**Interview 13**

**(person with MND)**

**I:** Um I think. Yeah it has started. OK. Hopefully this log in works. Oh no. I’m going to try a completely new email address. Just tried this and it worked. They do match. Sorry. Ok great. Yeah so this is what the first page looks like. Um. If you can see it on your screen I’ll let you have a read and you can tell me what you think.

R: I like the picture. Reminds of ?… I think it sets it out nicely actually there.

I: Does it. Does it come across that it is about emotions and not the physical or practical side of things?

R: It does actually. Um. I’m one of those people, if I can get out in the air, yeah, some nights, anything like that. So sort of. Yeah straight away it brings the heart beat down.

I: Yeah, yeah definitely. Um. I’m just going to go onto the next page. So this just tells you a little bit about how we developed the website and the people involved.

R: Yeah that’s good because its telling you sort of the number of people and whose behind it yeah

I: Yeah and I’ll just go onto the next page. Um yeah. This is more about whats actually there on the website.

R: Right. Yeah I like that piece yeah its um it actually focuses straight away to me it gives positive what they mean but also in a sort of in a calming colours as well there’s something sort of the usual yellows and reds and that. I like that ‘cause you can sort of think to yourself the building positivity aspect.

I: Was this? Sorry.

R: And you can see what the section is about.

I: OK. Was this the kind of thing you were expecting before um?

R: It isn’t no. Um. It’s easy to navigate through which I think for people with any disability, people with MND, if they’re using eye gaze. It’s kind of easy for them to oh yes, you know, using the eye gaze to go to which section. Its not cluttered.

I: Yeah yeah I think that’s really important cause people may use all sorts of devices to, yeah. Um I think there is one more page about this other button

R: Yep. Yes yep.

I: Yep. Does it. Does it seem clear about the different sections?

R: The one sort of body scan um that sounds like an interesting one.

I: Oh I see what you mean.

R: Yeah. Oh my computers going to take a body scan on me.

I: Ah OK. I didn’t think about it that way.

R: But no no. I like the idea. Sort of then. You know if you’re feeling, as a lot of people are at the moment, are sort of locked up locked in. You would sort of think, oh god, it would be nice to sort of click on pleasant activities just to actually sort of de-stress and you know bring the heart rate down etcetera. Yeah.

I: OK. That’s good. Um. And there’s one more page in the introduction before we actually start.

R: OK. Yep. I like that. Yep. The fact you can dip in and dip out as and when you like. Yep.

I: OK.

R: Yep and you know it’s sort of the same that it’s important that everyone has their own ways of coping. Yeah. No two people are the same and the way they cope with things.

I: Yeah and we didn’t want to recommend any specific ways because it’s so different.

R: That’s right. Yep.

I: So you only look at this introduction section the first time you log on.

R: Yeah.

I: So if you had to visit the website a second time you’d come directly to this home page. Um. Where you have the buttons for all the different sections that were explained in the introduction. Um. So I just wondered if you… any particular option stick out to you or would you like to try any one out really?

R: Go for a random

I: Go for a random, OK. Let me see. Which one I need feedback on. OK. Let’s look at worry actually.

R: Well done that’s the one I was looking at.

I: Were you, OK. Um. Yeah. I think worry or anxiety was the one I wanted some feedback on. If I click it.

R: Yep. That’s a good introduction definitely. The muscular aspect of it, that’s something that actually which you know I do feel sometimes, the stress goes to the muscles. So that’s good because straight away, I can assimilate whats there.

I: OK, OK. Um, what we’ve kind of done here is, again, because of the similar thing no two people cope the same way, we’ve offered one suggested technique and then some practical tips mainly because say if someone um is more of a practical person and likes to do things um they could just go straight there rather than try a technique. Um. Can I ask for your feedback about the technique and then we can look at the tips later.

R: Yep. Yes, yep, excellent, excellent that.

I: Is it? Yep.

R: The picture straight away gives the sense of the mindfulness. Um which it means here then your drawn to what you’re putting there sort of the techniques which I do agree with. Yeah. Thought distancing, doesn’t seem it is exhausting for the moment. Yep, yep, yeah. I was I was half asleep before you say anything. Take a deep breath.

I: Yeah. I mean this is, we say stop but stop can mean a number of different things really its just um distancing yourself from.

R: It is yep, yeah. I think you know, from my own point of view, I did use to volunteer for the NHS

I: Oh OK.

R: One of which is palliative care. So actually going in and sitting inside and something is um you know possibly you can never tell obviously but just to hold their hand and if they pass away they’ve got somebody and I think put someone put some distance between you and the other help force or its good. I would say even now compared to when I was employed I used to put any bad thoughts in a box leave them in the boot of the car.

I: Oh nice. That’s a good image.

R: Yep. And that’s why I say to people that you know straight away so I have to do palliative care you know you have a problem you have a disability, but I say to them a disability isn’t a problem to me. It’s a challenge its not a problem and straight away there is an oops.

I: Yeah. I think you’re going to find the rest of the information quite similar to the technique you described but good to know that you use some things from your life as well. Yeah. So it goes on to describe what we mean by thought distancing, how people can do this. If anything is not clear at any point, just let me know.

R: Yes, yeah.

I: Yeah.

R: They are definitely helpful thoughts I’ve never you know sometimes you sort of think yeah ok its normal life expectancy but what is normal life expectancy? You know you could go out in the car and anything could happen. So, and I think even with the way things are happening at the moment, I don’t really look at the future thinking oh no I’m going to keep on going you know you know I don’t like unhelpful thoughts.

I: Yeah.

R: Straight away to me unhelpful thoughts bring negativity. Whats the point. If you start being negative, you find it hard to get out of it and so it goes on.

I: That’s true, that’s true

R: Yeah

I: Yeah so similarly this technique is about step one noticing them and then step two stepping back from them in some way. We’ve offered some suggestions, but I like your imagery of putting it in the car boot and.

R: Yep, yep very good steps those very good steps yep

I: OK and then the next couple of pages are talking about the same thing but just in different ways.

R: Lovely imagery there.

I: Yeah

R: I like the way its got the beach ball definitely you know you’re not going to stop it from coming back to the surface, I like the online shopping thought as well. Yep its good that its sort of assimilating to people there definitely.

I: Yeah and its also to try and say that if the thoughts do come up um we can stop them from coming up in the first place. Especially with MND it might be linked to a symptom or something and you cant ignore those things but when they do come up then trying to step back from them.

R: That’s right, yeah yeah. Definitely.

I: Um so, it’s the same thing really but it’s tried to spell it out as a step by step process.

R: Lovely, I like it I like it, yeah. These sorts of things stick in the mind yeah.

I: Yeah.

R: It’s easy to you know you can easily just think STOP and straight away if you do that you’ll start and then you’ll see your heart rate starts coming down yep, yep.

I: Yeah.

R: I definitely like that.

I: Um on the next page I’ve tried to use the same technique in an example almost um just to explain to people what this looks like in reality.

R: Yep.

I: And I just wanted your feedback on whether this example seems relevant to you or if it needs any changes.

R: Yes, yep.

I: Yeah. Does this sound like something familiar?

R: Yes, yeah.

I: Yeah.

R: Its similar to how my diagnosis first started ‘cause it was identified actually by my GP and I’ve got carpel tunnel and she was doing an assessment and she actually, I knew her from my wife, she’s at the surgery she works at and she sort of said you know had a look on my arms etcetera and she got with her colleague again and there was a lot of lacking being passed on, so well bottom line what do you think said oh I think its motor neurone disease. They were quite surprised I didn’t sort of oh no help you know and you only know 6 days before Christmas, I would say that’s the worst Christmas present I ever got.

I: Yeah.

R: But it was. Yeah but I didn’t let the thoughts actually interrupt my day I did a bit of research using like the MNDA website and then when I found out it was actually the MND that came down, I then used the KD website. So, by using the authoritative sources, it puts your mind and your thoughts at rest.

I: OK.

R:: That’s yeah. I can see where Alex is coming from cause sometimes you do go into the questions going oh no help you know um when you don’t have to and yeah and also I’ve had the recent opportunity to go to a neurologist then do some reassuring as well

I: Yeah, yeah ‘cause info you get online as well can sometimes be helpful sometimes not very.

R: Yeah I’ve spent 23 years working for libraries so obviously we are only able to give out authoritative information.

I: Yeah.

R: So, yeah. It’s always stuck in my brain I think.

I: OK.

R: Yeah, I think its good. Yep, on the scale the pictures good as well.

I: I like this one too.

R: I like that if it was just a rock you wouldn’t think gracious me but no way round it but because you have the water round it you can there’s a way to get round that obstruction.

I: OK, yeah, yeah. I didn’t actually see it that way. That’s good it came across um yeah. This is the same example just trying out the technique.

R: Excellent.

I: Um.

R: Straight away the piece the form is for everyone not just him, that form could apply to anybody. Yep, yep.

I: Does it, does it sound realistic as well in terms of an example?

R: It does, yes. I think it does. You know the four sections bit um yeah, it’s a good thing to do. You know you sat down in a quiet room and that what I do when I get home sat down quietly before my wife got in from work and um yeah looked it up and said hang on a second, we don’t know how to just think of Steven Hawking which everyone tends to do as soon as they hear the word motor neurone disease. Um and yeah you do sort of get the agitation also your hands sort of like, take a breath and then observe, so yeah it puts some perspective into it to go forward.

I: OK.

R: And not let it spoil your life.

I: Yeah. Or your tea.

R: Oh yeah.

I: Aw I’m glad it comes across that way. Um yeah, so this is sort of a suggested technique, um, did you want to look at the practical tips or are you happy to look at another section?

R: Let’s have a look at the practical bit because you know they’re quite useful. I might think of something up.

I: Yeah, so this will be specifically about dealing with worry.

R: Yes, yeah, I think they’re very good practical tips. Yeah, yeah. The first one talk to someone you trust, it’s always good to talk um ‘cause sometimes you can talk to somebody and its the same as going for a consultation supposed to have a few notes ‘cause chances are you might think of something so they’re there yeah I tend to do that or? … tick tick tick you’ve forgotten something um yep do activities I totally agree with that and yeah and you know problem solving and

I: This one is quite different for different people so what do you think about problem solving?

R: I think it is good because yeah yeah ‘cause if you know if you have something you need to think about you know sort something out sometimes when I need to speak I go to the filing cabinet and just go through it and think right declutter time and you know find we’ve got insurance policies going back 10 years or bills going back 10 years when some paper wise and you sort of think right out shred um no that’s good yeah once again the headline is good.

I: OK, OK, yep. That’s good. Um yeah, we’ll go back to the home. So that’s whats in the worry section. Um I’ll just go back to the home page. So I’ll just give you a, just like how we did worry.

R: Yep.

I: In adjusting to changes there is a similar route with anger, frustration and sadness and building positivity as well has three other positive activities. But I just wanted to show you the all activities section um because you could either do what we did or if you wanted to use it in this way which is you look at everything in one go and then, so we did thought distancing.

R: Yep.

I: If you found it useful you could just come to the all activities section and you can use it straight away.

R: Excellent idea. And keeping it within good topics works again as well. Nice and clear and as I’ve said because its clear and within boxes um irrespective of whatever means you have to use to access the screen the eye gaze or if you need to use touching on them. I think that’s very good, yeah.

I: OK. Um so in this section we haven’t really guided people in any specific way other than saying what kind of exercise it is on this side.

R: Yeah.

I: I wondered if you thought the level of instruction was OK or whether you would need a bit more like would you know which button to go to if you were on your own?

R: Yeah, yeah I think I would.

I: OK.

R: Yeah you know the sort of you know saying stay positive that being said on your own or you know if somebody is out whatever that’s good because you know you’ve got the activities ready there and then the values and the goals of the staying positive and yeah that’s that is something that I personally sort of when I retired um you know I wanted something pleasant to do when I was sort of looking up whats wrong but yeah benefit the benefit of those aspects of volunteering, my wife says there are too many almost, not this past year because I’m getting fed up with that you know I won’t get back into that full time.

I: Yeah

R: Also the values and the goals of what you’re doing, I think that aspect is very important.

I: Yeah

R: Because you may not necessarily think that whatever you’ve done there’s a value to it but if somebody goes away with a pleasant recollection of where ever you are or if in the sort of NHS sample where you’re telling people where get around in the hospital or politely telling people where to go.

I: Yep

R: You know to them and to me there’s is value behind it cause that person may have used their stress levels going to see the consultant or whatever um to me there is value to it there for the other person as well, yeah.

I: I wondered if I could show you that particular activity because what you’re talking about is quite similar to what’s in this section, so should we just try this one?

R: Yep. So superbly put. That is absolutely brilliant.

I: I thought yeah, I thought you might identity with it because volunteering is linked to this.

R: Yep absolutely nailed it there. Yeah, yeah definitely yeah its yeah its what you can do not what you can’t.

I: Yeah, yeah.

R: Yeah.

I: A lot of people have told me that as well so add that back into this. And this page this page is more about I guess it’s different for people but trying to identify what their values are.

R: How have you got three things good about me there? I can see myself in all three of them.

I: I don’t know how that happened.

R: No, well it means you’ve nailed it once again. Having freedom to do what I want to do, yes I can still drive, I’ve got my little mobility scooter in the boot of the car so yep get on do it cause there’s no point sitting at home moping. Um yep what am I passionate about? Yes helping people, NHS, wildlife, wildlife trust, national trust. Um yep, I’m passionate about that and some it comes over. Yeah my sense of humour, some people must think oh my god, I got it from my mother. I think somebody once actually cause KD is heredity from your mother’s side and not only did my mother give me as it were KD as far as I’m concerned with that said but she always had a superb sense of humour and that brushes off on me. And it is I tend to laugh sometimes about myself which I think if you can do that it’s you know helps other people. We had a motor neurone fashion show.

I: OK.

R: Sort of to raise money for the local funds

I: yeah.

R: Then they thought we do need a bloke, and I said yeah ok fantastic I’ve always wanted to be catwalk model.

I: That’s a good idea.

R: Those values and goals definitely.

I: Is, are there any other ones you would maybe like to add to that or?

R: No because to me the question is there and it is for the person because everybody is different to come up with the answer to it.

I: Yep, yeah.

R: And also it makes you think as well so you know you got to think about it and not just say oh yep this question you got to think about it.

I: Yeah, that’s what um this section is about really, it’s to get people thinking really but of a prompt in that direction.

R: It does it well.

I: Um, these, yeah, these are examples. So for example, should I click one of them?

R: Yes, yep.

I: I’ll just go down. This is probably a pre-COVID example.

R: I think yeah. Yes, yeah I think you know I would say I would love to meet Jo. He’s a person that’s accepting um um what she’s doing yeah she’s got to work within her limitations as well as doing you know she’s not overly doing sort of taking over and of course yes the ultimate she’s giving back to society. I think that’s lovely, it’s a lovely example.

I: Yeah, so the examples are just to give people ideas of about to think for themselves really.

R: Yep, yeah.

I: Um, should we go onto the next page or did you want to see James as well?

R: I don’t mind.

I: Don’t mind, OK. Um, this is more from a family member point of view.

R: Yep, yeah, once again yeah yeah. I think this is the sort of person I am as well you know, where we have our local meetings you know I am always one of those people that gets involved with something um even if it means as we had correct care line people who actually lifts the person right up puts them in position they you know I’m the person they’re here with and I did sort of do a crash landing so two carer people could use it on the person that had got motor neurone so yeah I think that’s it and through that ?…

I: Yeah.

R: Yep. No, once again.

I: It is important yeah.

R: And you know it is the aspect yes you know um my wife finds it frustrating sometimes you know but I think you know she’s because I try to be independent you know she gets a bit frustrated with me. She’s not in here, she’s at work.

I: Yeah, I’ve heard that before with other people as well. It’s a tricky thing to balance.

R: It is yes, yes.

I: The independence and asking for help as well, yeah.

R: Yeah, yeah. I tend to try and start doing things and then you know think oh god why did I start then my wife goes why didn’t you ask me in the first place.

I: So, if we go onto the next page. It um again it gives you an example or way to work out for yourself.

R: Yep, yep.

I: Yep, so yeah that’s all that’s in this section but it’s again just focusing stuff like that if you do regularly will help you be more positive.

R: It does yeah and sometimes actually things like that could prompt you to thinking in a different way um and adapting accordingly you know.

I: Yeah. Um yes. I wanted a bit of feedback on two things that um I have changed really in the newer version um I just wanted to get your thoughts on it anyway.

R: Yeah

I: Um, so we were thinking of changing the title of this activity ‘benefit finding’ to ‘finding positives’ mainly because I think people got confused with the word benefit.

R: Yes.

I: Yeah and I was wondering if I used the term finding positives what would you think that kind of activity would be about?

R: So it would be, it could be literally anything that takes the some sort of form of and you know exercise and sort of thing too. Focuses as we said before the mind on you know keeping things sometimes in the background sort of thing yeah.

I: OK. Yeah that’s kind of what um its about basically in every situation there are positive and negative things.

R: Yeah its finding you know finding within that situation as you said the positive of converting a negative.

I: Exactly yep.

R: it can be done you know it’s the same as when I’m at work managing the team if they came to me and said we’ve got a problem I would turn round to them and say fine but whats your solution?

I: Yeah.

R: Some people didn’t like it. But I thought it was far best for them to think of a solution and come to me say well we’ve got this problem what do you think about doing this um and they actually used to after a while they used to enjoy it. They felt they were taking some form of responsibility for themselves so they made more of a cohesive team, yep.

I: OK OK, I think it’s coming across as I intended.

R: I agree with the change there.

I: OK, the other one we were going to change was this one ‘compassionate letter writing’ um to ‘self-kindness letter’ um yeah because I think the exercise is about turning kindness onto yourself

R: Yep.

I: And just the exercise was about doing it in a form of a letter either, either writing or an audio, it doesn’t have to take the form of an actual letter but um.

R: No, no, no. Yeah I think that’s good because its keeping the actual aspect of it. It is a self-kindness exercise to do that yeah.

I: I think we found the word compassionate probably it could have mixed

R: Yeah when I first saw that I did sort of think, you know compassionate writing.

I: Yeah.

R: Do they want me to um sort of do which the team at the hospital been having to do? Which of course they call it ‘letters to loved ones’.

I: OK.

R: If a person has passed away and there hasn’t been anybody from your family able to be there, they’ve had somebody there with them quite a bit of the time to get a feeling of what they would liked to have said to their loved one.

I: OK. Yeah that’s definitely not what we’re trying to coney, we’ll try and change that.

R: It sort of conjures up that thought to me.

I: Yeah, yeah.

R: I like the idea of the self-kindness, yep.

I: OK. I’m just going to turn the light on. Um yeah so, this is this is basically I guess there’s many many more sections but an overview of what the website is about um I just wondered if you, you thought this was something you might use?

R: It’s something yes, it’s something I would definitely use yeah because yeah at the moment you know things are very different um for a lot of people they can’t get out and about but also it’s something for um family and their carers to dip into as well um

I: Yeah.

R: Because then they can sort of they probably actually can find something instructive within that that they could then use for the actual person with motor neurone.

I: Yeah, yeah, I see what you mean. OK, so it’s useful

R: it’s a useful tool for the person but also its something you know that’s sort of you know the three-minute breathing space you sort of think to yourself right ok, I’m feeling a bit agitated right let’s sit down go on the website and for three minutes let’s do this exercise together to chuck out all the old rubbish whats been going on, help you focus.

I: OK that’s good so you can do it by yourself or together.

R: Yeah, or together.

I: And um just overall in terms of design or amount of information stuff like that, was there anything that you liked or disliked?

R: I there’s nothing at all that I disliked. Um what I do think is so good is how it’s been devised in such a way that something we were saying a couple weeks ago actually when we were having the local MND zoom meeting was that people found the MND site hard to navigate.

I: Really, OK.

R: If you go on the CALM site it’s easy to navigate, you don’t have to you don’t have to be that technical to work your way through it. It’s been made in such a way as I said before, people with various ranges of ability to be able to navigate through, um and it’s not cluttered at all. It’s you know, the opening statement sets out what it’s there for and it’s a nice easy and relaxful site to look at.

I: thank you.

R: I’m one of those people, I can get myself round most websites but there’s sometimes you just think and sometimes like this morning I was looking home insurance just getting a couple of quotes and I thought this website is not very good. You know it was jumbled, there was too much information on the page and halfway through I gave up. Um I thought if they devised a website like that they do not deserve my business.

I: Yeah, yeah. Sometimes especially if you’re struggling with things with mental health you want something simple and easy to use.

R: You need something simple, absolutely, absolutely, yep, yep. I think its good.

I: Thank you. There was just one last thing I wanted to ask you about. So this, there is nothing in this section at the moment but we’ve kind of created an other support section um mainly because some people may find the information on this website enough and useful but some people may want additional support as well so um what I was thinking of having in this section was just very simple finding other services that might help.

R: Yep.

I: So one avenue would be professional support so for example either a psychological or a counsellor something like that and I think for a lot of people trying to work out how to how to even start getting this, it's tricky so just pointing out ways that they could.

R: Yeah. I think that’s a good idea.

I: I was wondering if you had any experience of either trying to access this kind of support or heard of other people’s experiences like whats the best way that they’ve gone about doing this?

R: I haven’t personally um but I have like going back to libraries you’ll find you know you’ll never know what next person is coming through your door and going to ask you. And sometimes people are going to have and actually some young people as well you know they find they’re picking picked on at school and they sort of said to me look you know if I say anything to my dad he’s going to go on get on with it sort of attitude um and they got used to me, they sort of say is there just somewhere, somewhere where I can talk to chat to and sort of said well OK go choose a book I’ll come up with something and then giving them some information um and quite often the I even get the chat boxes sometimes.

I: OK.

R: You know, that you feel if you’re even talking to somebody but in that format you can offload and so sort of yeah I’m not an AI psychologist but um you know you could say as it were book an appointment and somebody would just do what we’re doing here really.

I: Yeah.

R: They’re independent and you can sort of offload and sometimes it's a good thing to do and that’s what ?… reaction she found sort of using the chat service, mental health charities and yeah.

I: Do you know what charity by any chance?

R: I can’t remember I don’t know if it's MIND or something like that.

I: OK, yeah um and the other place as well I guess I wanted to highlight to people was hospices.

R: Yep.

I: I guess a lot of people have preconceived notions of what a hospice is about or what kind of support they potentially can offer, but they can be really useful even from a psychological support point of view so yeah that’s another

R: I see hospices the other thing um most hospitals have a chaplaincy service um I know [name of place] have and I work actually on the palliative care side there’s quite a few of them and they are very very good um

I: OK.

R: And yep they have actually um sort of said well if you know if you find anybody in time that’s struggling with anything just send them along to the chaplaincy office um and yep they will they would have the chat but they have the facilities to actually bring up they have a list of people for other ethnic backgrounds etcetera and that’s what I say to people you know don’t think of it as chaplain oh sort of Church of England they are there for anybody of any face.

I: OK.

R: Um and that sort of thing sometimes it can be overlooked.

I: And you can do that directly yourself?

R: Yes, yes most hospitals actually do have do have a chaplaincy service, yep.

I: OK.

R: And once again it could be face to face it could be over the telephone of course now we’ve got zoom or Microsoft teams etcetera google… I think it is you know.

I: Yeah.

R: There’s various ways now that you can communicate with people.

I: Yeah and I guess the other avenue is peer support.

R: Yep.

I: Just again encouraging people to if they want to talk to someone who has MND or another family member or someone in a similar situation to either get in touch with MNDA or um there are places as you were saying online as well like forums, social media.

R: Social media is, that aspect you know I found very helpful you pick up some very interesting tips you know I was finding a few weeks ago getting a pair of gloves on was like a nightmare I would just put it out on the internet then I sort of looked up MND in Canada, Australia

I: OK.

R: And a guy actually from Canada said his link you know he said I’m suffering the exactly the same as you with the temperatures a bit lower, buy yourself a pair of these they’re not expensive he said they’re good, so I bought a pair and they’re fantastic, they were mittens and I never thought of it.

I: This is

R: And also for um carers um the I know the Kennedy’s they’ve got the carers support group.

I: OK.

R: They can, like my wife’s on there, she can just put you know my husbands like this like that whatever I can’t see what she’s put but it’s good then that she finds that she gets very good tips back from other people in a similar situation.

I: Yeah, yeah.

R: Yeah that’s what she thinks it's not it’s not anybody minded, it's an aspect of the condition.

I: Yep.

R: So those sort of support groups, online support groups as I say, closed groups for carers etcetera are very good.

I: And typically you would just go on to say any social media outlet Facebook, Twitter and search for MND?

R: You know I’ve got sort of MND um as I say I’ve got sort of people from all over the world will go onto motor neurone disease and support groups etcetera but also sometimes you get the you know why don’t you join our one and it's quite you know a lot out there

I: OK.

R: And with KD I can remember I was officially diagnosed in 2012 the consultant said to me don’t think of yourself as unusual because of what you’ve got alright he said think of yourself as special he said because if you do that you won’t feel so down with that.

I: That is a really good way to put it, yeah.

R: Yeah and I think no, I think that sort of thing outlines the support.

I: OK, OK I’ll add these bits that you’ve just told me about. But yeah that’s basically what was going to be in this section, how to get professional support how to get peer support um and also other websites you could access because I think um similar exercises like mindfulness that is on this website say you finish all the exercises on this website and you wanted to try some more.

R: Try something else and yeah and that’s the thing it's the authoritative um sites cause I always after my wife and say if you google something make sure it doesn’t say KD in front of it and make sure you find the official website, of course the first thing that comes up is one of these sites that yeah you click on it and it feeds you through, but they want a fee at the end of it. So, you know people get caught up with it and I think that’s the thing authoritative sites are the important thing.

I: Yeah, yeah I think, yeah we’ve tried to um latch onto the MNDA’s authority in a sense.

R: Absolutely, you’ve got to in what you’re doing you’ve got to actually do that because you know it's reputation that states the situation but it does happen sometimes um cause you know there’s somebody’s puts something in misses out then something clever what’s it has sort of latched on that they can add something that looks fairly similar but isn’t secure.

I: Yeah, no that’s good. Um yeah so that was basically it for my questions, I don’t know if you wanted to add anything or?

R: No I think, I think it's good that I’ve had a chance to see it to see whats there and add some input to it. It's superb things.

I: Thank you, I’ll just stop the recording.