**Transcription – Carer 5 (paid)**

Duration: 32 minutes 44 seconds

**Interviewer:** So I hope, yep, I think it has started right. So just for the recording, I'm going to say my name, so my name is [Interviewer]. I'm a researcher on the PETAL study and I'm conducting a feasibility interview with a paid carer and today`s date is 5th of October 2023 and the participant identification number is [Participant ID]. Right, so thank you so much for your time today.

**Carer 5:** You're welcome.

**Interviewer:** [Carer 5] it’s lovely to meet you as well.

**Carer 5:** And you.

**Interviewer:** Uh, so my first question would be just sort of general question that what motivated you to take part in this study or what were you hoping to sort of gain from it?

**Carer 5:** So I’m the registered manager of the company that supports the young chap who has done the work with. So we were approached by the local community learning disability team to do this work, and rather than have a member of staff do it. I know this chap particularly well, so I said I would do the sessions with them. So yeah, so that's the reason why and also the young chap in mind, he has a history of behaviour that can sometimes challenge and also it can cause damage on his own home and things like that, so yeah.

**Interviewer:** Right, OK, OK, I see. That's lovely that you could actually join him because you know him very well.

**Carer 5:** Yeah.

**Interviewer:** So that's gonna be very important, amazing, thank you. Right, so sometimes I'm gonna look down because I've got like a sort of cheat sheet.

**Carer 5:** Ok, that’s okay, that’s alright.

**Interviewer:** But I'm still listening, yeah, if that's OK with you.

**Carer 5:** Yeah, that's alright, that's alright.

**Interviewer:** Right, and if you can recall at the beginning or at the start, we sent you some documents. It was this information sheet which kind of explained what this study was about, and you know what your involvement would be.

**Carer 5:** Yep.

**Interviewer:** I know it's been a while ago, but if you can recall it, how did you find those documents? If you can remember?

**Carer 5:** So if I remember are they with- I can't- was that the original? It was that related to the session I've done with…I think her name is [Researcher]. We, we've done some video calls before we even started. That's so- are you on about before that?

**Interviewer:** Yes, sort of. Yes, I think probably before you kind of consented to take part, she probably sent you just like a general document, which explains, you know, what the study is going be like.

**Carer 5:** Yeah.

**Interviewer:** I know it was a while ago. You were our first participant so ages ago.

**Carer 5:** Yeah, it's alright. Yeah, yeah. Ah we were? Yeah, we were the first ones, ok.

**Interviewer:** Yes, you were.

**Carer 5:** So yeah, so I think the thing is, is that yeah, all well, all of that- I remember all the documentation coming through because the thing is again we've done it in conjunction with uhm a member of the positive behaviour support in the community and learning disability team. So they were sharing information about it as well, and I know [Researcher] tends to all the documentation. So we wanted to, you know, we felt that [Participant 5] would benefit from doing this program. So yeah, everything was fine. Documentation and all the communication throughout this process has been really good as well, so been pretty good.

**Interviewer:** Oh, that's brilliant, that's good to hear, ok. And my next question here about kind of the study processes would be about those questionnaires. So you had those with- you completed those with [Researcher]. So if you can recall sort of how was your experience with those was this, were there any questions which were easy to answer or harder or?

**Carer 5:** Yeah. They were very, really difficult, I think. I think the issue that we had with one, because the original because I remember now [Researcher] saying I was one of the first ones doing it.

**Interviewer:** Umm.

**Carer 5:** And I remember saying that, hoping it was only going to take an hour or so whatever, and it actually took about two or three sessions and it took hours to get through the questions. And the thing is, I feel that I remember thinking a lot of the questions didn't really relate to the pair, a lot of them didn't because the thing is, I think it was coming up. It was coming up from too many angles, whether you're a carer, whether there was children, if it was adult, it all depended on people's capacity to understand certain questions of like that.

**Interviewer:** Umm.

**Carer 5:** So that was quite, I think the whole process just took a very long time to do initially and a lot of it, I didn't see the benefit of it. I get why, because it was obviously, you know, part of the study and whatever, I understand it was just a very long process. So for instance, if you were using this type of work with a, for somebody who with the same behaviours as a child, and you're supporting family members through that, I mean you're asking a family member to spend hours and hours and hours going through these questions and a lot of it wasn't relevant.

**Interviewer:** Right.

**Carer 5:** I thought, well at my understanding of it, and I, I manage complex needs services and stuff. So I've got a real good understanding of what was being asked as well, so I just felt that it was quite long winded.

**Interviewer: Y**eah, yes, fair enough. Yeah, I think we definitely underestimated the time it was going to take.

**Carer 5:** Yeah.

**Interviewer:** So we've got all this feedback from everyone, and even us researchers who did the assessments with other participants, we were feedbacking this to the to the, you know, wider research team. So they started to consider of how to reduce basically the number of questionnaires.

**Carer 5:** Yeah that's fabulous.

**Interviewer:** They did reduce them a little bit for the main trial. I think they have to make a sort of judgment call and kind of find the compromise because from a sort of research perspective, I think they want to capture lots of factors which kind of feeds into challenging behaviour. So yeah, it's difficult. We did what we could, so we kind of- your feedback is extremely useful as well.

**Carer 5**: Yeah.

**Interviewer:** So I'm gonna pass that on to the team, yeah.

**Carer 5:** Yeah, and I found as well because a lot, most of the questions if I remember rightly, were all kind of a kind of 1 to 5. So was it this behaviour? Was it this? You know what I mean? And I found on a couple of the questions, it was really hard because it's, you know, a lot of the people that we support and a lot of people with disabilities, autism and they all present in different ways. The problem is I found that a lot of the questions what they tended to do is put everybody in a box and say you must be in one of these sections and that's that was hard because it was really….

**Interviewer:** Mm-hmm.

**Carer 5:** You felt that when you were- I was answering certain questions I was having to pick an answer that probably didn't really relate, but felt I had to answer was it question 12345, you know what I mean?

**Interviewer:** Mm-hmm.

**Carer 5:** So it's, you know, it's it needed to be a bit more individualised, but I kind of get the reason and around why it was done so, yeah.

**Interviewer:** Mhm, this is really useful feedback, thank you so much for that.

**Carer 5:** OK, alright.

**Interviewer:** Thank you. And you sound like you got lots of experience, so that's really really useful, thank you for that.

**Carer 5:** Ok.

**Interviewer:** Awesome

**Carer 5:** OK that’s alright.

**Interviewer:** Right so let me see. Um and in terms of the sort of moving on to the part, when you were actually receiving this therapy. So in general, what was your experience with receiving the PETAL therapy? I know it's a broad question and I've got sort of more nuanced questions later on, yeah.

**Carer 5:** So overall the, I felt the person that we supported did benefit from some aspects of that. What I, what I struggled with a lot, a lot of the information in regards to why don't you try this, think about your breathing and think about oh what made you feel like this and what made you feel like that. I felt like a lot of the documentation, and I think who I was working with, which was [Therapist 6] and I think we kind of agreed everything was too wordy. So the issue was, is that you're presenting a question to somebody.

**Interviewer:** Mm-hmm.

**Carer 5:** One just for instance, the person that we were supporting, although an adult has a developmental age of eight years old. So what you're, you're asking him questions that he doesn't necessarily understand. So basically, the [Therapist 6] was asking the questions and I was having to then take over and word in a- making sure that you understood and word it in a different way.

**Interviewer:** Mm-hmm.  
 **Carer 5:** And so, yeah, found a lot of it was really hard. It was hard for him to understand a lot of it and the thing is for me when you're supporting people of that nature who can tend to display behaviours that challenge and can cause damage to the home, you're already putting a lot of processes- processes in place.This I think the PETAL thing would be really beneficial more I would say at a children's to a transitional level before adulthood. So you've already doing that assessment framework before you get to that adulthood. Because when you get to adulthood, you should be, you're already in the throes of trying to put systems in place, working with your local authorities and the local community learning disability teams to look at positive behaviour, support strategies and things like that anyway. So it's kind of- we've done, we've done it, but we were already doing them, processing of gone through a lot of them processes. So I think from a children's to teenage, I think this would be more beneficial because at adulthood you should already be doing that. If that behaviour is already there and you're supporting people within the community, so yeah.

**Interviewer:** Mm-hmm, ok, that's really interesting. Very, very useful, thank you.

**Carer 5:** OK, alright.

**Interviewer:** Let me turn the page. Sorry, right.

**Carer 5:** Ok.

**Interviewer:** And so during this therapy, have you been able to raise any issues, any concerns of yours if you had any and how did you-?

**Carer 5:** I didn't have any concerns. I felt, you know, I didn't have any concerns with it.  
You know, I wanted to, I thought the person we supported could really, could really benefit from it, and he did, he did benefit. I think he benefited from the contact and kind of making them think about some of the behaviours that he was displaying and his actions and consequences to that behaviour, for instance, and causing damage to his home impacting on his own personal finances because he was living in a supported living model. So he was responsible for that upkeep of his own home. So in that way, it got him thinking about that uh but again, the only concern I had was I just felt it was a bit to wordy at times.

**Interviewer:** Mm-hmm.

**Carer 5:** I just felt some of the questions, it's the individual, you need to present the questions in a more individualised way.

**Interviewer:** Mm-hmm.

**Carer 5:** And I felt that [Therapist 6], who we work with to do it from the positive behaviour support team was instructed that she need to do answer their questions, because of course it's at the feasibility stage, I appreciate that. So I do feel is that sometimes it needs to be a bit more bespoke to the person rather than a generic kind of approach to it. Yeah, but that could that comes with understanding the people really.

**Interviewer:** Right, ok, no, that's-

**Carer 5:** Do you know what I mean? That's because of my knowledge, you know. So yeah.

**Interviewer:** Yes, yes. I mean, the therapy is meant to be sort of personalised, but yeah, maybe there is also, you know the beginning, like you said as well, you know everyone's behaviour presentation is very individual and also there you know abilities as well. So it might take time, even for the therapists to sort of get to know the person and understand how they can make their language more accessible.

**Carer 5:** Yeah.

**Interviewer:** But that's very useful feedback. Yeah, we got that feedback from another few therapists as well, and the participants also that the language wasn't accessible enough.

**Carer 5:** Yeah.

**Interviewer:** So yeah.

**Carer 5:** And also I would say [Interviewer] as well that the what I found was at the question stage when you're doing when I met with [Researcher] and we gone through all of the questions, that's where something needs to be added in regards to how language and bespoke- you know kind of because there was no questions in regards to that person that you're going to do work with what their level of understanding, what's their capability of understanding and also another thing is accents for instance, I'm from [Town], so I've got quite strong accent, but we've also got a number people, foreign workers, that work with us.So, for instance, the person we work with really struggles with certain accents, so he really struggles.

**Interviewer:** Oh I see.

**Carer 5:** We got chaps that we know who were [Nationality] that he would just would not be able to struggle with the accents. So you need to take a lot of that into consideration for the person who’s supporting them doing it and the person who's asked you know from the from the Community and learning disability teams you know, to present the questions. So I think at the question stage, maybe that's something that needs to be looked at before you get to that point.

**Interviewer:** Mm-hmm, that's really good. Yes, and amazing feedback. Yeah, I’ll definitely pass on all of this to the team.

**Carer 5:** Ok.

**Interviewer:** Yes, that's brilliant, thank you so much.

**Carer 5:** Ok.

**Interviewer:** I really appreciate it. And did you find it sort of easy to attend the sessions? Did you have any sort of barriers or was it sort of straightforward?

**Carer 5:** No, no, no. Yeah, I mean it, it's straightforward. I mean, I think you know where we're in a position where the person we were supporting was understanding that we were gonna be meeting when we're happy for us to meet. I mean, and when he'd had enough, was happy to turn around and say to us I've had enough now. Whereas I suppose a lot of people in a similar position may not have that ability and could actually escalate behaviour.

**Interviewer:** Mhm

**Carer 5:** But again, that's about having familiarity, or people familiar with those behaviours and understand them, you know the escalation behaviours and the antecedents to that, so yeah.

**Interviewer:** OK, that's great. That's lovely. Let me see. So just a little bit maybe I know you, we have covered a little bit about that. What aspects of the PETAL therapy you found useful, but if you can think of like what was sort of the most useful elements of it?

**Carer 5:** Um there were certain sections on it was about self-reflection. Now, again, depending on the person it’s about their capacity to understand but we were able to word certain questions that give the person that we were supporting the opportunity to self-reflect on why he was behaving that way, what he could do to combat it and things like that now.

**Interviewer**: Mm-hmm.

**Carer 5:** And we again, it all depends on the person and all honesty, I really do. But I think there was like little things where ones where you’re like doing the emotion kind of like board game type of thing. He really enjoyed that and he really engaged with it.

**Interviewer:** Amazing.

**Carer 5:** And actually, when what was good about that, that part of it was me and [Therapist 6] were- we were, we were answering, playing the game and answering questions before it got to him and things like that.

**Interviewer:** Mhm.

**Carer 5:** Do you know what I mean? So it kind of almost made him feel comfortable to be able to open up about- because we were saying like there was things, one about things that make you anxious and fears, mine`s heights and we would that's- something that we talked about you know. And I think [Therapist 6] was something like snakes or something like that, you know, like little things, you know. And that also give the person who we’re supporting the opportunity to kind of feel- to feel comfortable in that situation.

**Interviewer:** Mhm.

**Carer 5:** So that was quite good. I think I think that's side of the therapy sessions were quite were quite positive, yeah.

**Interviewer:** That's really lovely. It sounds like, yeah, you managed to create a safe space for him and to feel comfortable and also even feel like these emotions are valid and it's fine to sometimes feel negative emotions and sort of.

**Carer 5:** Yeah.

**Interviewer:** Yeah, it's a kind of formal validation.

**Carer 5:** Yeah.

**Interviewer:** That's really lovely, really, really great. And have you noticed any change in terms of, uh, his challenging behaviour maybe since they set up in terms of the frequency or the severity of those episodes?

**Carer 5:** Yeah, so out of that, we put systems in place which is doing the breathing technique or somewhere or whatever that we put in place, which we've done that and we also introduced kind of like morning yoga sessions with the staff team and stuff like that using the breathing techniques that we spoke about in PETAL as well as kind of stretching exercises and whatever because this chap as well

**Interviewer:** Oh wow, amazing.

**Carer 5:** Suffers with cerebral palsy. So it kind of kind of help with his muscle spasms and things like that and putting in a sensory box in you know in regards to kind of um- which we had tried before which didn't work, but he is using that now. Uh, which is kind of using kind of things like certain smells and whatever and things that make him feel happy and comfortable to go to before the escalation phase when he's kind of like when he, you know, almost kind of like he knows he's getting a bit anti and he'll go to that.

**Interviewer:** Interesting.

**Carer 5:** And the thing is, sometimes it works and sometimes it doesn't, you know, but  
I do believe there was some benefit to do with it, I really do, in all honesty, I'm half and half.

**Interviewer:** Mm-hmm.

**Carer 5:** I'm half and half and I'm only half and half. It's because the way the whole thing has been present- is presented to him was long winded but- and quite wordy and whatever, but there's some benefit for some of that work. But the thing is, what I would, that's why I come back to it, I think from a positive behaviour support point of view, a lot of the things that are suggested within the PETAL study are things that will not had already been tried, or done or whatever and should be getting done from that process. That's why I feel that. Chil- people that have diagnosed with certain conditions and behaviours or whatever from children going up into the teens. This would really benefit them because what I see and what my experiences of seeing, when children reach puberty, they tend to be the most difficult periods. If they are displaying behaviours that challenge and impact on their autism and because of the chemical imbalances and wherever. So I think to have this system in place before they actually get to that age, because often when they reach puberty and they've- they, they go through them, whole processes of them of changes them in behaving whatever.

**Interviewer:** Mm-hmm.

**Carer 5:** Sometimes they'll come out the other side of puberty with different with a different level of behaviour or behaviours that have gone in a different route. And so I think that's why I think it would certainly be more beneficial from children to teenagers I would say

because you what you- because when you get to adults, you should already be doing that work anyway moving forward, whereas doing it as an adult now with somebody like the person we were supporting and we were already doing that work.

**Interviewer:** Mm-hmm.

**Carer 5:** Although we did see some benefit to it, by the way, it's, you know, there's a lot of things that we've already tried, but under the under the conditions that we were doing it made them reflect and go back to some of it.

**Interviewer:** Mm-hmm.

**Carer 5:** But so yeah, but I do think, yeah, children to teenagers. I think this would be more beneficial to do it within that age group I would say.

**Interviewer:** Right, uhm, ok, that's amazing.

**Carer 5:** Right.

**Interviewer:** Thank you, very useful feedback.

**Carer 5:** Ok, alright, that's alright. OK.

**Interviewer:** Thank you. And so just a quick question again about you also already partly covered that that so which kind of PETAL sessions you found the least helpful if you can think of because you said it's a bit of a half and half.

**Carer 5:** And yeah, yeah, I mean again it, I felt the whole of it was helpful in regards to the meetings and having that kind of actually one to one- two to one with, with the chap who we’re supporting.

**Interviewer:** Umm.

**Carer 5:** I think it was just sometimes the way sometimes it was delivered and that wasn't because of- that wasn't [Therapist 6]`s fault. She was trying to follow a process which is, you know, trying to present how you know, how everything's word and having a conversation.

**Interviewer**: Yes.

**Carer 5:** You're automatically, when you’re reading the questions you’re automatically assuming that person has the capacity to understand this, which I think when you go to the question section before you get to, that needs to be established first, because you need to.

**Interviewer:** Mm-hmm, that needs to be, yeah, yeah.

**Carer 5:** You need to then present each section of the of the therapy in a better structure to get more out of it, so, yeah.

**Interviewer:** Its really useful feedback, yes. No, that's amazing. I’ll definitely pass on all of this to the team.

**Carer 5:** Ok, Ok, yeah.

**Interviewer:** Thank you, that's brilliant, right. And did you maybe find the PETAL therapy too time consuming? So what was the kind of the number of the sessions or the length of the sessions and were they alright?

**Carer 5:** No, no, they were fine. And just the question stage, as I said before, that kind of was really lengthy, but actually the sessions as a whole or you know they were they were fine because we average around about an hour or time and the thing is that's probably about as much as the young chap could cope with as well.

**Interviewer:** They were very lengthy, yeah, ok.

**Carer 5:** So yeah, yeah.

**Interviewer:** OK, that's brilliant. And let me see. Can I ask you as well about the workbooks? So you had as well a workbook and also a [Participant 5] I think had a workbook.

**Carer 5:** Yeah.

**Interviewer:** So how did you find to use the workbooks?

**Carer 5:** Again, they were fine. Uh [Participant 5] couldn't- see the thing is- here’s another one. [Participant 5] couldn't use his workbook. He couldn't use it and the simple is because again, if at the question stage that was something like if we knew that [Participant 5] would be able-, the idea is that he could work through that workbook himself. He couldn't because [Participant 5] would just rip it to shreds.

**Interviewer:** Mm-hmm.

**Carer 5:** He’d just rip it to shreds. So the thing is I was having to complete it for him, which is fine.

**Interviewer:** Right. Mm-hmm.

**Carer 5:** But The thing is, you know, we try to involve him as much as that is possible really, but yeah, but yeah, but the workbooks were fine. I mean it is what it is. Like I say, a lot of it,  
and the way the questions are presented was so lengthy and wordy, you know, one of the things again, when you’re supporting people of this nature, you know, short sentence using keywords is better for understanding, when you're reading a whole paragraph and then having to break it down.

**Interviewer:** Mm-hmm.

**Carer 5:** So he don't understand, it was really that was difficult for him.

**Interviewer:** That was difficult, right.

**Carer 5:** So yeah, yeah.

**Interviewer:** Yeah, so for him, a completely like sort of, easy read version would have been better.

**Carer 5:** Yeah, but the thing is that the issue with the easy, easy word versions of anything we get we get a thing, we get form sent through from adult social care, from the community centre and learning disabilities all time in easy to read format. And I can tell you now, if you take the words off, I wouldn't even know what they mean.

**Interviewer:** Umm.

**Carer 5:** Everybody thinks, oh, yeah, we'll put symbols here, symbols there, but the thing is, you're talking about a language that you think everybody understands, and actually that's not the case. So I think actually it needs to be people that know that person that are able to break down rather than look.

**Interviewer:** Umm, yeah, right.

**Carer 5:** And I don't think an easy read version will be helpful. I feel that it would overcomplicate it.

**Interviewer:** I see. Ok, that's very, very good feedback as well.

**Carer 5:** And that goes for anybody we support. I think of everybody that we support, if we've done this session with them, an easy, any giving them an easy read document just isn't helpful.

**Interviewer:** Ok, I understand.

**Carer 5:** Ok.

**Interviewer**: And in terms of the sort of home practice tasks, how did you find those? Sometimes you had little home practice tasks between the sessions. Was that ok or?

**Carer 5:** Yeah, that was fine. I mean he engaged in some and didn't engage in others. So, but the thing is, after each session we put a system in place to make sure that the staff was supporting them to kind of um set out what we wanted the plan and that we agreed within them sessions.

**Interviewer:** Right.

**Carer 5:** So a lot of it was good. A lot of like, you know, like things like emotion boards and things like that. That was on the first session, you know, and you know, it was kind of like the happy face. They're kind of the madder face the angry face, and to be honest, he just kept on putting happy for everything, even when he was upset. So but again, I think that's about, you know, he felt that task was a fun task for him to do.

**Interviewer:** Mm-hmm.

**Carer 5:** I don't think he related it to his actual own emotions, regardless of how many times we tried to explain it. It was just like, oh, this is fun, I'm putting a smiley face up on the board.

**Interviewer:** Right.

**Carer 5:** Just little things like that. So, but a lot of the other tasks that we've done, but yeah, they're really good and I felt he did benefit from some of them.

**Interviewer:** Ok. And you mentioned that you already implemented some of the stretching exercise in in this morning,

**Carer 5:** Yeah.

**Interviewer:** That's really lovely. So you still do it to this day as well, amazing.

**Carer 5:** He still does it, yeah. Yeah, he does that after his breakfast every morning and he does his breathing sessions and the thing is you, what we've done is as well we looked at after the sessions we looked at changing our operational guidelines in regards to his support, so there was consistency across the board from the staff. So putting in as like- right [Participant 5] kind of usual, you know, when he started to escalate, right, what did we discuss, let’s use your breathing exercises or whatever, or go use your sensory box and things like that. So there was a consistent response from the staff to what we'd agreed as part at them sessions. So which, you know, the thing I always go on about is how important the consistency is. Cause if the consistency is right and the expectations and like I said before, this chap in particular has a developmental age of an 8 year old, so you know, kids like to push the boundaries, but they also need to know where the boundary is because it makes them feel safe.

**Interviewer:** Yes, yes, absolutely.

**Carer 5:** So, so yeah, but yeah, yeah.

**Interviewer:** That's very positive, I think, isn't it? Especially because, yeah, my I was going to ask you as well that if you know if there is any sort of change now in the way you support him, but you've already answered that that yes, it is.

**Carer 5:** Yeah, we did.

**Interviewer:** And then it's a consistent thing across the team, so that's really lovely.

**Carer 5:** Yeah, yeah, yeah.

**Interviewer**: That's very positive.

**Carer 5:** But that's good, yeah.

**Interviewer:** Good, awesome.

**Carer 5:** Good.

**Interviewer:** Thank you. And if you can think of sort of any change which we should make to the PETAL therapy, what would it be? You’ve already mentioned that the language should be much more accessible, yes.

**Carer 5:** I think I've mentioned everything. It does and I think the questions at the start, they need to be the main process for establishing how communication with that person works, and their understanding of the sessions and the therapy and because without that I felt if we've done that at the first point.

**Interviewer:** Mm-hmm.

**Carer 5:** You would it almost kind of needs to be ok, so this paragraph on this section, we cannot present the way it's worded to this person because they're not going to understand, right? How do we break that down to make it more accessible? And it might be that you may not even use the words. You may present a ball game or you're present, you know what I mean to kind of get the same outcome, but I think it needs to be based on understanding the language and capacity at the question stage at the beginning.

**Interviewer:** Umm.

**Carer 5:** And I think, although that was really lengthy, that should be used to get a lot more from the PETAL therapy itself.

**Interviewer:** Umm.

**Carer 5:** I feel you have to establish that understanding because if I just felt it was too generic, a lot of it. The questions and answers too generic, so the communication trying to when [Therapist 6] was trying to read out a lot of the questions, it was just it's hard to absorb.

**Interviewer:** Mm-hmm.

**Carer 5:** You know, the thing is, a lot of people with these behaviours and like I say, yeah, I'll- most of the time it comes down to um, they're developmentally, you know, the reason why they're on the spectrum and behaviours, a lot of the time with behaviours, we'll find it the- they've got a learning disability as well as autism, do you know what I mean? So it's kind of, yeah, it'll I mean, it all depends on the person, but it has to be at the question stage to figure that out before you even get to that point.

**Interviewer:** Right, yeah, because I think in the first module is about getting to know the person. So did you not feel that that session was not enough to sort of establish for the therapist?

**Carer 5:** No.

**Interviewer:** That sort of understanding of, you know, the type of communication which is needed with the person that's.

**Carer 5:** No, well, the thing is with that, I mean [Therapist 6], for instance, who done it with us already knew [Participant 5]. So the person who support and so we already had that relationship anyway.

**Interviewer:** Right, ok.

**Carer 5:** But the thing is that's why you know, I think I think with us because we're having to word everything in a way that you could understand. And that even that sometimes is difficult, so the getting to know you session thing at the beginning, it's ok, but you can't sit there, do a getting to know you session with somebody and then think alright and this is how we need to word everything moving forward. It needs to be done at the question stage and then break down how you're going to communicate that information of the session as a whole.

**Interviewer:** Umm.

**Carer 5:** You're not going to do that first session with them anyway.

**Interviewer:** Mm-hmm.

**Carer 5:** It almost needs to be actually you- the person doing it. The therapist and the person like me supporting [Participant 5] that you need to meet beforehand, and come up with a strategy for the questions. Maybe for each section.

**Interviewer:** Mm-hmm.

**Carer 5:** So you'd almost kind of maybe go right, ok, if it's going to be an hour session. Actually, what you want to do is have 45 minute session have 15 minutes beforehand together to look at how you would communicate and go through each section you might say or even do it at the end of each session kind of thing.

**Interviewer:** Hm sort of do the debrief?

**Carer 5:** Yeah

**Interviewer:** Yeah, no, I completely, that's a really, really useful feedback, thank you for that.

**Carer 5:** Alright, yeah, ok.

**Interviewer:** Awesome,right, let me see if I've asked everything and, um, I think we covered pretty much everything and their books. Is there anything else about the therapy which maybe will not have covered and you would like to talk about?

**Carer 5:** Not really. You know, I mean, like I say, I think like the communication with yourselves over it and obviously with [Therapist 6], the Community scientist with teams always been good anyway. I think I, you know, I think there was some frustrations, but I think I've kind of said why and that's and again, I'm not just looking at the person we were supporting.

**Interviewer:** Umm.

**Carer 5:** You know, I think about all the people we support and a lot of people- what I’ve said in regards to and reviewing how things are, you know, are communicated and the questions and stuff like that, I think that would be across the board, but I do think it would be more. It's certainly more beneficial to do it from children services and children and into early teens and stuff because actually you need to use this to prepare people for adulthood, you know, or at least past puberty because that actually, you know, you'll find a lot of different behaviours come out of puberty.

**Interviewer:** Mm-hmm.

**Carer 5:** Good and bad, so yeah.

**Interviewer:** Umm, so like a sort of earlier implementation would be more useful?

**Carer 5:** Yeah, I do, yeah, yeah.

**Interviewer:** Mm-hmm. OK.

**Carer 5:** I mean, it's not to say you wouldn't, it’s not to say it wouldn't work with adults. I don't because I think a lot of it did work with [Participant 5], but I- what I would say is that in order to do it on a permanent basis with adults who are already displaying these types of behaviours that haven't had intervention beforehand, it's got, it's got to be less wordy, it's got to be a better strategy to communicate that information to that person because it depends on their understanding.

**Interviewer:** Mm-hmm yeah.

**Carer 5:** Their level of capacity, you know, sometimes, you know, you got to take into consideration, you know, things- do they have sensory impairments, is the certain words that trigger behaviour that you shouldn't say as part of the sessions, you know, little things like that.

**Interviewer:** Umm, yeah.

**Carer 5:** You know, so yeah. But otherwise, it's not to say it wouldn't work because I think it has to a certain degree, yeah.

**Interviewer:** Great, awesome, fantastic. Thank you so much, it's been very, very helpful.

**Carer 5:** You're very welcome, good, yeah.

**Interviewer:** Thank you, let me just then stop the recording.

**Carer 5:** Ok.