**Transcription – Service manager 1**

Duration: 18 minutes 24 seconds

**Interviewer:** So, just for the record. Hello, my name is [Interviewer]. I'm a research assistant at the PETAL study. Today's date is the 11th of March 2024 and I'm conducting a feasibility study interview with [Service manager 1], who is a service manager. So, thank you again for agreeing to take part.

**Service manager 1:** No problem.

**Interviewer:** So yeah, we've invited you to an interview because obviously you and the service took part in the feasibility phase of the PETAL study. And we would like to discuss what your experience was like. So, my first question would be what motivated you or your service to take part in the PETAL study?

**Service manager 1:** What motivated us? So as the kind of the lead of psychological therapies, we are always on the lookout for new methods of interventions which may support the people that we support. So, PETAL sounded like an interesting approach to some of the challenges that people experience. So, we thought we would like to give it a go. We are very lucky to have [Researcher involved with PETAL] amongst our team as well, and she's a strong advocate and… yeah. So, I think anything that might help the people that we support we will always be kind of interested to try and take forward.

**Interviewer:** That's great. And did you, you know, was PETAL therapy, what you anticipated when you agreed to take part?

**Service manager 1:** From what I was told, I think so, yes. Yeah, a sort of manualised approach. Sort of structured sessions with some flexibility. My understanding from those who delivered it was what people said it would be, so yes.

**Interviewer:** OK, that's good. That's good to hear and, you know, obviously even though you weren't directly involved in the therapy part, I wonder what did you think of the therapy?

**Service manager 1:** I mean the feedback I got was very positive. I think, my sense was, from the people that delivered it, was that slight flexibility and that creativity I think was really appreciated. So, it wasn't wholly manualized in that sense or prescriptive, so. That was the bit of feedback that sticks to my mind about it.

**Interviewer:** Yeah, that's good. And did you think it is sort of different from the other therapies you usually offer in the service?

**Service manager 1:** I would probably struggle to answer this a little bit. My sense was it was based on kind of CBT ideas. So, I'm not sure how different it may be from some of the other CBT. I mean, again, not doing it myself as well as has been a bit harder. But what it made me think of was actually for some more junior staff, newly qualified, maybe assistant psychologists, it could be a helpful approach because that sort of guidance I think is definitely valued. And I think when you get more experience, maybe you are a bit more flexible in your approach. Anyway, so, yeah, sorry, I can't, yeah.

**Interviewer:** No, no, that's great. Thank you. Yeah, I think that's a nice benefit of it, it is a good experience for like, assistant psychologists other, you know, more junior staff members.

**Service manager 1:** Yeah. Yeah. I think to just have a bit of that guidance is always helpful.

**Interviewer:** Yeah, that's great. And so, my next question would be, how has your service found it to deliver the PETAL therapy?

**Service manager 1:**Ther e were no issues. I think it was quite easy to identify potential people who might benefit from the intervention, I think. You know, we are very fortunate to be able to identify a member of staff who could deliver it. So, I don't think there were any particular issues or concerns, it felt fairly easy. Yeah, no real challenges.

**Interviewer:** Hmm. Yeah, that's great. So, you didn't think there was any challenges when it came to sort of availability of the therapists and capacity or?

**Service manager 1:** No, we're very, we are in a fortunate time at the moment where there was the capacity and availability and yeah, we and the participants were there to potentially undertake the programme.

**Interviewer:** Hmm. Yeah. That's great. Yeah, we know it's not always the case that, you know, there is capacity to do it. Great, thank you. What are your thoughts about the way that the therapy could be integrated within the service, if it is, you know if the trial was successful and decision is made to do that?

**Service manager 1:** My thoughts on how it can be integrated. Well, I just imagine it will become another offer we could think about. Yeah, it's an interesting point - why would we offer this instead of something else? And I guess as a team, we would need to think about “Who? Who might this not work for?”. Because I imagine there are a lot of people it could work for, but actually, who might it not work for. What are the things that would make us think “This is not for PETAL therapy”. But I think if we had, yeah, a clearer idea of that and we may do already, as I said, unfortunately I didn't deliver it, or it may be they're already in the manual who it's for who it's not for. Then I think it can be an offer. I think what would be helpful for us is maybe a bit of easy read information to explain it so we can give people the choice and suggest you know “Here is one offer”. And again apologies that might already be part of the manual. Yeah, I think it'll just become an offer, and people will need to be trained or have an awareness of it and make sure they're familiar with it. Yeah. I think it would just, yeah, just fall in with the other offers.

**Interviewer:** Mm hmm. Yeah, of course. Do you think you would need any sort of extra support to be able to do that, to integrate it into the service?

**Service manager 1:** I don't, I don't think so at this stage. I think I'd probably need to speak again, speak to my colleagues who delivered and supervised it to get their thoughts. But it, you know, it would just be another offer that we could be offering. We would think about if it was suitable, but also give people the choice. I think like I say I think having information that's accessible to people to know what the PETAL offer is, is important. So, then they're they are consenting and making an informed choice. No, I can't. I can't really think of anything off top of my head.

**Interviewer:** Yeah, that's OK, of course. And do you think it would complement the other interventions that you currently use?

**Service manager 1:** Would it compliment? I'm not sure if it will compliment, but I guess I'm…you know, not everybody fits into the same box, so it's always good to have different tools to see which ones fit for people. Different therapies, you know, you can use a range of different therapies for the same presenting problem and it's about finding the right fit between the therapist and the individual for me. So having another approach or another modality can only be a positive thing to see if it fits with people so. Yeah, I don't see it as complimenting another particular therapy, but it could be in its own right. I mean, it could be, again I have to look at the manual and et cetera, et cetera. But could some elements, I don't know if we'd be allowed to, could we use some elements to like you say compliment maybe some CBT work. If that's permissible, then definitely could compliment. I heard good things about the resources and resources development. So that's something that could potentially be complementary to the other modalities.

**Interviewer:** Hmm. Yeah, I see. Thank you. Do you think, I mean, I know you said there wasn't any issues, but is there anything that you think would make it more difficult to do that do that integration?

**Service manager 1:** What could make it difficult to do that integration into being something we would offer as a as a?

**Interviewer:** Mm hmm.

**Service manager 1:** I can't really think of anything. I mean, if it has some efficacy, if it has some utility then. And like I say, it'd be different… I mean, the feedback that I got was generally very positive, I think if people really disliked it, then you'd have some difficulty integrating it. But it all seemed to be fairly positive from my end so I don't foresee any difficulties with it being integrated.

**Interviewer:** Yeah, that's great. And how would you keep the PETAL therapy going once it has started in your service? So, I guess how would you sustain it?

**Service manager 1:** Hmm. Well, if there's a need then it'll be utilised, I guess. If it's like I say, I wouldn't want to keep it there if it's not of use or of value to the people we support. So, we would want to make sure that everybody was aware of it, that they had some understanding of the approach, I guess is the thing at the moment it is held [i.e. the understanding] by a couple of individuals. So, I think that would help sustain it. The more people that were aware of it and had some knowledge of it. But as long as it, as I said, had some utility and had some benefits then it would I think automatically be sustained because people will be thinking about it and will be able to think “Oh, how about PETAL? That might be a good approach for this individual”. And the only reason it wouldn't be sustained is if the needs of the people were supporting don't quite fit the intervention that's being offered. But things come and go as well. So we'd, yeah…

**Interviewer:** Hmm. Yeah, yeah, of course. And I guess if there were challenges like let's say, a therapist in the service dropped out or left, how would you resolve these kinds of challenges?

**Service manager 1:** If somebody who knew about PETAL left, did you say or? Sorry. What was that?

**Interviewer:** Like an example of a challenge. But let's say you know one of the therapists that was trained left, but maybe there wasn't someone else who was trained at the moment that's available.

**Service manager 1:** Yeah. I would probably hope there there's a few [i.e., people trained]. I mean. If there was an offer to train other people, then we would try and access those if possible. And if we had capacity to do so, then we'd request some training, but my hope would be there would be more than one trained, I think. Again, I don't know enough about it, but I know there's a manual and there is, you know, and how much training do you perhaps need or is the manual enough to become familiar? But I would want to not have that knowledge just sitting with one person. I would like to try and avoid some of these things. It would be good to have more than one individual up to speed on PETAL. And if there was only one and they left, I would maybe contact yourself or somebody else in the programme to say “Hey, you know, unfortunately this has happened. We'd like somebody to a bit of a refresher training for us on PETAL”.

**Interviewer:** Yeah. OK, great. Yeah, of course. Of course. I'm sure there would be opportunity for continuous training, I'm sure it would be available. And my next question is if your service was approached again to join the study, would you be willing to take part?

**Service manager 1:** I think so. So long as we had the capacity and were able to identify people to partake in the study. Then I don't think there would be an issue for us to do that again.

**Interviewer:** That's great. Yeah, that's good to hear. And I think that's all of my questions really. Is there anything else I haven't covered that you think would be good to discuss?

**Service manager 1:** No, just curiosity, when does the study end and when do you hope to?

**Interviewer:** So we've just finished the feasibility. We have just a couple last interviews. We have started the main trial. We've actually recruited a few participants. I think it was three. So for the next 10 months, it's like a pilot phase. So we need to recruit, I think 20 NHS services. And then after that we recruit 20 more and when about we have 410 people in both arms like the treatment and the non-treatment. When they are finished and we've assessed them and yeah, that's when the trial will be finished. Then I'm not really sure how long sort of the analysis and write up and dissemination might take.

**Service manager 1:** OK.

**Interviewer:** I think there was plans to finish in September 2025, but you know how these things go - there are delays. So, it'll probably be a while after that, yeah.

**Service manager 1:** OK. Yeah, we got a little while to go.

**Interviewer:** Yeah.

**Service manager 1:** Yeah, no, there was no other questions for me really. Thank you.

**Interviewer:** Yeah, well, thank you so much. And yeah, I understand that obviously there's different levels of involvement between sort of the therapist, supervisors, service managers, but it was still really helpful. So, yeah, thank you so much, thank you.

**Service manager 1:** Great. No problem, no problem. Thanks. Good luck. See you later. Bye-bye.

**Interviewer:** Have a nice day. Bye. Thank you.