**Transcription – Therapist 1**

Duration: 46 minutes 26 seconds

**Interviewer**: Brilliant. OK. All right. Thank you. So would you prefer to be called [Long name], or [Short name] or?

**Therapist 1**: Oh it's [Short name]. Yeah, yeah, yeah.

**Interviewer**: Oh alright, [Therapist 1] and please call me [Interviewer’s name] as well if you need to. So [Therapist 1], thanks again for taking part in this this interview that looks at your experiences of delivering the PETAL programme. Thanks again for allow me to record it. So just for the purpose of the transcription, today is the 23rd of August 2023. My name is [Interviewer] and your full name is.

**Therapist 1**: Yeah. It's [Therapist 1’s name].

**Interviewer**: Ohh, that's alright. Thanks [Therapist 1]. Listen, a couple of general questions first... Um, tell me, what was it motivated you to take part in the PETAL study in the beginning?

**Therapist 1**: Well, yeah, three. Yeah. To be honest, I didn't have a lot of information about it. And so it was. And the motivation.. I was. There was call out for volunteers and I was where it was, a kind of therapy programme, with some training. And I'll say I need to do some training for my revalidation and I hadn't done anything particular in a., not a long while but a a short while and I thought well, there's a couple of, couple of fun days there to learn something new. So so with that motivation also within the team people pick up different interests and I thought this might be something that, and could become a bit more of an interest area. So yeah, I think those sort of couple of bits and say I went in a bit blind and hadn’t really got a great deal of information on it. So it wasn't particularly based on the content or anything, but I didn't know any of it.

**Interviewer**: OK. Well, go in and blind like that, at least you had training before you started to deliver it, didn't you?

**Therapist 1**: Yeah.

**Interviewer**: And did you feel prepared? To deliver each session as you went along?

**Therapist 1**: Well, following the training?

**Interviewer**: Yeah, yeah.

**Therapist 1**: Yeah. I mean, I think so other than there was a fair gap. So I’ll just have a quick look, the training was the 25th and the 30th of January. And I think the first session I delivered was um, June time. So there was quite a gap in the middle and what I'd say is I think it would be better if, I suppose logistically it's different, but it would have been better I guess if the gap was minimal because in that time you sort of you've got the manual, but you lose that sort of sense of “yeah, I know where we're heading here with this one.”

**Interviewer**: Yeah, sure. Oh, it's fair point. Do you think, [Therapist 1], if if there hadn't been that gap and you just came off the training and then into delivering the therapy, would the training have helped prepare you properly to deliver the therapy?

**Therapist 1**: Think um, it's a it's a tricky one. I mean, I've been, I've worked community for 20 odd years, so, you know, meeting up with people with learning disability and their carers is well, nothing new but the, definitely the the format and um, the structure’s new and you know, maybe, I don't think the training should be any longer, but maybe two days. Yeah, it was a sort of culture shift from the way I normally work into the way PETAL’s arranged and that style of working. So I don't think any longer would have helped. I don't know if it was a sort of. And I suppose you, it felt like in a way, a different job, and I suppose in that sense you sort of do a lot the learning on the job after the training. So I think if I did it with somebody again, I would have learned all the little bits that I've learned doing it this once, if that makes sense. I don't think there could have been anymore in the training though.

**Interviewer:** OK. Was there any of the content in the training that was new to you, you can say you've done this job a long time, but was any of the content new?

**Therapist 1**: I’ve got some notes here, for the review bits.. so they there were some. Maybe not new, ideas as such, but there was some bits that I was unaware of, so probably can't pronounce it that Broschett [Broset] scale. I've never heard of, nobody in the team had heard of that, so, so that was new. I mean, when you look at it, it's not rocket science when you see it but you know the name of it and the format was new to me. The Base. Again, I've not seen it in in that format. There's a yeah that STOPP one. I've not seen that I've, yeah.

**Interviewer**: There's a few things. Can you remember back, [Therapist 1] to the training and think which aspects of the training were or was most useful?

**Therapist 1**: So it's while back in there. Well, it was useful in the delivery way in that it went through each module am clearly sequentially so that, that was useful, I suppose. Then at some point it said you could rejig the order. That was bit like oh blamey, don't tell me that. I'll I'll stick to the order in the manual whatever happens. And then I guess more some of the discussion points, let's oh the the concepts in there were were pretty straightforward, so ‘getting to know you’ stuff, likes, dislikes, networks, that's pretty straight forward, pain scale I’d seen, I’m in a challenging behaviour team so all that, ABC charts that's all pretty straightforward, communication, yeah I get all that and the emotion stuff. So none of it, none of the content, there than the acronyms and the Broset were new. I suppose it was just getting that sort of order and how much to cover in each session.

**Interviewer**: Sure.

**Therapist 1**: That was the sort of the new bits, yeah.

**Interviewer**: Yeah, it's kind of more the flow and structure than the content itself?

**Therapist 1**: Yeah, yeah.

**Interviewer**: Yeah. Was there anything that you encountered delivering the therapy that wasn't covered in the training? That stands out in your mind?

**Therapist 1**: Oh, I don’t know what I did from the first ones, the second one? And I'd have to check what it actually tells you you should do it, but I I ended up utilising flip chart paper and put in an agenda on there. Partly for myself, but partly this is what we're gonna cover in this order, but also partly because I guess previously when I've seen people, it's been less structured and if they um deviate, we can go ‘Well, that's interesting. We can talk about that now’. Whereas with this it's like ‘oh crikey, that's in module whatever. Don't want to touch that now’. So it was more like oh but this is the agenda, so I don't know if it mentions that, but that was something that was useful. It does mention ground rules. They were useful. So put that on a flip chart as well and. This is not something I've particularly utilised in the past, but that's possibly something that I will bring in more because that was, did seem helpful.

**Interviewer**: Yeah, good, good. And what was your overall experience of delivering the therapy like?

**Therapist 1**: Yeah, well, here I must admit, I struggled quite a bit early on. Later on I've got through in the swing of it and I felt more relaxed about it. I think, because you've got 3 manuals on the go - one for me, the carer`s got one person's got one and it's like I skim through and particularly stuff in speech marks you feel like I'm not gonna read it out, but wanna reword it and then try to hold all that in your head. I think just became quite stressful on the earlier, earlier ones. I think they later on just a bit more relaxed and I've got the agenda and sort of freestyled it around the agenda of it more. So yeah, I think, hmm, I don't know. Yeah, some of it didn't always feel relevant, but I thought oh it's in the manual. Better cover it so yeah, some of it, yeah, I wouldn't have included but but did.

**Interviewer**: Yeah, yeah. I mean, how many participants did you deliver the therapy to?

**Therapist 1**: Yeah, only the one.

**Interviewer**: Just the one, ok. I'm wondering if it's had any impact on you and how you approach or deal with kind of behaviours that challenge on a day-to-day basis that you may experience now, compared to before the PETAL training.

**Therapist 1**: Don't think, don't think so in that. I mean, I worked in more... Consider most standard community learning disability type. I’m in the intensive support team now and what we decided was to not have somebody that was not open to our team, but somebody separate just for PETAL. And I think the delay was trying to find somebody that the met the criteria but wasn't getting some, not PETAL, but some version of this already. So I think that was, there was a difficulty in finding somebody and then the consent there, I think was off putting for some. And but I think because of that, it was somebody who was quite able and behaviour was quite specific. And their behaviour ceased by about week one or two. But, they're already on the programme so, like, ‘well, if you're happy, we will just keep going’. So in in a sense, it felt a bit not not staged, but if it was any other referral would say oh if things have calmed down, we'll just leave it at that, but it's like, well, we started this programme, I've told you there's however many modules. If you're happy we'll just carry on and do it.

**Interviewer**: Well, I suppose we would hope that some of those extra modules would at least be preventative.

**Therapist 1**: Yeah, yeah, yeah, a protective factor in them. And yeah, I think sort of near the near the end, there was some, for some bits where the person engaged more than what I thought she would, so that was positive. So things that may not have tried, but I thought that's not gonna work. And it actually did and we only did them because they were on the ‘this is what you're gonna deliver’. So sometimes I suppose you can have skewed…’We'll do this with this person because I think that's gonna be helpful.’ in a sort of non-prescribed way. So that was helpful. And there was some bits at the end, where it's the healthy habits bit. That was helpful in that they've got support workers, they've got a, I'm not saying they’re cold, but they're open to a an extra team around people in difficult circumstances. But that bit, because of being healthy, bit talks about exercise and so there were bits that came up which I could then e-mail other people, and there's bits that have been sorted out, which probably wouldn't have come up either. And yeah, the the sort of barriers could change and some of that came out there, which was useful.

**Interviewer**: All right. So some some unexpected pieces that may not have been not have arisen.

**Therapist 1**: Yeah, yeah.

**Interviewer**: And were you able to deliver all of the seven modules in one to two sessions?

**Therapist 1**: Yeah, well, the what's the limit of two wasn’t there so. There was a couple of times where I'm ahead, this will take one. So the communication one, that took 2 because the person and their mum arrived, but they am disrupted time. They thought they'd got a psychiatry appointment beforehand, but they got the wrong date. They've been hanging around a bit, I said I'd see them early. But yeah, I think that thrown them off a bit. The person was then saying ’Oh she's hungry’ and. I think ‘cause I’d brought it forward, which mum wanted, whereas she thought it was a gap when she was gonna get something to eat in that gap. So there's a bit of miscommunication there. Just seriously, won't bother. So I was like, ‘well, we've got two weeks we can do, we can do it next time’. So there was that time and the carer one was unintentionally over 2 because the mum came, but she'd had a couple of bereavements and it didn't feel the right time to be saying ‘oh this is the agenda for today’, so I just let her talk. So that was an unintentionally overtake. I think the later ones tended to be over one. May have been another one that was over 2, I’m not sure. I think maybe the yeah might be the first one. The first one tried to do it at the home address, but that was just a nightmare. So decided to do it in a clinic environment, something that was over 2 as well. So yeah, you never went over the two because.

**Interviewer**: Yeah, apart from that extenuating circumstances. The one with a bereavement.

**Therapist 1**: Yeah, I mean that that was only two and yeah, she she did stay for the hour and we. But I just let it a bit more free form and let talk about how she was feeling. And then the second one followed more of the agenda on the STOPP thing and the changes in eating and carer`s wellbeing.

**Interviewer**: Yeah, in your opinion, which do you think, of the modules, are the most impactful for this service user client?

**Therapist 1**: OK, I would reckon. I can tell you the reverse, I don't think the communication one we've got very far, you know, even in the second session. So looking at the summary bits, module, I thought module 4 emotion ones went really well other than, better than what I thought it would. Whether that was better for me or for her, I don't know. And then I think the main actions that made me, what she felt was most helpful was the module 7 and the healthy habits, hmm, because there's a couple of things that came up. At least one of them's been sorted. So she said that she used to play tennis and doesn’t anymore and this key worker person sorted out a tennis group. She said she ain't got a bus pass which was causing issues and that's been sorted out. So I think for her, the sort of practical things from that were most helpful.

**Interviewer**: Yeah. Um other I I hear you talk about the communication module. So my next question was gonna be, if any of the modules need further work or refinement.

**Therapist 1**: Yeah, I think that one in that, see you’re describing aggressive, passive and assertive communication styles. And I think that they just sort of three quite big words, even though you're describing them. And you started talking about two negative communication styles and one positive and it's sort of balanced towards negative versus two negative ones. I mean later on at the recap, she can remember that assertive was the more helpful scale and could talk a little bit, but I'm not sure that added anything. Trying to talk to her about communication passport, she really weren’t bothered about that. Um, yeah, I don't know, I just, it didn't feel like. I mean the first session was doomed anyway, but even in the second session didn't feel that we we moved anything particularly forward on that one.

**Interviewer**: Do you think maybe that module or that content may have been better pitched towards the carer?

**Therapist 1**: Yeah. Well, the carer was there and, yeah, I I don't know, I think. In this particular situation, the carer has her own set of needs and yeah, it's that sort of engagement. So apart from the the carer, in one way she was there by herself and she was there with her daughter. It was as though she’d switched off and I’d try to get across it`s for both of you but it I think she sort of felt like ‘well I'm here to bring me daughter’ and much as I was saying that this is for.. what what do you reckon? And at times her daughter looked at, as though she was embarrassed with her mum, she'd be like she's supposed to be paying attention and ‘stop looking at your phone’ and saying stuff like that to her. Something that possibly, possibly but.

**Interviewer**: Okay. Would the, do you think the duration of the sessions, we have a certain amount of time and assume a certain number of sessions for each module, haven't we? So do you think that was pitched about right, given the amount of content?

**Therapist 1**: I think so, yeah. I think the flexibility of having, so I think in the very beginning said it's up to where is 14 weeks? We might not take that long, there’s so many modules up to two sessions per module, will see how we go. Up to two hours a session, there were never. I think the first one in the house was probably an hour and a half. Um. But that's because of interruptions and stuff. But other than that tended to be around an hour, which felt about right. I think more than an hour's probably just stretching it too far anyway.

**Interviewer:** Yeah, okay totally agree. Were there any sort of practical arrangement issues that arose when trying to deliver PETAL?

**Therapist 1**: Yeah. So, yeah, so early on then. Yeah, and again, traditionally, when I see people, I see them in their own house normally. Oh for this one that didn't. So the very first time I went round, mum had got the time wrong. The person was there. But not her mom and so she rung her mum and says ‘Oh let him in and meet in the front room’. But because it's quite a small property and there's also an adult son with his own needs. It’s two-bedroom property. Basically the front room's is bedroom and he was like, ‘no, you're not coming in here’. So they had a big argument between them and I was just like ‘doesn't matter. We'll just scrap it honestly. Doesn't matter. We'll rearrange’ but they were arguing. The second time when in the house again mum was there because it was basically his bedroom he was sent into the kitchen to sort of tidy up, but there weren’t even a kitchen door, so there's no privacy or anything. And then he's ended up coming through to the room and talking about things and saying ‘oh is this being recorded, can see a recorder’ and all that and I was ‘Yeah. Ok, maybe it's not the best’. So I have so after that I said let's meet at where where I work and I'll book a room. The issue then was two of them, and two buses. Neither of them got bus pass and them saying basically we can't afford this, so they came for module one and two. And then there were saying, you know, struggling with paying for this. The communication one, they were coming anyway to see the psychiatrist. So they were like, ok, well, that doubles up. Obviously they got the wrong day, but after that and it was like, actually, backtrack that didn’t quite happen. Because they were coming to see the psychiatrist, they said they’d make their own way. Prior to that, they said they haven't got the money to come here and I was like oh God, it can’t all fail on module 1, so I says what? Wouldn't be sustainable moving forward, but I said because it's part of this research thing I'll pick you up and drop you off. So I did that for module 2. They were coming anyway for the communicate, on the day of communication one. So they said they'd make their own way because they needed to be here before I was gonna pick him up. And so yeah, money wise, they couldn't get here, so I asked about any funding, but it was like they could have a voucher back dated or something, which is no good to people with no money. So there’s no point saying they'll get you, I'll get you a voucher in a couple of months. So that was never gonna work. So I managed to find there's a social services office near to where they live and I managed to book the room there. Now initially they wanted paying for that. Again, PETAL were like well, we ain't getting money for. Then we can do vouchers and I thought that's not good. But I managed to get it for free in the end because it's linked to health somewhere and it's just talking to the right person. So were lots of logistics, logistics were mainly about where to meet and how to make that effective and you know cost effective. Well, one once we've got that and it was within walking distance to where they live, that bit was resolved. But yeah, that that was a bit of a nightmare.

**Interviewer**: Yeah. And [Therapist 1], did you have support to have that amount of flexibility and deliver the programme from your colleagues and managers? Because that's that's a big step outside of what you normally do, by the sounds of things.

**Therapist 1**: Yeah, yeah. I mean, it took up a lot, especially when I was picking them up. So when I was picking them up it’s a hour session. Because a round trip there would be at least half an hour, so two hours and then possibly even more so as like 2 1/2 hours. And then some preparation beforehand, right? Writing it up after hand, so you’re talking about half a good half a day. And that was every week. So it was, it was quite a bit, but yeah, lots of support from manager and the nurse specialist who was linking in with it.

**Interviewer**: Yeah, good, good.

**Therapist 1**: Yeah, there is. No, there is no problem there.

**Interviewer**: Ok. And then the other thing that would have been after each session is that fidelity form as well?

**Therapist 1**: Yeah.

**Interviewer**: Where you have to write up what you covered, and so what was it like doing that form as well?

**Therapist 1**: Yeah, some of it were alright. Some of the some of the questions, you know the ones, yes, no, partial, but some of the questions. Just felt like, oh I’m not really sure what it’s asking someone some point so, yeah. And then you put comments, couldn't you but? I think after filling out the first couple you get a bit fed up at like 20-30 questions. So it was a quick run through. Yeah, yeah. Oh, maybe halfway, no, yeah. Yeah. So, yeah.

**Interviewer**: Do you think was the PETAL programme in general helpful to the carer or the personal with a learning disability in terms of them understanding challenging behaviour in what way to manage it?

**Therapist 1**: Not really sure about that. The sort of disappointing bit was that at review session the carer didn't call me, I texted her because I knew that from psychiatry appointment they could get mixed up. I used to text them on the on the morning of every session, so text ‘we're still alright for today’ and she put ‘yeah’’. I put ‘I'll see you both later’. And then when I got there there was just the person with a learning disability there and I was like ‘Oh yeah, I thought your mum is coming’, she said ‘I don't know. I think she's a bit ill’. I was like ‘oh, OK, that's .. I text her this morning’. So I don't. I don't know it she just knew as the last one and was like ‘Can't be bothered with that’. I don't know. But then so I, it was hard to then check in with her a about, how has she felt it gone and what she got out of it, they again the person with a learning disability, I put all the things that we've done. She seemed to remember quite a lot, which was positive and we run through a couple of bits again. I did say was there anything that she’d take forward from it? The only thing that she could think of was the stretching exercise. So she really liked filling out the the book she liked writing it herself. So she engaged really well with that buut actually taking stuff forward, mum said the challenging behaviour had stopped because she had said if you carry on punching holes in the wall we’ll be out in the street. Now I don’t know quite when she said that, so I don't know. Her take was she was definitely happier in herself by the end. She was saying that she got herself a boyfriend, so by about module 5, could see she was happier. When you ask why, ‘got boyfriend’. Remember the behaviours that stopped away before then, sort of. Too early for you to feel like anything we had talked about had stopped the behaviours, but yeah, whether it's gotta sort of protective move, you know, factor moving forward, I don’t know.

**Interviewer**: Yeah. And I suppose an important point here is that this is this was anyway the feasibility stage of the trial, which is looking at the training, the manuals, the content, can we deliver this intervention, you know, can we train staff, can we recruit participants, can we deliver it in the way that it's intended to be delivered?

**Therapist 1**: Yeah. OK.

**Interviewer**: You know the the questions about whether it works or not and are impactful come later on and in other parts of the trial you know, so so this is all good learning for us as you say again, it's one person. So the numbers are small, but it's more the practical issues as well that are really important here. So that's great.

**Therapist 1**: I've been alright, say I guess, it's about, I suppose if you increase in numbers, but you aren't necessarily increasing the time in a linear way, are you because?

**Interviewer**: No.

**Therapist 1**: Once you've done it the first time in your head, you've got that sort of flow, so you don't have to spend an hour or two looking at it, preparing. You've already got that. So I can see that it feels like it's took me forever to get through it. But if you were doing it moving forward, you'd know what you were doing and it would be a lot quicker.

**Interviewer**: I think so, and especially if you were working with a number of people around the same sort of time frame as well. So that first session you maybe gonna do two or three of those in a week, and you'd be really familiar with it. And then with the next one you would gather a lot of momentum I think.

**Therapist 1**: Yeah. The only thing I've thought, I know it's not in the manual. You may think, well, this is completely outside of the whole research thing. When I’d done it, or near the end, having supervision with some of the team regarding it and then I said I could see it working more in my head as a small group thing and maybe, where you've got that sort of almost captive audience. I could see it working in a day service, for the people sort of low to moderate challenging behaviours rather than particularly intense and sort of running it as just part of a group’s week.

**Interviewer**: Yeah, brilliant. And if it's okay with you, I mean it's it's in the transcript, but if that's ok with you, I'll pass that along as well. Um, that direct feedback. I think that's outside of this study, unfortunately.

**Therapist 1**: Yeah, yeah, yeah.

**Interviewer**: But I think in terms of how it evolves and how we go forward, I think that's an excellent thing to consider of course.

**Therapist 1**: Yeah, because all I was think of was in the Trust, there's a long waiting list and to dedicate potentially 14 weeks and 14 sessions. If we thought early on that the issue was resolved, management would be like ‘get out, don't be hanging about for another 10 weeks of this’. Yeah, so I think they'd be looking at economy of scale and if if you've got a few together and you times, with like say 8 to maybe 8 to 10 people rather than one, they’d be like ‘Yeah, yeah, we'll go with that’.

**Interviewer**: Actually, well like I said, I will definitely pass that along. It’s outside of the study but I’ll pass it along.

**Therapist 1**: Yeah, yeah, course, yeah.

**Interviewer**: And you mentioned the supervision. Am so, I'm so, I kind of, did you have supervision both within your own service and specific to the PETAL intervention? What was it from the one source?

**Therapist 1**: Yeah. No, so it was. After the first session at the house where it was like ‘No. What I'm gonna do?’, I had a discussion online with [Researcher], from PETAL, and then I think there was more than one PETAL supervision like group thing. I've only made one of those, but then also within our team the clinical nurse specialist is down as the, I don’t know what to call them, the lead or whatever. So yeah, supervision with him as well. I think twice, but yeah a bit of a mix.

**Interviewer**: Was any of it helpful?

**Therapist 1**: Yeah, yeah, all of it was, I think after the after the first one, and you know, I've got it all in my head as to how it was gonna go and then it all went South. And then, I think in my head if it was just me normal work, that wouldn't bother me, but it’s being recorded and it's prescribed what you doing, I didn't feel that flexibility to do what I’d normally do, so, yeah. I think just speaking to [Researcher], just like these things happen. Don't worry about it.  
You know, it's OK, so that that was particularly helpful. I think, getting other people’s experiences, I thought I was sort of way way behind because of the gap between January and April. I went on the group supervision and there was people that only just started or that's find somebody then they’d pulled out of the consent bit, so again you sort of felt a bit here by myself and like ‘what's everybody else doing’. So that was helpful and hearing some of their what was going well and what was not going so well, that was that was good. And then I think they were all good, and then somebody within the team, um, because you still got that local bit and somebody I know well anyway.

**Interviewer**: Good.

**Therapist 1**: Obviously, I'd management supervision and I did mention it a little bit, but not too much in there.

**Interviewer:** Yeah. Yeah. Okay. Thank you for that, [Therapist 1 Name] had, I think that's everything that I wanna ask about. Other than, is there anything that you think we've left out that would be useful to bring to our attention, anything that you want to share or let us know about or reflect on?

**Therapist 1**: Oh, nothing other than that, but I'm not bad on a computer, but I think maybe it's presumed that, got more, at times more savvy than what some others might be, but that sort of [Website] thing, I've never even heard of it, and you just get an e-mail about as I had no idea what you're on about. Once I’d been on it and and also downloading the audio recordings and I've never done that before and it's just like it might have been useful just to run through those bits, sort of live in the training cause afterwards when I’m like ‘Oh I wanna do this’. I've got this website and I'm gonna try doing it from home. It wouldn't upload. Try about three or four times. I don’t know what that was about, tried doing it at work and it did. But that's sort of wasted loads of time. You thinking, oh God it's not uploading. I'm stressing now what's wrong with it. And just some of the more tech things, just to make sure everybody's on the same page. Yeah. And I think the [Website] is like super helpful once I could get in it and it was just I don’t know if I got some password issue or something. It was, I couldn't get on it for ages and it kept being mentioned and I was like what, I don't even know what it is I'm supposed to be getting on, I've never heard of a [Website], so it's just those couple of bits where you sort of feel a bit daft saying ‘hang on. I don't know what you're talking about’.

**Interviewer**: The I think the feedback around the IT is definitely something that we can bring in straight away. You know in terms of adding that into the training, I would hope, I'll certainly pass it on to [Researcher]. The [Website], is that something within our control do you think?

**Therapist 1**: I don’t know, once I got on to it, it's dead easy and it's really helpful. I just think it’s worth explaining what it is and, I’d seen an e-mail had been sent. Maybe I just read it and thought I have no idea what that is and and then later it was mentioned and I'll probably just didn't connect the two, but I was like oh I have no idea what you're on about and it's like you've had an e-mail. Have I. I don't know if it was just oh ignore it because it didn't make any sense. So maybe, it's just, I don't know. Don’t know if it was an issue to anybody else might just been me, but maybe just worth checking.

**Interviewer**: Yeah, I'll do that for sure. I'll pass it on and check it out and see. That's brilliant [Therapist 1] thanks very much. Really appreciate it and all the chunk of your time taking out of your day. And I appreciate the feedback as well.

**Therapist 1**: That's all right. Hope it all goes well.

**Interviewer**: Yeah. OK. So I I don't know if you've, if you're still linking in with this study or if you're gonna get more more clients allocated or do you know yet?

**Therapist 1**: I think our Trust is pulling out of the next but not understand sure why? I I think I can't be involved in the next bit anyway ‘cause I’ve been involved in this bit and I think it's a struggle to get volunteers. So I think that was the, part of the reason at least. I think the Trust will be after some sort of reimbursement of some sort of monies saying this is half a day a week and I don't know if there's issues with that, but yeah, I don't think probably the next bit. But if there's bits after that, I guess we might be. So we'll see.

**Interviewer**: All right, that's unfortunate, um and also above my pay grade as well to sort out.  
Uh, but totally listen. It's been nice meeting you, appreciate you take your time out and doing this interview and appreciate your feedback as well.

**Therapist 1**: That's alright. I'll keep an eye out for it in the future.

**Interviewer**: Yeah, alright [Therapist 1]. Listen, take care of yourself.

**Therapist 1**: Alright, cheers, bye.

**Interviewer**: Bye.