasn't.

**Interviewer**: Okay.

**Carer 2**: And that worked for a couple of sessions, but the emotion session, he didn't like opening up, he didn't like talking about how he felt, umm, he wanted to talk about comic books, he wanted to talk about superheroes, and he couldn't quite see how… [Therapist 2] did what she could, she did a really good job and trying to connect emotions and how you could communicate those with superheroes and all that and she had these cards made, fantastic, but he just didn't engage with them and he was like `Well, Superman wouldn't feel sad there`, and `Batman doesn't look like that`. I think it is a bit of a one-track mind, for those things, he just wanted to shut them down.

**Interviewer**: Yeah, yeah.

**Carer 2**: Mindfulness, he, I don't think we, there was one session that might have been that one that we didn't do to the fullest extent and I think it's because you just very clearly did not want to engage with that, it was something that [Therapist 2] brought up over the course of one or two sessions, trying to introduce elements of it in a way that connected to other things but it was something that he just wasn't going to, I think, but it's something that he considers, he likes being calm. He used to do meditation.

**Interviewer**: Oh, he used to do meditation?

**Carer 2**: I think so, yeah, he used to. I think he thinks of it as competitive meditation. So it's like `Yeah, I was the best in meditation!` (both laughs). Be quiet for five minutes and that.

**Interviewer**: That’s adorable.

**Carer 2**: I know. So it's something that is on his radar, but he didn't want to talk about it, he didn't want to consider it too much, and [Therapist 2] was really great, just trying to find other ways to introduce the odd element here and there where it connected to other things but yeah.

**Interviewer**: Um-hum, yeah, I see. That's great, it sounds like that the best was taken out of the situation in a way.

**Carer 2:** I think so.

**Interviewer**: Okay, that’s so sweet. And did he win the competition?

**Carer 2**: Yeah, I think so. It was his competition, nobody else was competing, but he was set there and think like `I'm going to be the best meditator`, yeah.

**Interviewer**: Oh, he's so lovely. Right, just one more question about the workbook, so would you maybe consider using the workbooks in the future? Actually, we have covered this because you did say that you implemented some elements like the Broset checklist and the ABC charts, so you`d probably sometimes refer back to them in the future?

**Carer 2**: Yes, absolutely. More information, if we want to look more at the process we're working on it just that side, then yeah, we probably read up on it from you. Definitely would be a good point of reference. And for introducing, if we had more people joining the service or more people working with [Participant 2], trying to show them how, what we do with the ABC charts, what we do with the Broset checklists, where it comes from, it's definitely a good point of reference for that.

**Interviewer**: Okay, that's brilliant. The next question is that which PETAL sessions where maybe not so useful? If you can think of anything?

**Carer 2**: Yeah, he sort of shut down on the emotion and the mindfulness was not going to happen. In the each of them I think from what I remember were helpful though that I can remember the most helpful ones, and the other ones I think he would engage not to the fullest extent and took him a while to sort of climatize with the idea of sitting there and listening and focusing. And bless [Therapist 2], she did a fantastic job engaging with him and trying to find a balance between going through the content. He didn't like when there were loads of psychology terms and stuff like that. He wanted to talk about him, and he didn't want to talk about his psychology, I think he'd think of it. So that's the thing. But in terms of individual sessions, I don't think there were any that specifically stood out with me as `Oh, that`s completely unnecessary`, I don't think that's the case. So I think it's just yeah, it's just the Emotion he shut down because he's just he doesn't want, he didn't want to talk about it, didn't want to open up about it, and mindfulness was not something that he would engage with or talk about, mindfulness for him is some psychology, abstract thing.

**Interviewer**: It`s too abstract, yeah.

**Carer 2**: Yeah, so that that would be the only thing I'd say.

**Interviewer**: Right, okay, that's great. And was there anything that you would have liked support with, but that was not addressed in the sessions?

**Carer 2:** No, I was, I was amazed that there was a session specifically for carers and support workers. I thought that was brilliant, that really took me by surprise.

**Interviewer**: That’s the feedback we get recently, carers says that `You know what? This was amazing, finally I had space to talk about how I feel.`

**Carer 2**: Exactly, yes. That was, and even given the permission to feel any kind of negative emotion about it, so helpful, and it was almost relieving, very therapeutic.

**Interviewer**: Brilliant!

**Carer 2**: Yes, I think, yeah, that was brilliant.  
  
**Interviewer**: That's lovely, it's fantastic, it sounds really positive. It's a sense of relief because these emotions are normal, and they are justified, and it's good to talk about them.

**Carer 2**: Yeah.

**Interviewer**: And it is not an easy job to support anyone, so obviously there's quite a lot of burden on carers, so I think the idea is that that there will be more focus on carers as well within the therapy. That’s really useful feedback, thank you. Uhm, let me see. Did you find maybe the therapy too time consuming?

**Carer 2**: No, I think it was really helpful being able to be as flexible as we were, being able to cut it back down to 15 minutes from what was I think 45-minute session at one point. So for [Participant 2] this was really helpful and we were still able to, [Therapist 2] and I would still spend some time around that having a session almost on [Participant 2]'s behalf, but more focused on how I can help him from the out, third person`s perspective, from the outside looking in, and as [Participant 2]'s key worker, away he goes, I sometimes would be going with him and I've been supporting him out, so there is not much he does without being around someone, so I think having those sessions, even just 15 minutes directly with [Participant 2], having sessions with me, with [Participant 2]`s consent, I think they were really helpful and we were able to get benefits out of that. But I didn't think it was too time consuming, it wasn't, you know you could put a mark of an hour in a week and that wasn`t an issue.

**Interviewer**: Okay, that's great, perfect. Did you have any meetings or calls with [Therapist 2] outside of the sessions or just to arrange?

**Carer 2**: Just to arrange, sometimes to discuss the best ways forward, so if [Participant 2] was feeling like `I don't want to do it the way that we have done`, so [Therapist 2] and I had a call to discuss the possibility of changing it to 15 minutes, and the rest with me, so that was one where we had, sometimes thought we'd go into a session with [Participant 2], she would talk me through what was going up, and I'd sort of I'd be able to say `Well, I don't think he's really in the mood to talk about this`, so I think maybe we could work on… so almost as strategy planning. And then to figure out what the best method was to get the most out of him at the session. I spoke about this outside a bit and that was helpful, but other than that, no, we didn't have anything else aside of it.

**Interviewer**: Okay, that's really great. And were there anything that you think we should change?  
  
**Carer 2**: Hm, I think it's obviously difficult because you're dealing with people with learning disabilities, each person we have to a varying degree struggle with different things, willing to be open to things, with different temperaments and triggers, I think it is just a case of figuring out what the best way forward is with them. I can`t remember rightly, it was 14 sessions, is that correct?

**Interviewer**: Yes, there are seven modules, which can be broken down into two sessions, so that's 14, yeah.

**Carer 2**: So I think that was part 4, I think we ended up doing two and for the last couple of sessions, we ended up doing one session for each, one session per module, just for the last few, because it was I think carrying on directly from the last session for [Participant 2] I think, or maybe it felt like repeated information or so that maybe he didn't engage with that as well, being able to keep the content fresh each week and make them something new, I think it just became the best option, but at the same time having those extra sessions at the beginning I think is the best way to, one for him to climatise himself to having these sessions, but also for [Therapist 2] and I or [previous paid carer of Participant 2] to climatise, too, and how he responds to them and what the best option is for him, like mentioned before, what the best time is for him and best day, how does he respond when he's in this temperament, so I think there's a balance if you need quite a number of sessions at the beginning to sort of figure things out and go through those growing pains, but by the end, having the fewer sessions were really helpful and they could be more focused and he was more focused in them, just took a while to click to that. I think different people will climatized to sessions in different ways.

**Interviewer**: Of course, it's not something we do often, and it takes time to build the rapport and the trust, and to feel like he's able to open up. Yeah, and it sounds like for him it`s not easy to open up anyway about emotional things, so that's good that he managed to open up, I guess yes to some extent.

**Carer 2**: That's the only, that's not even really a criticism, that's just it's a difficulty that I can imagine from it, and I think [Therapist 2] did her best she could to make sure that everything was meeting, what [Participant 2]`s needs were, as long as that flexibility is kept, I think it`s brilliant.

**Interviewer**: Excellent, that's really lovely. Great, right. Hm, let me see, I think we covered this as well. Uhm and what do you think what was the reason that he didn't really want to talk about the therapy now? Because in the phone you mentioned that he wanted to sort of leave the therapy behind.

**Carer 2**: Yes, so the impression that he gave me, a couple of things, he said when I initially had said that you were coming and you met him before and he met you, he seems, he's perfectly OK with the idea was like, yeah, that's fine, okay, but talking to him about it this morning, just reminding him that `Heya, [Interviewer] is coming, I think he's in the mindset now where it's been long enough I think since the last PETAL session, but now it's just `Are we bringing this up again`?

**Interviewer**: Oh, I see.

**Carer 2**: So maybe it's just the time that it's been since I think it was, it was midway through last week we organized this session?

**Interviewer**: Yeah.

**Carer 2**: So I think exactly like that. So I think having the time since then, and it's difficult to balance schedules obviously, but given that it's been a couple of weeks since his last PETAL therapy session, I think maybe it's just kind of said `Oh, bringing this up again, I thought we have done there.`

**Interviewer**: So is it a closed file for him?

**Carer 2**: I think so, yeah.

**Interviewer**: So maybe would have been more helpful if I could have contacted you back just straight after you finished the sessions, or?

**Carer 2**: Yeah, yeah, I think so.

**Interviewer**: Yeah, okay. So it was nothing to do with the content of the therapy or any bad feelings left, what do you think?

**Carer 2**: No, I talked to him about it and I said `It's the opportunity for you to share how you felt about it, what your thoughts were`, and he's like `Well, you can do it. You can just say that it was alright` (both chuckles), so I think it is just the case that he just wants to leave it, it`s not because of the content itself.

**Interviewer**: Okay, okay, that's good, thank you. And is there anything else about the therapy which maybe we didn't cover, and you would like to bring up? Any positive or negative [comment]?

**Carer 2**: No, not, I think there was, I think there was a lot focused on anger and aggression and that's because that's something that's [Participant 2] struggles with but I remember talking to [Therapist 2], we were talking about communication and trying to be more, what's the word? Not aggressive and not…

**Interviewer**: Is it assertive?

**Carer 2**: Assertive, that’s the word I'm looking for, yes, trying to be more assertive, and her impression was that [Participant 2] is quite overly aggressive, when actually the opposite is true and his aggression is the anger comes out of fear and insecurity I think and a deep seeded need for control, and I think the beginning of the therapy was maybe focused around his aggression as opposed to his insecurity.

**Interviewer**: Oh, I see.

**Carer 2**: And I think that’s, I wasn't around the beginning of the therapy, I'm not sure if that's because that's just what his behaviour was, or maybe that's the beginning of therapy was supposed to be structured around aggression, I don't know, but that's the only thing I can really think of. But other than that, it was truly fantastic, the concept was brilliant, like I mentioned that having something in for the support workers, having it focused around the staff that was supporting him as well, and how he communicates with staff as well as how the staff communicate with him, all of those brilliant.

**Interviewer**: That's lovely, I'm so happy to hear that. That's great. And maybe my last question would be actually around the transition, so was [Participant 2] fine with the fact that [previous paid carer of Participant 2] left and then you continued supporting him within the therapy? Was that something he was OK with, or do you think it affected the therapy in any way?

**Carer 2**: I think I worried a bit much.

**Interviewer**: Or was it a smooth transition?

**Carer 2**: Very smooth. I worried that it might affect the therapy. We had, we wanted to have me shadow [previous paid carer of Participant 2] in the sessions for a little bit and see how that actually was, and we did that for one session, because then it became clear that [Participant 2] liked having both me and [previous paid carer of Participant 2] and with [Therapist 2], and so it became a slightly different dynamic. So we ended up only doing that for once, and then the next one was just me and [Therapist 2] with [Participant 2], and that went really, really smoothly. I was a little bit worried about it, but it went really well and [Participant 2] was engaged in this and distracted as ever, but it didn't inhibit [Therapist 2]'s ability to get through to him or to have him engage, I think it all went really well, really smoothly, it didn't cause as much of an issue as we might have worried about.

**Interviewer**: Okay, that's brilliant, that's really good. Is there anything else you would like to add, about anything?

**Carer 2**: No, I can't sing [Therapist 2]`s praises enough, she was fantastic. She very much knew what she was doing, she was really willing to engage and be flexible, that was so key, so huge, nothing was concrete, and everything could be moved around and what was best for him. It's fantastic, I couldn’t sing her praise enough, she is brilliant.

**Interviewer**: Excellent, okay, that's a beautiful finishing remark then. Okay, so I'm going to stop the recording.