**Supplementary Online Materials (SOMs)**

**Section 1: Comparisons between PWP and HIT workshop**

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|  | **PWP workshop** | **HIT workshop** |
| Workshop Length | Full day | Full day |
| format | Only piloted online | Online/face-to-face |
| Facilitation | x2 PWPs (registered with BABCP) or x1 PWP (registered with BABCP) and x1 CBT Therapist (any professional background with BABCP accreditation and knowledge of PWP practice) | x2 CBT Therapists (any professional background with BABCP accreditation) |
| Themes 1 | **Psychoeducation about personality difficulties** | **Psychoeducation about personality difficulties** |
| Theme 1 Learning objectives | Understand what is meant by personality disorder; Differentiate personality difficulty from disorder and to assess whether a client is appropriate for IAPT; and to differentiate between Step 2 and Step 3 suitability for co-occurring personality difficulties | Understand what is meant by personality disorder; Differentiate personality difficulty from disorder and to assess whether a client is appropriate for IAPT |
| Theme 2 | **Enhancing LI-CBT for depression and anxiety in the context of personality difficulties** | **Building skills, knowledge, and motivation to better meet the needs of clients with personality difficulties when delivering a CBT protocol for anxiety or depression** |
| Theme 2 Learning objectives | Understand principals of adapting PWP practice; Build skills in exploring difficulties and planning adaptations, anticipating (and side-stepping) potential challenges to PWP relationship, and to manage challenging conversations during PWP sessions; and to understand how to support clients to build emotional regulation skills | Know how to adapt CBT for depression/anxiety for clients with comorbid personality difficulties to: Manage alliance, Formulate presentations, with a particular emphasis on cross-sectional work, Build emotion and interpersonal regulation skills, Hold therapeutic boundaries |
| Theme 3 | **Highlighting the importance of and building good PWP self-care when working with more complex clients.**  | **Highlighting the importance of, and considering how to build, therapist self-care and resilience when working with more complex clients.** |
| Theme 3 learning objectives | Recognise importance of, model and build good therapist self-care | Recognise importance of, and build good, therapist self-care |
| Case vignette | Intended to sit on the severity threshold between Step 2 and Step 3 suitability; but clearly suitable for NHS Talking Therapies service | Intended to sit on the upper severity threshold for Step 3/ NHS Talking Therapies (NHS-TT) service suitability |
| Part 1 content | Introduction to personality difficulties construct and ICD-11 spectrum classification system, ‘pro's and con's’ of diagnosis/labelling; Assessing current severity and identifying NHS-TT appropriate clients, differentiating step 2 and step 3 appropriate clients, overview of evidence base for treatment in NHS-TT | Introduction to personality difficulties construct and ICD-11 spectrum classification system, ‘pro's and con's’ of diagnosis/labelling; Assessing current severity and identifying NHS-TT appropriate clients, differentiating NHS-TT appropriate clients, overview of evidence base for treatment in NHS-TT |
| Part 2 content | Adapted Livesely, (2011)/Kate Davidson model of trauma-informed care; principals of LICBT in context of personality difficulties, Role play demonstration, practice and reflection focused on striking a balance between focusing on core LICBT intervention and adapting to client's specific needs; therapist self care | Adapted Livesely (2011)/Kate Davidson model of trauma-informed care; principals of adapting CBT for depression/anxiety in the context of personality difficulties, 'behavioural before cognitive'; attending to the therapeutic alliance; therapist self care; Lived experience of personality disorder video clip around accessing CBT for depression; responding to ruptures role play demonstration, practice and reflection |
| Part 3 content | Anticipating challenges in PWP relationship; role play demo and practice - information gathering about client expectations and past therapy experiences and collaborative current treatment planning. Managing boundaries and difficult conversations: PWP interpersonal effectiveness including role play demonstration, practice and reflection with PWP using DEARMAN frame to structure difficult conversations | Formulating clients with personality difficulties: CBT framework of personality disorder, Cognitive model of personality disorder, schema theory and personality difficulties, implications for NHS-TT treatments for depression and anxiety, adapted 'hot cross bun' model, positive questioning. Formulation role play demonstration, practice and reflection |
| Part 4 content | Reducing barriers to engagement linked to emotion regulation by use of COM-B and psycho-education, PWP self-care recap and planning, final reflections | Emotion regulation skills, role play demonstration, practice and reflection focused on encouraging client to engage in emotion regulation, client interpersonal effectiveness (using DEARMAN frame) and role play demonstration, practice and reflection introducing this with a client, setting limits and managing crises; with linked role play (demonstration, practice and reflection - time permitting), therapist self-care planning and final reflections |

**Section 2: Intervention refinement**

The overarching learning outcomes, structure of the workshop and key components remained consistent throughout all workshops. However, each workshop different in terms of the content and quantity of discussion and interaction during the day (dependent on the experience level of each cohort of PWPs, and their questions, comments and feedback) which influenced the number and duration of the interactive group tasks; in order to ensure breaks were maintained and the day did not overrun.

The content of slides and small group task instructions were refined based on facilitator reflections and feedback from attendees captured live during the workshop and in post-workshop feedback surveys. The most significant changes in the workshop slides took place between workshop 4 and 5, and all of these changes were grounded in facilitator reflections or adaptations they had made live during previous workshops, or as a result of attendee feedback. This involved both updating the formatting and graphic design of slides throughout, including removing extraneous details on slides to enable slides to be more visually engaging. Instructions for interactive tasks were made more behaviourally specific. Each component was given distinct visual design in keeping with the overall theme to improve clarity of the structure and support memory retention. The overall structure remained the same, with two morning sessions and two afternoon sessions with 10-15 min breaks in between and an hour for lunch. Main changes to session one were restructuring of the order of content as facilitators felt this would improve the flow of the workshop rationale. Key changes to session two were removing content around principals of high-intensity working with this group in favour of including principals of PWP working with this group as an extension to the Livesely (2005) model – in part due to attendee feedback and to reflect the expertise of the current facilitators. In session three the language ‘assessing relationship to help’ was updated to ‘anticipating challenges to PWP relationship’ as facilitators felt this had caused confusion, and the role play practice was switched for a small group discussion before the demonstration, in response to attendee feedback (when delivered a role play was facilitated instead as attendees requested to try a role play before a demonstration however, this was an example of the facilitators responding to group feedback rather than changing the default content). The final session (4) had the most structural changes, the emotion regulation role play demonstration and practice were omitted, as previous workshops had often been pushed for time and skipped these elements at the point of delivery. Feedback also indicated the other practice opportunities were more valuable to PWPS. This enabled more time to be dedicated to discussing therapist self-care and final reflections and key learning points from the day, including both a small group reflection, and larger group discussion. Again these elements had often been rushed or omitted in previous workshops due to time.

References:

Livesley W. J. (2005). Principles and strategies for treating personality disorder. *Canadian journal of psychiatry. Revue canadienne de psychiatrie*, *50*(8), 442–450. https://doi.org/10.1177/070674370505000803

**Section 3:** Further qualitative analysis of feedback data linked to workshop refinement

Eighteen PWPs positively commented on the workshop and content as a whole, describing it as ‘great’ enjoyable, informative, interesting, helpful or worthwhile.

*Facilitation of workshop*

There were many references to the facilitation and structure of the workshop. The facilitation style was often described as interactive (n=17), engaging (n=8), well paced (n=13) and responsive to feedback; and the style was generally viewed as a strength of the workshop which created a “friendly relaxed reflective atmosphere” *PWP57* which was “comfortable for people to speak up” *PWP15.* Contrasting feedback about the presentation of the workshop was the exception, with one PWP noting at times the pace “felt quite rapid” *PWP81* and another suggesting it could be have been improved by asking “More questions during the teaching to engage the audience and help participation” *PWP85.*

*Presentation*

Five PWPs from workshops 1-4 referenced that a way the workshop could be improved was reducing the amount of text on some of the slides, which attendees found hard to follow. This feedback informed the refinement of the slides prior to the final workshop. Three PWPs attending this final workshop referenced the design of the slides as an element of the workshop they liked; and none commented that improvements were needed. For example, “[I liked] the Slides! They were very well designed” *PWP91.*

*Structure*

The structure of the workshop was commonly described as a strength, with frequent mention of the balance of activities (n=12) e.g. “well balanced between information giving, discussion and practice” *PWP93.* Two PWPs suggested they would have benefitted from more breaks and a further that they would have preferred the teaching elements to be broken down by more breaks or tasks; and two alluded to the day being tiring e.g. “My brain was a bit fried towards the end however, I don't think there is much that could cut out as it was all helpful!” *PWP61.*

*Take home messages*

Several PWPs commented on there being clear take home messages e.g. “It was a very engaging presentation with clear learning points to take forwards.” PWPXX or used the feedback survey to write down their key learning points, all of which were relevant to the workshop content and aims.

*Role play demonstrations*

22 PWPs referred to the roleplay demonstrations in the video, and were generally viewed as a highly valuable aspect of the workshop that helped PWPs translate knowledge into practice “The role plays [demonstrations] were really useful, it was really good to see the techniques put into practice” *PWP5*, “a demonstration is so useful and meant I understood what was expected” *PWP72*. In terms of improving the role play demonstrations, two PWPs suggested they would have valued more demonstrations e.g. “Perhaps some more video content would have been helpful. What was included was very good but more if it would have been preferable.” *PWP 94* (OR) “I think I would have valued more recorded role plays as examples, because as PWPs we don't often get to see that and especially working from home you lose the opportunity to listen to how other people phrase things” *PWP68*; and 2 PWPs commented they would have preferred to practice the role play before observing a demonstration*.* Several PWPs (n=4) commented they would have preferred some of the role plays to feature more challenging clients with one commenting that the current demonstrations were not helpful due to the clients not being challenging enough “I found the role play demos not overly helpful as from experience the conversations would be more challenging and confrontational, just something to think about. Recording of treatment sessions with complex clients or real case studies might be more helpful.” *PWP97.*

*Roleplay practice:*

The role play practice was also frequently referred to in the written feedback (n=32), and there were mixed views about these aspects of the workshop. Several PWPs referenced feeling intimidated by the role plays, with some referencing this was because they were a trainee, and others attributing this to noticing a pull to copy the demonstration video they had just heard e.g. “I'm afraid I chickened out of doing any as I'm a trainee and felt a bit intimidated doing it in front of experienced practitioners.”*PWP5*; “Going into a role play straight after the pre-recording was intimidating and was hard to not copy the conversation just heard.” *PWP62*. Others would have preferred more ‘character background’ , ‘script’ or ‘prompt sheet’ to follow for the client during the role plays (n=3). There was also mixed views around the length allocated for role plays (which varied between groups according to time and live feedback) with some saying they preferred longer slots, others saying longer slots felt too long, and others saying the length allocated was about right. Twelve PWPs commented on the role plays as an aspect of the workshop they liked, largely because it increased the interaction, or helped them put ideas into practice, despite some acknowledging this can also be a challenge e.g. “I liked the group work and role plays – I think they make it very piractical” PWP32 “[I liked that the workshop had] Lots of role play which scares me but is always very useful. Also helps break up the education” *PWP85.* Three PWPs referenced the role play being unhelpful, one due to a learning style preference, one due to them being very difficult whilst processing a lot of information and one that found them less helpful having just watched a demonstration. Overall three PWPs recommended the practice to come before the demonstrations; and three PWPs recommended reducing the amount of role plays in favour of small group discussion “One role play session carried out differently, maybe as a discussion looking at case studies of different patients.” *PWP72*. Several PWPs commented that it was difficult to do the role plays as they were processing a lot of new information, with one stating they were not helpful as a result.

*Group discussion:*

More broadly PWPs widely commented that the discussion, hearing others opinions and space for feedback and reflection was also a strength of the workshop e.g. “great discussions and great space provided for feedback from roleplays” *PWP39;* although one PWP from workshop 1 suggested more time for at the end for reflection would have improved the workshop.

*Relevance to PWP role:*

The workshop’s relevance to the PWP role was a commonly referenced theme (n=22) with several referencing the value of a PWP facilitator e.g. “Very pwp focused, so helpful to have someone leading who had been a pwp to help navigate the difficult combination of being theoretically interesting but also relevant to PWP practise” *PWP9*; “[I liked] How it had been really tailored to step 2 work” PWP60. However, one PWP attending a workshop co-presented by the clinical psychologist suggested it could be improved by featuring “Less stuff about High-Intensity when presenting to PWPs.” *PWP70.*

*What if anything will you do differently as a result of the workshop:*

Fifty-eight (77%) of PWPs completing the survey recorded what they planned to do differently as a result of the workshop, covering a broad range of behavioural intentions relevant to the workshop content. The most commonly referenced tool PWPs planned to implement was the ‘DEAR MAN’ heuristic to support PWPs to managing challenges in their work with a client (n=22). PWPs also referenced intending to use more emotion regulation tools (n=5); the COM-B more often (n=1); the “Keep it simple” principal (n=5) and the principals of the Livesley model (n=7) in their practice moving forwards.

PWPs also reporting intending to adjust their approach to working with this group as a result of the workshop, including being more interpersonally effective particularly around setting therapy boundaries (n=7) e.g. “I will endeavour to use the approach of setting out the boundaries an collaborate with the patient in advance to mutually decide what is the best course of action if they face any difficulties with engaging with the treatment.” PWP21; adopting a more flexible approach (n=7) e.g. “I will be more conscientious of adaptations I could make for clients with severe co-morbidities” *PWP77* and being more open minded to working with this group (n=5) e.g. “[my practice will change by] being more open minded about working with patients with interpersonal and personality problems.” PWP23; considering client past experiences and anticipate how this may show up in their current relationship with a client (n=7) e.g. “Being mindful of any patient history and how it may affect alliance/treatment structure.” PWP7; and being or feeling more confident in this work (n=6) e.g. “[I will have] more confidence in my ability to work with this patient group” PWP27. Less commonly mentioned themes in adjusting their approach was in how they seek and respond to client feedback (n=3) e.g. “I will make an effort to show gratitude for feedback that clients provide”; be more collaborative (n=3) and striving to be a ‘good enough’ therapist and not a ‘perfect therapist’ (n=2).

**Section 4: Bespoke workshop feedback questionnaire**

Q2 Please rate the following statements based on your views on the workshop:

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| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree (1) | Disagree (2) | Neutral (3) | Agree (4) | Strongly Agree (5) |
| 1. I found the workshop theoretically interesting. (1)  |  |  |  |  |  |
| 2. I found the workshop clinically useful (2)  |  |  |  |  |  |
| 3. I found the workshop well presented (3)  |  |  |  |  |  |
| 4. I would recommend the workshop to other IAPT PWPs (4)  |  |  |  |  |  |

**Section 5:** Bespoke attitudinal questionnaire

Q1 Please rate the following statements based on your views following the workshop:

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| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree (1) | Disagree (2) | Neutral (3) | Agree (4) | Strongly Agree (5) |
| 1. I feel more confident recognising, assessing and deciding whether to take on clients with personality difficulties (1)  |  |  |  |  |  |
| 2. I feel more confident anticipating relationship to help and managing the therapeutic alliance in clients with personality difficulties (2)  |  |  |  |  |  |
| 3. I feel more confident about making a treatment plan with clients with personality difficulties (3)  |  |  |  |  |  |
| 4. I feel more confident about adapting step 2 work for clients with emotional and interpersonal difficulties that may pose as barriers to engagement (4)  |  |  |  |  |  |
| 5. I feel excited/positive about the prospect of working with clients with personality difficulties (5)  |  |  |  |  |  |

**Section 6:** Open answer written qualitative questions

Q3 Any comments about what you liked about the workshop:

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Q4 Any comments about what could be improved about the workshop:

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Q5 What, if anything, will you do differently as a result of the workshop?

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Q6 Any other comments:

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