**Transcription - Supervisor 1**

Duration: 23 minutes 26 seconds

**Interviewer:** Thank you for your time today. You've taken part in the PETAL feasibility phase, and we would really like to discuss what you thought about the study, what was your experience like supervising the study and the therapist.

**Supervisor:** That's ok.

**Interviewer:** Ok. And if I keep looking away, it's because I have my questions off to the side here. So my first question would be what motivated you to take part in the PETAL study as a supervisor?

**Supervisor:** Well, so one of the principal investigators, [Name of PI] works in the team that I work in, at the [Name] learning disability service. So I'd heard about the study from her. And obviously, I know that she's kind of involved often in the forefront of kind of learning disability research at [University] and studies that are really interesting and helpful. And so that's kind of how I became aware of it. But I think that it really kind of, getting a better idea of what it was, it was also quite interesting from the perspective that we have a lot of service users who are referred to us with kind of challenging behaviours, behaviours that challenge, often that might put other people at risk or put themselves at risk. And it just felt quite relevant to our service user group. So I just, yeah, I was quite interested actually in what what was involved in the therapy and being able to get involved in, in seeing how it worked.

**Interviewer:** Oh, that's great to hear. Yeah, we hope people do find it interesting. And do you think, you know, was the PETAL therapy, now that you're sort of finishing up, was it what you anticipated when you first signed up?

**Supervisor:** I think so, yes. Do you mean in terms of the therapy itself or like supervising the therapists?

**Interviewer:** I guess a bit of both.

**Supervisor:** Yeah. Yeah, I think so. I think that it's been interesting to see the bits that have kind of gone as we expected or hoped, and actually a lot of it has gone better than we anticipated in terms of we thought we might have a bit of difficulty kind of completing the whole course with some of our clients or there being issues with kind of having staff support for the service users and actually those bits have gone better than we anticipated in some ways. But I think the kind of content delivery, yeah, has been how I expected it and and how it was kind of planned. And the same for the supervision.

**Interviewer:** Yeah, that’s good to hear. And I guess, what did you think of the therapy itself? Did you think it was kind of different to other things you've done before or similar or?

**Supervisor:** Yeah, I think there are aspects of it that are similar to what we would do in psychological therapies. With these kind of referrals, these people who would be referred. I think it was really comprehensive, so really holistic and kind of looking at every aspect of someone's life, which was really nice, because often we might just focus more on the kind of problems and be more problem saturated, thinking about the behaviours of concern and what's going wrong. And one thing to always keep in mind is actually thinking about the person as a whole. What are they interested in? What are their strengths? What do people like about working with that person? And sometimes it can be hard to hold on to that because the people around them have such a, yeah, as I said, kind of problem saturated narrative around around the difficulties. So I really liked that PETAL therapy drew on many aspects of somebody, so their communication, what they enjoy, their relationships, activities, staying healthy. And that the behaviours of concern and kind of focusing on what is triggering those or what might be reinforcing those was actually just one module or one aspect of the therapy. So yeah, I think it's similar, but I think it actually incorporates more than we would normally do so if we're just doing a psychological intervention.

**Interviewer:** Yeah, that's really interesting, I guess, yeah, I think it does get tiring for people always talking about the negatives.

**Supervisor:** Yeah, yeah, yeah.

**Interviewer:** Umm, that's great. And so you obviously did the supervisor training and how did you find that?

**Supervisor:** I have to think back now because it was a while ago. I think that was helpful, I think. It was helpful to get an idea of what the therapist had already been, what information the therapist had been given, how they'd been trained and kind of what to expect in terms of where they were coming from. I think that we probably all had kind of supervisor training generally for working, for supervising other people. So probably a lot of the supervision is kind of drawn on that. Yeah, my recollection is quite limited of that, which isn't a reflection on that. It's just that it's been a while.

**Interviewer**: Yeah, no, of course. But I guess if you can remember, do you know if there was any issues that you encountered doing the study that weren't covered in the supervisor training?

**Supervisor:** I think a few things, like things inevitably came up as we went along, where we had to go back to the study team and ask questions. So mainly things about the content. Things that we were kind of asking - is that ok to adapt this a bit? Is it ok to miss this bit? And I think the main thing that kind of repeatedly came up that we had, I think would have been helpful to think about more at the beginning, was how much the person, the therapist, can adapt the manual to the individual. And how much it needs to remain, kind of fidelity to the manual. I suppose that there needs to be uniformity across what people are doing. Because that seems to just come up a lot. Can I change this bit? Can I miss this bit? Can I do this bit in more depth and this bit in less depth and that was something we kind of kept going back to the study team about. So I think that would have been helpful to think about more at the beginning. Again, I'm sorry if we did and I forgot. But I think that was the main thing that came up quite a bit that I probably needed to keep asking about.

**Interviewer:** Mhmm. Yeah, of course, so how did you find delivering supervision during the study? Because you supervised three therapists, right?

**Supervisor:** Three. Yeah, yeah. It’s been really positive, actually. I've really enjoyed supervising them, I think. All of them are quite experienced, compared maybe to some of the people who might deliver PETAL therapy. So one of them was a psychiatrist, one of them is an assistant psychologist who has lots and lots of experience and kind of clinical experience as well with people with learning disabilities. And one of them is a research assistant and she has, I think worked on quite a lot of studies. So I I found that they have been really kind of intuitive. I don't know if intuitive is the right word, like kind of taken a lot of initiative with how they deliver it. And yeah, it's been really nice to supervise them. I think it might have been different if it was people who had slightly less experience or maybe were a bit more anxious about delivering the therapy or working with people with learning disabilities.

**Interviewer:** Mm hmm. Yeah. Yeah, of course. And did you find that the frequency and the duration of the supervision was enough?

**Supervisor:** Yes, I think one of the difficulties has been because people started at different times and finished at different times. There were some supervision sessions where it crossed over and everyone was in the middle of work, but then towards the end you know one person had finished so they stopped coming to supervision. At the moment I've got one person finishing and one of the other therapist is still coming supervision to kind of share her thoughts and her experience as well, which is really helpful. But I guess in theory, she's actually finished her cases, so. I don't know if if in in real life as it were, kind of, she would still be coming. So then that's what's difficult I think is then you end up with kind of people at very different stages of the therapy. And some people, who have finished it completely and you might just be talking to one person. So I I think that it would have been helpful if everyone and obviously this this isn't realistic, but had started like on the same week and kind of been at the same stage throughout I suppose. Although there's benefits to people having had the experience of delivering the later modules as well, because they can kind of look back and share, reflect on what worked and what didn't work. So so I can say that's also been quite helpful in its own way.

**Interviewer:** Yeah, I think it is difficult. You know, even if people started the same time, someone might be on leave and the timelines just get a bit… But did any of the therapist need some additional support outside of the supervision sessions?

**Supervisor:** Not really, one a couple of times, approached me just about some of the resources she was creating. But I think that's because we work together. So we were sort of…I was available to her, kind of in person there. I'm sure if I wasn't, it would have been fine to leave that to our organised supervision sessions.

**Interviewer:** And do you think there was anything that worked particularly well in the supervision sessions or didn't work very well?

**Supervisor:** Yeah. So I think what worked well was when we had everyone attend. So having multiple people kind of sharing experiences, reflecting, and being able to sort of support each other with the work in terms of the things that they were worried about, the things that had worked well or hadn't worked so well. And I think what hasn't been working so well is when I've just had like one or two people, it's been a bit harder compared to when there were three. Two or three, if you see what I mean. And as I said, yeah, one of the difficulties has been people being a very different stages of the therapy. So I think that's been something that's been more of a challenge.

**Interviewer:** Great. I mean, you've already covered this next question, but if anything else comes to mind about what issues did you experience during delivering the supervision?

**Supervisor:** Yeah. So I'm trying to think if there's anything else. One of the things because…so one of the people I supervise wasn't someone I work with, it was someone sort of external to us and it's been quite difficult logistically just in terms of…We've had quite a few sessions where she hasn't been available, so I've kind of had stuff booked in my diary and then she hasn't been coming and I've had to kind of reorganise things with her, but I guess that's a very specific kind of problem, but that's probably the only thing that's been an issue.

**Interviewer:** Good. And did you feel like you had support from the wider team, from the service?

**Supervisor:** The service that I work in? Yeah. Yeah, absolutely. Yeah. I think people are very happy to have things like this going on because ultimately the clients or the service users, you know, are getting things that they wouldn't have got necessarily because they're getting this PETAL therapy and getting more sessions, often, than we would be delivering necessarily. And so, I think people are really kind of keen to have it going on. And also, to see you know, we have some clients where I think we've tried, we've tried lots and the problems still seem to be there and the difficulties that people are facing, they can feel quite stuck. We can feel quite stuck, so having something different, trying something new is really welcome. It's like OK, let's try this then. Let's give this a go. So I think my experience is that people have really welcomed it and been really grateful that that we've had this opportunity.

**Interviewer:** Oh, that's great. Yeah, because obviously people are so busy and it is an extra thing, but I'm glad people are happy. So, obviously we're also interviewing the therapists, but I wanted to ask you as well. What were the experiences of the therapists when they were delivering the therapy?

**Supervisor:** I think they've been really, really positive. I was really struck actually by how positive they reported the sessions to be and kind of really, they were really happy with how people had engaged both the service users and also the support workers who kind of had been joining those service users for the sessions. I think they really enjoyed delivering it actually. So yeah, obviously it'll be interesting to see what they say. I know they've been challenges as well, but I think. Yeah, they've been reported kind of just really positive sessions, enjoying the sessions and actually being quite sad when it's come to an end with people. Which is really, you know, reflective of of positive experience, I think generally.

**Interviewer:** Yeah, that's great. So happy to hear that. Is there any specific challenges they shared with you?

**Supervisor:** Yeah, I think so. The main things that were coming up were bits being not accessible to some service users, so some bits just feeling more relevant, feeling less relevant, which I know the team kind of said you can leave things that don't feel so relevant, but just in the format or the content or the language maybe being less accessible to people with more moderate learning disabilities or that the service users just weren't like tolerating some of those discussions. The other thing that's come up is difficulty with like different staff members being involved, so the staff members who are supporting the service users and ideally we want it to be the same staff member every week. For consistency and to be able to share that across the staff team, but in reality that's just really, really difficult with staff teams. You get different rotas and contracts they're on and things, it's a lot to ask to try and expect the same person to be there at the same time every week sometimes. So I think that worked for one of them, but the other.. no, that's worked for two. So, there've been four cases I supervised in terms of three therapists, but they were four people in total that they saw. I think 2 cases, 2 participants had the same support worker there every time, which really really helped. And two of them have had some differences. One more than other and I think that's been a real challenge because it's really hard to sort of support them to do the kind of homework, in between tasks and to share the information across the team when it's different people and people have a different level of motivation around it as well. So I imagine that will come up a bit if you ask them about that.

**Interviewer**: Yeah, definitely. I think we're gonna start really stressing that to people in the main trial that you know, it's really helpful if it's the same person. Otherwise you're just recapping everything every week.

**Supervisor:** Absolutely, yeah, yeah.

**Interviewer:** Did they share or do you feel like there was any improvements that could have been made to the therapy to make it kind of easier to implement?

**Supervisor:** Yeah. So one of the therapist, the assistant psychologist in our team, made some adaptions, so she personalised some of the resources to be more relevant to the person's special interests. She also created some kind of easy read resources that she's fed back to the team and I think they're actually using them in the therapy now or they will in the manual going forward. So kind of making some adaptions to the material. Sorry, what was the question?

**Interviewer:** No, no worries. Just about any improvements that could make delivering the therapy easier.

**Supervisor:** Yeah, just I think adaption some of the material and maybe like the kind of stuff that you only know once you kind of start doing it really that the some of the content being a bit more heavy than others. So feeling that some modules were kind of a good length and a good amount of content and then some were a lot more dense and heavy and harder to get through. So I think, I've encouraged them to kind of feedback on things as they go along. So they don't forget to the study team, but that's what I think what's coming up with with us.

**Interviewer:** Yeah, we've already implemented some of, especially I think the closing letter is one that I saw that was really good, really good idea.

**Supervisor:** Oh, yes. Yeah, that's yeah. That was one that she she created. That was great, yeah.

**Interviewer:** Yeah, it's great. And have you received any feedback on the therapy sessions from the, you know, the service users or their carers?

**Supervisor:** Yeah, so for a couple of them, we've had really positive, well the only feedback I've had has been really positive around the experience of the therapy itself, and also like quite tangible changes in the behaviour of the service users. So we, I'm thinking of one person in particular where you know that there was a real crisis in terms of supporting the person and understanding what the behaviour is, what they were trying to communicate and you know, it would be interesting whether it was just the PETAL therapy, whether that was part of it, what else was going on at that time, but there's certainly been a big change in the frequency and kind of severity of his behaviours that were quite challenging. Yeah, we haven't, we don't get many concerns about him anymore when it was… Actually when we referred him to PETAL it was, you know, he's someone who's in a college and they were saying we don't even think we can keep him because it's just too unsafe for everyone else and for him. And now he's doing really, really well there. And they're like, wow, ok, it's been a big change. So that's that's the most positive one I think really.

**Interviewer:** Oh, that's really great. I hope, hopefully that will be retained for long after it's finished and that's great. And I think that's all of my questions. Is there anything that I haven't covered that you think would be good to talk about?

**Supervisor:** I think that's everything that I can think of, yeah.

**Interviewer:** Ok. Ok. That's great. Thank you. Thank you so much and thank you for supervising so many people.