

SUGGESTIONS

What is Autism?

A child says, **'My brain is not wired up properly'**. (There are either too many connections between cells in the brain and it gets overloaded, or too few – and the messages do not get through.)

The brain cannot process incoming information quickly enough and filter out what is important.

The brain gets overloaded. It tries to reduce the amount of incoming information by,

1. Repetitive Behaviour: **'If I focus on flapping my hands, etc. I do not have to listen to all the stuff coming in that overloads me'**. In a world that is behaving like a runaway kaleidoscope where the pattern never settles she knows what she is doing
2. Avoidance: Shuts eyes, hides under blanket, runs away.
3. Shut down: Comes to a halt. Knows what he/she wants to do but cannot organize the muscles to do it. (Do not try and talk them through it, you will increase the sensory overload.)
4. Aggression to self or others.

They may respond in one of these ways of separating themselves from what they perceive as the source of their sensory overload. or a combination.

Finally, their coping strategies fail and they go into an autonomic storm (meltdown, crisis, fragmentation etc) – the sympathetic nervous system blows its fuses -

'It feels like a Molotov cocktail exploding in my head'.

(the sympathetic nervous system is the bit of our nervous system that controls our heart rate, breathing rhythm, sweat response, all the bits that we have no control over).

Responsive Communication (All children referred to were visited because they had severe autism and behavioural disturbances.)

Aims are to reduce the signals that are causing sensory overload and increase those the brain can process easily.

Show Sensory Overload Film

00.00 - 02.39. Gives a good idea of what sensory overload is like to experience. Points to bring out – visual swirling, zooming and pixillating.

Sound – booming. ‘**If you feed my brain too much data it will crash.**’

Sensory Deficits - use Power Point

This is mainly about the sensory deficits that are causing the sensory overload. For the time being ignore the first four (April under her blanket and go straight to 5, which introduces Visual Overload) Go straight to 5, which shows two scans, same child doing same task, left with corrective lenses, right one without. (Dramatic demonstration of overloaded brain.)

Visual overload

Work on Irlen syndrome derives from that on Dyslexia, where the letters or numbers move around. It was found that using colour filters to cut out certain frequencies (different in each person), corrected the problem that dyslexic people have with reading. It is caused by

1. Intensity of light,
2. Bright Colour,
3. Patterns.

(We need to be careful what we wear, especially avoid loud colours and black/white stripes etc). Donna Williams, who has autism, whose visual experience was constantly breaking up, thought the tinted lenses useful in dyslexia might be useful for her. She

said. **‘The whole world went shunt and she said, ‘Oh my God, that’s what the rest of the world is seeing’.**

Mike’s visual problems derived from exposure to intense light rather than being attributable to a particular colour.

‘I have my tinted lenses... I thought everyone’s eye sight was the same as mine. When I put them on for the first time I was seriously disorientated but soon adjusted, they’ve made a massive difference in my eye sight and when I go outside I don’t squint my eyes half as much now. I have also noticed a difference at school now with my glasses. I haven’t been as anxious about school and my panic attacks are a lot better. The glasses have made a brilliant difference’

Mike had to be moved to a school for clever children as his teachers could not keep up with him. Remembering he was a child who could barely read or write, recently he emailed me again. Now four years older, he has had to have his eyes retested, as the required tint changes with ageing.

‘Having tested a lot of lenses, I have found a particular pair which started to cause improvement in particular behaviours. Firstly I was able to read in a straight line without any deficits such as shimmering and losing my place. I then revisited these afterwards and started to notice more significant differences, such as a sharp increase in my eye contact, my attention to detail and subtleties in the environment (without just glancing at it until it became distorted), as well as my balance, anxiety and my overall speech. I felt as I looked round the environment I could physically detect the blood flow in the back of my head shift to accommodate for this new way of functioning.’

(Move to Power point 6/7)

A young woman I was asked to see also called me, 'Piggy Nose' and was desperate to touch my nose all the time. I did not understand this until I was shown drawings done to prescription by the Mother of a different child with the syndrome. The drawing showed her looking at a class of children standing in rows. The centre is a black hole surrounded by a periphery of the class, all with distorted pig-like faces. When she wore her corrective tinted lenses, her vision became typical and she could see all the children with normal faces. The same child could not see anything white or silver. While she could feel the bath water, she could not see the white bath. And her teachers found it difficult to teach her about money, since she could only see copper coins, not the silver.

Correction of visual deficits does not cure autism but it does remove what amount to physical hurdles to interpreting surroundings. (This comes with a warning; currently, Irlen testing is being offered by various different firms and even opticians, but not all are able to engage with children with autism. Contact Tina Yates at the Irlen Centre who will direct you to trained consultants in your area who understand the nature of autism.)

Very useful are the Optimum LED Colour Changing light bulbs (see Tool-Kit) Do not use on flash or merge, simply to find out which colour is the most relaxing. A short cut to finding out if the child has Irlen syndrome and needs testing. Warning – different colours preferred for different children – you are looking for which tint is the most relaxing, not one they fixate on.

Mike is 6. He has very severe autism and spends his time ripping paper. Has no eye contact, poor eating and will not go out. When I put the blue light on he stops running round, comes over and engages with me and his parents, good eye contact. Learns to use the remote control and turns it on when he comes into the room. Since blue is a 'safe' colour for him – he can process easily – I suggest his parents buy a blue plate and blue jacket. He now eats and goes out as normal;

Auditory Hypersensitivity

Many autistic children are being bombarded by sound; sometimes painful frequencies or harsh tones, sometimes by overlapping speech which they cannot interpret. Or they can be frightened by sudden noises and particular sounds such as dog's barking or someone coughing,

Not only when they happen but anxiety that they may be going to happen. These can be agonizing to the point where the child self-harms, banging their heads, biting their arms. While we are cautioned that earmuffs may cut out so much auditory stimulus that the child stops listening, they can be helped by using BOSE acoustic noise reduction headphones¹ which are designed so that helicopter pilots can hear each other over the engine noise. These are selective and background noise is reduced by 80%, leaving the child free to hear close-up conversation. They do not stop listening since they can now hear what they wanted to hear in the first place.

Moira is 10. While she has not received an official autism diagnosis, some of her behaviour suggests she has difficulty filtering out important sounds and may well be on the spectrum; in order to be able to focus on her homework, she builds a cave

¹ See 'Tool Kit' Appendix

under the table and surrounds it with a sofa and armchairs to cut down on overwhelming stimuli. I lend her some BOSE headphones. She writes me a letter: **‘Normally in class I can hear everything, others whispering, noise outside, people tapping pencils and dropping them. It’s hard to hear the teacher’s voice unless she shouts which isn’t often. With the earphones, I couldn’t hear anything that disrupted me. I wrote more than usual and I could concentrate on learning and could listen to the teacher.’ ‘I took them off and I was astonished at how different it was.’ Her teachers say that in half an hour, the standard of her work shot up. They said, ‘They had not realised, no-one had told them.’**

Andrew’s parents write thanking for the loan of a pair of headphones.

‘We only had an hour to try them on the first day but there was an immediate effect. He got much calmer and never took them off. Next day he wore them all day. He never took them off although they fell off to his shoulders when he was running about. He put them back on. He was less argumentative and seemed more relaxed. He said he felt more comfortable with them on.’

Nye’s mother writes, **‘I bought some headphones for Nye but never managed to get them on him as he hated wearing things on his head. I’ve tried them again recently, and he is tolerating wearing them and they have made a huge difference to his ability to cope with his hyper sensitivities. School are amazed too.**

David's Mother also found that while her son rejected wearing headphones at first, when she took him into the city where he was exposed to considerable noise, (bagpipes, a generator and the trains in the Central Station), he was asking her for them after an hour or so.

Proprioceptive Hyposensitivity (Under-sensitivity to pressure messages)

Proprioceptive messages come from your body to your brain telling you what you are doing – think pressure on your toes, in the back of your calves telling you, you are standing on tip-toes. Many children with autism who are not getting enough of this proprioceptive information actively seek to remediate this by giving themselves pressure stimuli, checking up on themselves in one way or another. Sometimes the pressure feedback they are giving themselves can be very minimal, as with a small boy I was asked to visit. When the front door opened, he was not wearing shoes but stood on the threshold, rubbing his foot backwards and forwards over the doorframe. So I knew before I got into the house that pressure had meaning for him. As he lay on his stomach on the floor, I applied pressure to his back and he responded immediately.

Other children or adults who are low on proprioceptive stimuli crave pressure and will run, jump, climb, hit or bite them selves but also, since proprioception and balance signals are intimately linked, will look for activities that give themselves regular jolts, such as the swing or trampoline, even a Pogo stick. What is important is that inputs to meet their needs should be regular and frequent, occasional visits to the trampoline are not enough to meet the deficit.

Pressure garments can help the problem of a lack of sense of boundary. Joe said that a pressure vest stopped his body feeling that it was **‘actively blowing itself apart.’** Hope tells me that when she is wearing hers, **‘it reduces the feeling of being invaded.’** Particularly helpful is a specially designed vest/gilet where the pressure can be adjusted to meet changing anxiety levels at any particular time. For example, a child who finds the stress levels at school difficult to manage leaves

home with a low pressure setting; by the end of the day he has pumped it up to full pressure. SQUEASE Vest (see Tool-kit appendix) are especially helpful. Easily adjustable, they can be rented for a fortnight to see if they work.

Once we start to attend to sensory deficits, it rapidly becomes clear that we cannot assess the intellectual level of children without addressing their sensory needs. But this still leaves us with the problem of lack of social engagement. How can I create an environment that encourages the child or adult to want to be with people?

Emotional Overload

Some children with autism react badly to any form of emotional warmth. Instead of feeling good if praised, they get swept over by a wave of pain. They **‘feel as if they are being attacked and their body responds as if this were so’**. Avoid praise, first person speech, names. If you need to praise something, be casual, instead of saying, **‘well done’**, as you walk away try, **‘that seems to have gone well’**.

Speech

Keep speech simple. Watch out for 'different voices', one socially acceptable, the other (negative voice) how they feel. It is really important to validate negative feelings, otherwise you are telling them that how they feel is not real. This has a serious knock-on affect that they lose their feeling of themselves (already wobbly because their physical image they have of who and what they re in relation to the world outside is already scrambled.) So for example, if a child says they want to hit, acknowledge this, **'you really sound as if you want to hit me'**. This validates the feeling and takes the pressure off. They normally answer, **'Oh yes I do'** in a calm voice.

I find gesture more useful than sign, which seems to raise the stress level. Avoid talking to others over the child; overlapping voices are difficult to process. Talk quietly, a loud hard voice can be excruciatingly painful. Sometimes a child with severe autism will be able to grasp the rhythm of something you say but not the meaning. If they are echolelic, respond with they rhythm, not the words, and you may get their attention.

Introduction to **Intensive Interaction (Use Power Point 1-4)**

April is 8. She has broken her nose and fingers hitting herself. She lives under a blanket. She scratches her blanket (giving herself proprioceptive stimulation her fingers telling herself what she is doing). She is not interested in responses to her sounds. April is hiding under her blanket. I scratch her blanket. PP1. I have just started to move in and scratch her hands. PP2. April pushes back the blanket and scratches my hand. PP3 As April is giving herself a proprioceptive stimulus, I decide to give her a stronger one to shift hare attention from self-stimulation to a shared activity. I use to electric toothbrushes to supply vibration. PP4. April is now really happy and enjoying our interaction.

At lunch April 9 who does not use speech, although she has had some in the past, seizes the telephone from her mother when her Granny rings, and says ‘**she wants cream cheese for lunch**’. The following day she tells her mother ‘**she loves her**’. (This was three hours work).

Tips on Intensive Interaction

Intensive Interaction is a way of communicating that uses body language align oneself with how a child feels.

- Intensive Interaction is not something we do with a child (or adult, since it works at any age), it is an interaction that we share
- With each child I have to learn a new language, we are beginners every time
- Let them determine proximity. If they show a negative response this is as important as a positive one; back off but do not necessarily break off all contact, just look and see if they are more relaxed
- Look for the feedback they are giving themselves – this will show you what is significant for them
- Watch carefully with all your senses, their response may be as little as the flick of an eyelid or a minute sound
- We have to respond to their initiatives contingently, not necessarily using exactly the same sound, movement, gesture or rhythm, but always one that is part of their conversational repertoire.
- We look for how they are making their gestures etc. rather than just what they are doing
- We have to show them we value what they value

- Genuine empathy is critical. We have to align myself with how they are feeling
- We have to let them lead our conversation, although once we are familiar with our exchanges, we can sometimes kick-start our interaction by using an element of their language
- Enjoy your interactions, have fun with each other

Films demonstrating Intensive Interaction

1. Intensive Interaction

Part 2 (Time 39.46) A conversation about age appropriateness, using touch and working with a disturbed child.

Continues into uncut intervention with an 8 year old boy Jamie, who rejects contact.

2. Katy and Olly short version

Go straight to Olly. (Time 03.23)

3. Pranve

Pranve is hypersensitive to sound. Living on the edge of Heathrow runway he is highly distressed, attacking his mother frequently. His behaviour has led to his being excluded from a number of Day Centres. Every time an aeroplane comes in to land he lifts his head in anxiety, it obviously hurts him. However, when I engage with him using his body language, he visibly relaxes and after twenty minutes of interaction he has ceased looking up when the planes go over. His attention is now redirected outwardly to the mutual (and fascinating) non-verbal 'conversation' we have developed using his movements, rhythms and sounds. As his focus is distracted from his brain's interpretation of the high pitched whine of the planes as pain he visibly relaxes and makes no attempt to attack me.

Pranve had severe epilepsy and severe learning disabilities. I am writing of him in the past since sadly he died six months after I saw him, when the ambulance went to the wrong address following a severe seizure and failed to give him oxygen when they finally arrived.

Pranve was in his early twenties. He had severe autism, was hypersensitive to sound and lived with his mother and father near the landing strip of Heathrow Airport. Incoming planes were low enough to have their wheels down, so he was constantly subject to painful noise, which kept him in a state of extreme stress. Every time one came in, (every few minutes), he looked up to his left anxiously. His family had considered selling the house but were unable to do so because of its location.

I was asked to see Pranve by his consultant psychiatrist since he was attacking his mother frequently. Day centres were unable to contain his outbursts. The work described covers three sessions, all on the same day.

First meeting [A head]

This was our first meeting. I had never seen him before. The speech therapist who accompanied me and filmed our session, warned me that when we arrived, he was liable to attack me or run away. For this reason, when his mother opened the door, I did not go straight in. From somewhere else in the house I heard a rhythmic 'er-er-er'. So I answered in the same vein, using the rhythm of words I might have used ('Hello, here I am'), 'er-er, er-er-er?' lifting my voice on the third syllable so that it sounded as though I was asking a question. To my surprise, Pranve appeared, took my hand and led me into the sitting room. He sat down and played with his fingers.

Pranve's sister (Charlene), no longer lived at home; she had moved to relatives for her safety. The only words he had ever been known to say related to her absence, 'Where's Charlene?' and this only when he was relaxed. However it became evident that the rhythm, er-er-er, was the rhythmic precursor to this since, as our interaction progressed, it gradually moved from the grunts to these words, 'Where's Charlene?'. When he wanted to speak it was all he could say.

I asked Pranve if I might sit down, accompanying my request with a gesture pointing to the sofa beside his armchair. He pointed to the chair so I knew he had understood my request. I sat down. His body language still indicated anxiety, sitting half turned away and glancing up at the planes. He continued to make er-er-er sounds which I

answered empathetically. Next he produced a ball of string which he gave me momentarily and then took it back and tucked it away. At this point, he decided that I know longer represented a threat and turned towards me smiling and engaging with eye contact.

I began to tap the rhythms of his sounds on his chair and next, on his arm. This was so successful that I became overconfident and placed my hand on his when he was not looking, so he was unaware of what I was going to do. He drew back immediately and thumped my arm, not badly but enough to show me that he could not cope with unexpected events. He then went into an anxiety routine that I did not read correctly at the time. He touched the fringe

on a standard lamp between his chair and my sofa and then ran his hand down the upright stand. He then took my hand and tried to get me to do the same. I flicked the fringe but missed out on stand. I just did not see the significance of this until looking at the film afterwards. My failure to pick up the significance of this led to our first session being cut short.

Second session [A head]

Our next intervention started with his kneeling in the hall and banging the door. His Father said he did this when he was angry and they tried to stop him. I suggested that rather than stopping him we needed to answer, so every time he banged, I responded by stamping. He was getting a response that was slightly different but contingent and near enough to recognise. He started to laugh, throwing his string ball into the room as a strategy to get himself back into the sitting room where he needed to reclaim it. He came in, picked up the string and stamped as I had. I stamped again. He looked up, spotted his mother and went over and kissed her, I was told that this was the first time. His father observed that they had been trying to control him but I was always *with* him.

Final session [A head]In the last session, he moved onto singing. It was clear that he knew what he

wanted to do, since first of all he got the rhythms, then the pitch and finally the words. We could see his head moving round (as in literally 'getting your head round something'), as he tried to show us. His jaw wobbled with the effort.

To the amazement of his family and speech therapist, he came out with, 'Baa-Baa Black Sheep', something they had never heard before. It may have seemed age inappropriate but he was so delighted he had managed it and we were delighted for him.

When it was time to leave, Pranve had gone to sit in his room in a bay window. Since his body language was conveying that he needed the space, I went round to the outside and place my splayed hand on the window by him to say 'goodbye'. He looked at his right hand which was resting on his knee, carefully unrolled it, splayed his fingers out and brought it up to cover mine on the other side of the glass.

Pranve's family took on board how to use his body language to engage with him and he became calmer and was able to start back at the day centre. Two months later his mother said that although he had off days, they knew now how to engage with him. His aggressive outbursts were considerably reduced.

On reflection [A head]

I want to go back now and explain what I was doing and where I went wrong.

The basis of Intensive Interaction, or as I now prefer to think of it; Responsive Communication, is firstly to look at an individual's sensory deficits. Had they been available at the time, I would certainly have tried using BOSE acoustic cancelling headphones. These cut out about eighty per cent of incoming auditory signals and have been extremely helpful to some people on the spectrum who are struggling with sympathetic nervous system over-arousal triggered by noise, particularly high frequencies. Pranve was clearly having a difficult time with the high-frequency whines of the airplane engines, particularly concorde. They really hurt him and he was constantly in a state of high arousal, not just when the planes landed but through anticipation that the noise and pain and confusion would come again. A colleague who is on the spectrum describes these sudden outbursts of the sympathetic nervous system as like being 'emotionally tasered'.

When I arrived at his house, I needed to establish contact before invading his personal space. So when his mother welcomed us at the door, I listened and then, rather than

use words which need processing and add to stress, I used his sounds, to introduce myself, ones that had meaning for him,. I needed to learn his language and respond in kind, otherwise I should have been adding to his language processing difficulties and hence his stress level.

Recent research from McGill University (Pell *et al*, 2015) is throwing light on the positive effects of using body language (as compared with speech) to tune in to the emotions of one's conversation partner. Focusing specifically on anger, sadness and fear, Marc Pell and his team were able to demonstrate that we pay quicker attention when emotions are conveyed through nonverbal sounds than when the same emotion is relayed through speech. This is particularly true when the emotion expressed is anger.

Spoken language is symbolic and involves immensely complex co-ordination systems which take place close to the jaw. On the other hand, non-verbal sounds (together with gestures and posture) fast track our attention onto how people feel, a facility that was necessary and in evolutionary terms one which developed long before language.

Using Pranve's sounds and movements, I very quickly established rapport with him, until I mistakenly became overconfident and moved in too fast when he was looking away. All he felt was my sudden touch but did not know where it had come from. His negative response showed me quite clearly that he needed to know if something was going to happen and could not cope with processing the unexpected. From now on, I made sure that he always knew what I was going to do before I did it.

As described, he followed this by his lampstand anxiety routine. In order to grasp what this is about, we need to understand that when we respond to a movement or sound we confirm it: in their sensorily unstable world we tell our partner what they are doing, so helping to hardwire in stimuli that do have meaning for their brain. But I did not understand what stimulus Pranve was seeking to self-confirm when he touched first the fringe and then rubbed the stand until watching the film with a colleague who has autism. She told me the reason was obvious to her: when anxious, the feeling he needed to stabilise his sensory chaos was the difference between hard and then soft

and hard, or to take it further, the difference between touch and pressure, tactile stimulus and proprioceptive stimulus.

One of the things I learned from Pranve was that initiatives that may not immediately strike us as valuable almost certainly have meaning. Near the end of her film *Jam Jar*, Donna Williams tells us that we have to be patient and try and work out the link between a behaviour and its trigger so that we begin to understand the grammar of a person's language, how X relates to Y.

Quite often people on the spectrum will develop strategies to help themselves get round mental blocks, as Pranve did when he wanted to come from the hall to the sitting room but could not organise the necessary muscular movements to bring himself through the door. So he picked up his string bundle and threw it in first, so now logically he had to come in to fetch it.

As Pranve calmed down, he stopped worrying about the airplane whines. His focus had shifted and his interest in our interaction was overriding his hypersensitive reaction. He no longer looked up when they passed overhead.

It is clear that while Pranve had at least some understanding of simple speech, he had deficits in the Broca's area concerned with speech production.

When he was trying to get back into the sitting room, this time he was having problems organising his muscles to make the correct sounds in the correct sequence to produce words. In other words he had problems with executive functioning. In spite of knowing what he wanted to do it was difficult to do it. But he persisted. As is not unusual, his efforts were assisted by carrying the words on rhythm and song. In this respect it is interesting that Hardy & LaGasse (2013) discuss the use of rhythmic cueing to assist in motor functioning deficit.

The ability to copy hand movements is thought to be limited in people with severe autism. I have described how Pranve responded to my hand signal through the window. Even though by this time he was very relaxed, this was surprising, since it

involved his copying an unusual hand movement that almost certainly he had never used before.

As an outcome of our 'conversation' Pranve became calmer, rarely attacking his mother. The family took on the approach of using his body language to relate to him, so that they all had a vastly improved quality of life. They could enjoy each other's company. I learned a lot from Pranve about decoding the subtleties of the language of autism, the significance of each of his behaviours and how important it was to make sure he always understood what was going to happen. Pranve's family were pleased that what he had given us could be used to help others.

A word of warning: when autism and learning disabilities are both present, we cannot assess the level of intellectual disability unless we first address sensory deficits. Jim, who I have known since he was sixteen, recently won the best student award for his term at college. When I first met him, he was in the slow lane of his special school. Noticing he squinted and shut his eyes as he looked out of the window into bright light, I sent him for a colorometric test for Irlen Syndrome. He came back with blue lenses. Within a week or two he was moved to the talented stream and subsequently to a school for clever children. He had been trapped by what amounts to a physical disability. A similar problem arises with other sensory inputs, which overwhelm the child's capacity to process incoming information. The pain and confusion that result from hyper- and hypo-sensitivities lead to withdrawal, shut down and behaviours that are difficult to manage. Sensory assessment needs to go hand in hand with communication approaches.

APPENDIX: SENSORY DEFICITS TOOL KIT

Compiled by Phoebe Caldwell phoebe.caldwell@outlook.com

SENSORY OVERLOAD FILM

<https://www.youtube.com/watch?v=BPDTUotHe0> (Zero, not letter O)

Film by woman with autism: 'If you overload the brain it will crash.'

HEARING

BOSE Quiet Comfort Acoustic Noise reduction Headphones 15 or 25 Cheapest source is www.cex.co.uk. There are other brands, we have tried them all and they are not as satisfactory for one reason or another.

VISION

IRLEN SYNDROME

Contact Tina Yates at www.info.irleneast.com to find nearest Irlen consultant

Coloured light bulb: Optimum LED Colour Changing Bulb (Screw) to find most calming colour, B and M Stores. (Amazon do them also. Do not purchase alternatives.

PROPRIOCEPTION

1. Squease Vest www.squeasewear.com Available at reasonable rate for a fortnight's trial. Representative will help fitting etc. Looks good, rather than labelling a child as special needs.

2. Vibration Unit

Boots Chemist or,

https://www.amazon.co.uk/Pixnor-P2016-Portable-Cleansing-Massager/dp/B00TKDVFIE/ref=sr_1_4_a_it?ie=UTF8&qid=1472542183&sr=8-4&keywords=facial+massager

3. Film explaining Proprioceptive difficulties (Fast forward to 50min. if you don't want to watch the foot dissection) Brilliant description of proprioception.

Clip: 'Fear of Falling' from BBC 4 film. 'The incredible human foot' <http://www.bbc.co.uk/iplayer/episode/p01mv2rj/dissected-2-the-incredible-human-foot>

5. Desk Bike <http://www.bbc.com/news/world-us-canada-37420834>

6. LOSS OF SENSE OF SELF

Ted Talks: Henrik Ehrsson [Illusion of out-of-body experience - YouTube](https://www.youtube.com/watch?v=ee4-grU_6vs)

https://www.youtube.com/watch?v=ee4-grU_6vs

7. BOOKS and CONTACT - see website: www.phoebecaldwell.co.uk