**Transcription – Therapist 3**

Duration: 37 minutes 56 seconds

**Interviewer**: OK, that's great. OK. So [Therapist 3] thank you. For the purpose of this, and for the transcription, so I'm [Interviewer], and this is the 15th of the 8th, 2023. And [Therapist 3] thank you for letting me record this and it makes my life easier with the transcription. So listen, I've got some general questions about about the PETAL project and some specific ones as well. And as is often the case with these things, I have a list of of different things to work through. So we may move around that in a different order depending on how things go. But you see me looking down it’s just I’m making sure that I've covered all the bases that I need to cover, OK?

**Therapist 3**: Yeah, no problem. Just to let you know, I've got the sunlight here, so I may be moving around as well, according to the sun.

**Interviewer**: That's OK, that's OK. Alright, so the way that this works with the recording it records both the video and then the transcript. OK and then I'll be submitting both, but we'll only be using the transcript. Obviously uh for research purposes and then that'll be anonymised. Ok, um, so listen again, thank you for taking part, and you took part in the feasibility part of the trial. I don't know if you're going to take part in the main part of the trial or is it just the feasibility?

**Therapist 3**: I suppose my understanding is just the feasibility.

**Interviewer**: OK, ok, well this this kind of interview as such, and these questions are about that part specifically anyway. And about your experiences of it and what worked and what didn't work so well, ok, what you know, what can we change, et cetera. So again, just to get your ideas about your views on the study itself and the, you know, the different resources that we had and the therapy itself in particular, as well. So all of that kind of wrapped up into one conversion. So first off, what was it motivated you to take part as a therapist in the study?

**Therapist 3**: Um, I'm just trying to think how I got into it, I think, but my supervisor is [Researcher]. Yeah, so she sent an e-mail around about couple of studies that was going on and it just in general, sort of, I think it was to the psychiatrists and or maybe the whole team, um, to check if anybody, any of us were interested in any of them. So I had a look through and there were a couple that were there and I think this one attracted me because I wanted to sort of learn a bit more about research and how research translates into clinical practice anyway. Sort of become a bit more aware and appreciate it, I suppose., because I'm not sort of, I don't know, as people say ‘research minded’. Although I don’t know what they mean by that. But I know our work is influenced by research and I just thought I need to know a bit more about how this happens so I can appreciate it and this particular one seemed quite practical. I don’t know if practical is the word, but from there I could, I don't know, by taking part in it I could probably be much easier for me to see how it would translate rather than something that's very sort of theory based, with lots of reading, et cetera, because yeah, so it just sounded really interesting. And also it involves therapy and we don't really get opportunities as a trainee in intellectual disability to provide therapy as such or psychological therapy to people with intellectual disabilities, unless you're a psychologist working in that field. So I thought this would sort of kill two birds and one stone.

**Interviewer**: Absolutely. Well, I I hope you got some of what you were looking for.

**Therapist 3**: Both both.

**Interviewer**: Good, good. And so I've had some specifics, right? But I put those to one side, I'll come back to those and I’ve a question. When you were delivering the therapy, after each session there's also a fidelity check as well that you had to fill out. Is that right? Like a fidelity scale after each session.

**Therapist 3**: Yes, so each session was recorded as well for the researchers to look at. And then, yeah, we ourselves had to do the scale. I mean the the forms.

**Interviewer**: Yeah, so what was that like doing, was it straightforward, was it difficult doing the forms?

**Therapist 3**: In terms in terms of the recording that was, you know, I just each time I just, well initially I I got, I obtained consent, um from the carer, mainly I don't think the actual participant was able to consent, but you know he I did it as much as possible. So he knew what I was doing. So that that itself was straightforward and I think the only thing that you would say about that is sometimes people become quite, you know, this is something we discuss in supervision a bit conscious, conscientious about the fact that you're being recorded. So what I used to do is just put it kind of, try and put it behind me and then forget about it that I was, I was recording it. But then I don't think that influenced the way I delivered the training at all, because I think at at times I mean of course I was aware that I was being recorded, and I think if in a way the only way it would influence it was if somebody was speaking and there was background noise and I thought maybe the tape didn't pick it up, I might have just repeated what was said, if I thought it was quite important what this person said this, or if people sometimes communicate by non-verbal language, so then I might just add you know, ok, this person said yes or something like that. Because it wasn't video recorded. In terms of filling out the form, when I say, yeah, you know what, initially I made a mistake, I thought it was just one form and I forgot to scroll down and I thought, I didn't realise each section, I had to do something for each section, and I realised a couple of sessions later. So, but then I just transferred what I'd written um into the other bits. So I thought, I'm just trying to think, yeah, I'm not sure what I thought of the form, if that really captured what the fidelity, I'm not, I'm not really sure because each session is a bit different as well. But I suppose you get the chance to express it in more details at the, you know, in the sort of [inaudible] sections and in the notes sections and at the bottom.

**Interviewer**: Ok. Well, look when you were going into delivery session, how prepared did you feel?

**Therapist 3**: Sorry, what was that?

**Interviewer**: Yeah, when you're going to deliver each session, how well prepared did you feel delivering it? ‘Cause you had the training, the manual, the resources?

**Therapist 3**: Yeah, so initially the training that we had, that was really useful in preparing us, and then for each particular session, I suppose it depended on how much time I had before each session in terms of reviewing the chapter and then thinking about it. Sometimes I had more time to do that and sometimes I had less. In the times I had less time to do that, I felt, I guess, less prepared. Yeah, because yeah, because I was saying before in supervision to [Researcher], I think with a particular participant that I had, I did have to adapt the manual according to his needs and abilities. So like every time I read the chapter I need to think about it, how I would do it, include it or not to include it.

**Interviewer**: Yeah. Was the manual useful?

**Therapist 3**: I think so, yeah, very useful. Yeah.

**Interviewer**: Are there any, well, I was going to say what were the most useful bits and what, what would you change if you had a chance to rewrite it?

**Therapist 3**: The manual is in front of me just so I'm going to have a quick look to remind me. It's very comprehensive, yeah, so that's, so there's a bit in each section where it just it's for yourself, the first part of it you read through and then the second bit, you sort of both work with the participant and carer. Um and for fidelity reasons, it's got paragraphs for what you're supposed to say, you know, supposed to say exactly, well, something very similar. But I think these sort of variety of people that we get, their ability and needs vary so much, so I don't think so that`s possible and some of the things that we sort of discussed also in supervision I um it was only being expressed, I was, I thought some concepts were quite difficult or technical or medical, even the language used. So the people, I mean, luckily I did it with a professional carer, so I had it based in an education setting, so she was well aware of many of these concepts. But even then, I think there were one or two things which I thought were quite medical sentences and but if I were to deliver it to a carer, which is like a parent who's not a professional, I think a lot of it was quite technical, and especially for people and a lot of the language you directed towards the patient or the participant and I think depending on that particular participant from my, in my experience in my sessions, I did really have to adapt it quite significantly in terms there's lots that I couldn't include.

**Interviewer**: Yeah, no, I hear that.

**Therapist 3**: Just because of his needs and he's very distracted, there's no way I could have given, you know, say a whole paragraph saying couple of sentences. Of course he's understanding, but also he gets very distracted.

**Interviewer**: Yeah, yeah, ok. Is there anything that you encountered when delivering the therapy that wasn't covered in the manual?

**Therapist 3**: Ok, I think what I found quite interesting was in the carer session where you deliver towards a carer in particular. It was quite, for the carer, it was almost like I was giving her therapy, providing therapy, I mean, which was fine for me, but also because I have that background and I can sometimes, I think there's potentially they could say something quite significant which may need containing for the person, or for you to know how to address those issues or what to say, what not to say, not in a verbatim manner, but you know general approach. So I think, potentially something like that to say that that manual that that could happen, and then to advise accordingly.

**Interviewer**: Yeah, that's module 6, isn't it, carer wellbeing?

**Therapist 3**: Yes, carer wellbeing.

**Interviewer**: Yeah, yeah. So making sure that comes out in the training for, for training therapists to be prepared that it's quite physical, but we're talking about people working in high stress environments sometimes, so mental health.

**Therapist 3**: Yeah, exactly, yeah. And sometimes I think the person also went into her own sort of, of course, your personal life affects your working life and vice versa, so she also went into her personal life aspects and to her past histories or past events that might have happened to her, including maybe a bit of trauma. So I think just to make researchers or therapists aware that that could happen, and then if they felt difficult in a situation like this, and what to advise the patient or who to who they can signpost to at least.

**Interviewer**: Yeah, absolutely. Great, ok. So thank you for that. I'm gonna if it's ok, we definitely pass that on directly actually because we've got more training sessions coming up, you know, in, in, in the coming weeks. So if you're ok with that, I'll directly pass that, great.

**Therapist 3**: Yeah, of course.

**Interviewer**: So what was supervision like?

**Therapist 3**: Yeah, it was really, it was good to hear what everybody's experiences were like, sort of some, you know, like, for example, it was good to, you know, think that I'm not the only one who thinks some of the language is complex. So, you know, it's not just me thinking it, so that that was interesting. And it's just to hear different people's experiences, the people that they were working with and the challenges they face. And I think it was interesting how we could sort of advice each other, like when I was in this situation I faced a similar situation and I did this and that worked. I mean and I said that that was all very useful.

**Interviewer**: Yeah. And so talking of language, it's a bit complex. This next question has one of those… So I'm going to try and find a way to word it. Um, it's asking about your - You've got a visitor in the background, are you?

**Therapist 3**: I've got my children, so they I'm trying to tell them to shush, do you mind if you just give me a moment?

**Interviewer**: Don't worry do what you need to do.

[Break for personal reasons]

**Interviewer**: So I was asking about your experience of delivering the PETAL program, what that was like and I'm particularly minded that you mentioned earlier that sometimes in your role you don't often get to do the therapy. So what was that like for you having that experience?

**Therapist 3**: I think I developed a really good rapport with both the carer and the participant, so it's quite emotional at the end. Yeah, I think it's particularly the, especially in the last session with both the carer and the participant, because I had told the participant the date the time before you know, it's coming to an end and this is our last session and also actually I was supposed to see him at home with his mother at the last session as well as her, so just explain to Mom what was going on and just say goodbye to him. But that didn't happen. Yeah, I just spoke because I saw them weekly and apart from, for example, when the holidays are half term or something like that, I think. That is the kind of things we are psychiatrists don't normally have, because when you see people, you know, it's not usually weekly, you know, one month if they're unwell, maybe a couple of times, but usually sort of every few months. So and also being sort of just seeing that change and how the participant became familiar with you and you know people with autism and learning disability, they take time to sort of establish, and how towards the end, you know they come, they feel very comfortable with you. Yeah, so that was really, really nice to see that. And then after saying goodbye, it was quite emotional compared to other sort of patients that I might see, so I I did enjoy it, you know the actual doing it and seeing them, I looked forward to the sessions. Yeah, so I did overall I enjoyed it. But yeah, it was a bit emotional.

**Interviewer**: A bittersweet moment at the end, yeah.

**Therapist 3**: Yeah, yeah. Even with the, you know, I think for the carer as well, I could tell, at the end when we're saying goodbye to each other like, I think she kind of like got attached to me as well, especially because she was able to, like I said in her session, able to open up about some of her emotional difficulty and things. And I'm not, I'm talking to it like this is not something she usually, she did and was able to do with people. So yeah, I think on both sides it was bit bittersweet, yeah.

**Interviewer**: Are you going to continue working in the intellectual disability field or are you moving outside of that?

**Therapist 3**: Now that that, that, that is my specialty, so some specialty that I've been training in so that is.

**Interviewer**: Ok, so I was wondering then, if you don't don't often get to do those kind of therapeutic sessions, I’m wondering then has doing PETAL given you something that you can then carry forward into the work that you would normally do? What's the impact that it's given to you?

**Therapist 3**: Yes, I know I think yes, because I like to build that relationship, but then no because of the ending I suppose. But yeah, it's just something I need to think about. I mean, I suppose, like, you know, the, the caseload of those patients that we have on our team there will be under the as a whole service, they'll be under us because once you have, you know, once you accept that you’ve a learning disability it’s a lifelong disorder, so I suppose, this particular thing I did it as a trainee and you move one every year anyway, so once as a consultant if I do that, I guess that they'll still be under the team as a whole, even if I complete that old that particular session so I guess it won't be that bad.

**Interviewer**: And what about your understanding of challenging behaviour? Has it had any influence?

**Therapist 3**: Yeah. No, no. I mean, you're aware of it, but I thought, I suppose this had gone into more depth of all the fact, all the various factors that come into it. In somebody, sort of the way they behave. So it's kind of, it's quite, very holistic, putting everything and all the things that different things that you would have to consider. Suppose it made it a bit more acute, awareness of it, rather than looking at things individually, I mean of course we do look at various things when somebody behaves. You know, physical, mental, but I guess this it was in a bit more detail. You look at the careers a bit more and make me appreciate you look at career wellbeing, how that might impact some of these behaviours, the person’s behaviours.

**Interviewer**: Excellent, good, good. What was it like delivering the sessions you know, and which do you think were the most useful for the participants?

**Therapist 3**: With the with the help of the guides, I think the sessions were quite straightforward to deliver. In my particular situation, I was based in an educational setting and I think where I was, the place, the room that we were in, it was a bit, the actual setting, environmental setting, we were in was a bit challenging in the sense that it was just outside the reception area, there were people coming and going. So there'd be some quite a bit of background noise and then in the room, sort of the room that we were in, people sometimes come in and then we we'd say to them, sorry, we're having a session, but I think they're used to using that room to put their things, bring things to, you know, get a drink or something. So they will say, oh, yeah, just give me a minute, I'll just be a couple of minutes kind of thing, you know, but we were in the middle of the session, you know, wanting to do that. But then we put a sign up and I think that helped a bit so. There's a session going come so that that did help but it also made me think like you know, we all, we all want, you know… The confidentiality is a big issue in the [Organisation], but one of the things I've realised that people with learning disability, their confidentiality, the sort of steps that you take to make sure things are confidential even when talking to somebody without learning disability, I think is different with learning disability, you accept more people coming in and coming and going, which I was made aware of, which was quite interesting. So it's like, ok, if this person has a learning disability, it doesn't matter if I come in. Well, actually it does matter, you know, people will kind of think that, you know, yeah, but it's less respected, I would say, yeah.

**Interviewer**: Yeah, yeah, absolutely. Um, so that's pressure from that side of the kind of the session. As such, the environmental side of it. And any issues from within your site at the service level? And did you get enough support, enough time and enough capacity to deliver the program yet?

**Therapist 3**: Absolutely yes. Yeah. So I did my my supervisor was very flexible because the time I delivered it was actually normally we would have supervision, I would have supervision with her. But this was the most convenient time in terms of the college and the participant, carer, etcetera. So she was very flexible in us changing that time.

**Interviewer**: Ok, good. And did you get many of the many of the modules done in one to two sessions?

**Therapist 3**: Yes, there was, there was one that I did in two sessions because it was quite long. I can't remember which one that was, now let me just have a look. One of the first ones not get to know the person.

**Interviewer**: Was it about emotions and behaviors?

**Therapist 3**: And I think it might have been about communication or what is aggressive challenging behaviour. Let me just look at I've put dates on when I saw people. It's on my fidelity, it's on the checklist anyway. OK, but no.

**Interviewer**: That. That's OK. I mean, just an old you said generally you you getting them done in 1 or 2 sessions anyway, yeah.

**Therapist 3**: Yeah, that's right and actually one of them, the one towards the end, I kind of adapted it a bit because which ones? Oh yeah, the career wellbeing and the healthy habits one, and kind of put them together. The reason why is because the school was breaking up for summer term and they were breaking up earlier, one week earlier than I had anticipated, compared to other schools, but in a way, it worked out quite well because then I used to model some of the things on the carer, and then so I did like, the first, each similar bit of the the carer thing to the carer. And then a similar bit I found in the healthy habits for the participant I did then I did that. So I modelled it with the carer. Yeah. And then so he was able to participate better. Yeah, because of that.

**Interviewer**: Yeah, good. Were there any other sessions, do you think any other modules that in your opinion need some more work need refining?

**Therapist 3**: No, I don't think so. I think it's all very comprehensive and I think just a comment that made before about the use of language, just being mindful of that.

**Interviewer**: Yeah, ok. Um, did you find the staff contacting you in between sessions for additional input?

**Therapist 3**: No.

**Interviewer**: Ok, and in your opinion, looking back, what do you? Which modules do you think were the most useful for the participant? And suppose in this case I'll say the participant and the staff because you were kind of delivering to both.

**Therapist 3**: I think the end one and the care wellbeing and healthy habits one, the one I did together. So I don't know if it's that's because I have had developed a rapport with the the participant a lot more. And so he was able to sort of engage better. But I think definitely from a carer point of view, I think she found that useful. And the calm environment, is that it, because common environment week before again, the way I did it was I modelled it on the carer first, the exercises, and then put the put the participant to copy and I think they both found it useful. Later it came out that the both found, you know in this sort of review session that they both found that really useful.

**Interviewer**: Yeah, but it sounds like there's a lot of benefit for the carer.

**Therapist 3**: Yes, it was. Yeah. Yeah. She's very, very engaging. I think I got very lucky and she was very sort of supportive, engaging, making, you know, aware I was always coming. And, you know, do the homework more than you don’t have to do it every week. But if you want to, yeah, that's fine.

**Interviewer**: Um, do you think it helped the staff? As in the career or the participant themselves and better understand and identify the factors that influence their challenging behaviour?

**Therapist 3**: Yeah, I I definitely think so and I think this is something that in the last session, the carer herself spontaneously spoke about how it has helped them and how it helped the participant. Just to give an example, so towards this sort of end of the term, the participant normally becomes quite agitated and thinks because he knows that it's coming to an end and there's gonna be a change, so he can become quite aggressive. So just to put it in context, this particular participant, why I did it in educational setting is that he displayed challenging behaviour more in educational setting rather than at home. So that's why I did it there, usually it’s the other way around, isn't it? So she she herself spoke about how this time around, he didn't, and they were, they were able to identify warning signs, they were able to use some of the techniques that they were taught, and this is something he himself was able to identify or say I want to do this to feel you know, calm. So he because some cause often we thought because he's so distracted. I often thought well, is he taking any of this in? But it was actually apparent in the review session and from what we carer was telling me that he was taking it in and he would use it, he used it towards the end and so yeah.

**Interviewer**: Brilliant, that's great. And were there any modules or any ways in which some of the sessions didn't work so well?

**Therapist 3**: Just going through mine cause I've made some notes as I went along, I hope you don't mind. I think it was more like, I wouldn’t say any particular session, but I guess the sessions which had more sort of complex, I'm just thinking which pages I crossed out which I thought were too complex for the person to understand. Like for example in the beginning explaining what each session involved, etcetera. That was too complicated for the participant to go through all that, so there were like 2 pages I crossed out exactly. You know that explaining what aggressive challenging behaviour is, I just thought that was too much, or it just, yeah, for the participant to to or understand or take in. I guess one of the initial ones just to you just have to make sure that it's really simplified for people with learning disabilities, usually they would have autism or something else going on. So again and I can see it's difficult because a range of people like you see and abilities is so varied in learning disability, it is really difficult to get a balance. I can understand that. So I suppose it's better to be, I don't know, make the language a bit more complex, and then you adapt it to, but I thought just generally it was a bit too complex. Anyway, for people mild, even just mild LD.

**Interviewer**: Yeah. Yeah. OK. I'm sorry. I'm hearing that. I'm also remembering you said about the room and people come and go on some environmental factors and then also the scheduling, if we're dependent on the environment in which it's being delivered, you know, you said at the school or the college breaks up a week earlier that definitely has an impact as well doesn't it?

**Therapist 3**: Yes, it's just being mindful of that like know the dates and things because I think that they had you know because I think they finished two weeks earlier than I anticipated. So even if it was a week late, so it would have been fine. But it worked out well anyway.

**Interviewer**: You know, the actual content, it just needs to be adapted depending on the the abilities. OK, uh, the carer or the participants had a workbook as well, didn't they?

**Therapist 3**: Yes.

**Interviewer**: And did you notice that that that was being used? And do you think in your opinion it was a useful resource for them?

**Therapist 3**: Definitely yes. And they they brought it in their sessions at times. I had to just remind them, but he always had it in his bag, so the bag might be somewhere else. So they just quickly go and get it. For the carer, I'm not sure to what extent she went through it before before sessions. To be honest, probably because of their work and the sort of stress of their work environment and the timing, they may not have had the opportunity. But I said to them, you know this is yours to keep at the end for you to sort of go back on and read and learn and use it for other people, so she's very appreciative of that. With regards to the and yes, in terms of some of the homework she was using it to do the homework. Yes, in her, in her book. But yeah, yeah, because there there were things that carers had to do. So she was using it to some extent. Yeah, for the homework at least I know that. For the participant, so the way I did it with it might open up the section that I was using and get him to write things, so you know initially in the beginning I got him to write his name on the book the date and things like that. And also he's very he's very quite good at dates, so you know we when we first come we put the date on the section and then at the end we had a page of when the next appointment was, so he'd write it down and then you know, for example, do you blank questionnaire, would do that together. So use it do it there and then. Yeah. And some of the other exercises would do it as well together. I think there was that kind of sense of ownership for him as well, so that was quite good. You know whether he could really understand what was on it or not didn't really matter that much sometimes.

**Interviewer**: Yeah, sure, sure. Um, is there anything else that you think about either the therapy, the content of the therapy, the structure of the program or your experience of delivering it that we haven't covered that you think, [Interviewer], you need to know this.

**Therapist 3**: No, I think I mentioned. I think I've mentioned what the one thing I spoke about earlier about you just being aware of carers’ emotions in the session.

**Interviewer**: Yeah, yeah. Yeah, well, that's good. I mean, in essence, what we're trying to capture is what worked well, what didn't. What can we improve upon, and and what was your experience and was it a good one, you know, did you, did you enjoy doing it or did you get something from delivering it as well?

**Therapist 3**: Yeah, yeah, definitely, I think the two sort of main objectives that I wanted, I think I got more than I had anticipated and I certainly did enjoy it.

**Interviewer**: Ok. Was the therapy content what do you expected it to be?

**Therapist 3**: I think because of the training, we knew exactly what was expected, but prior to the training did I, was I aware of? Yeah, I I don't know what I expected prior to the training.

**Interviewer**: OK, alright, that's great. And is there anything else then that you kind of think needs to be said or needs to be heard?

**Therapist 3**: I don’t think so, yeah.

**Interviewer**: Ok, Ok. Well look that that's all the questions that I have. So again, thank you very much for taking your time out from, especially with the kids and stuff around as well, and uh, carving some time out for this, I do appreciate that. So what I'll do then is I'll get the recording, get the transcript and double check the transcript that it's get it picked up my accent and your accent properly and not put in some kind of weird words, which it often does when I start speaking into teams. So I'll just double check that, and then I'll send that off to the research team to do the coding and stuff. Um, you know? Anyway, you're, you know, all the contact details of [Researcher] and everyone else. So if there's anything you need, you know how to get in contact with us and and I think if you're ok with that, we'll leave it at that for today.

**Therapist 3**: Yeah, I'm just, I just remembered one thing. I think about you mentioned it before. There was a session at the carers aspect at the end of which there there's a sort of like a carers’ group. But that hadn’t been set up, but it's in the booklet. So just to make sure that's changed, that's not set up yet as it?

**Interviewer**: OK, I I don't know. I I have to double check. I don't know that it is.

**Therapist 3**: I'm just going through the ok, I think in the was just going through my notes because there was a section on the career wellbeing where you have to ask them if they're happy to be part of our careers wellbeing etcetera. But there there isn't one. Yeah, because when I spoke to them about the details, whether or not they couldn't find it and I was asking [Researcher] could have the details of it because the carer’s happy for her to be in that group, they said they're not for the feasibility. They haven't set it up or.

**Interviewer**: Ok.

**Therapist 3**: They're just to make that.

**Interviewer**: I'm taking a note, yeah. So it's two things to pass on directly with your consent, which is the that you said you can care wellbeing. And also the group support group. Ok [Be aware of and not set up]. Ok. And that's module 6? Ok, I've made a note of that, I'll pass that on. [Therapist 3], thank you very very much.

**Therapist 3**: You're welcome and thanks for the opportunity.

**Interviewer**: You're welcome. It's been a pleasure meeting you, and a pleasure speaking to you. Thank you very much.

**Therapist 3**: Ok, have a good day. Bye.

**Interviewer**: Alright. Bye-bye. You too. Bye.

**Recording stopped.**