

## **Book Review**

### **Managing persistent pain in adolescents: A handbook for therapists**

Reviewed by Megan Turville

**Rogers R. (2008). *Managing persistent pain in adolescents: A handbook for therapists*. Oxford & New York: Radcliffe, 228 pp. ISBN 9781846190124 (Paperback: \$39.95 USD).**

Therapists offer and perform interventions with the vision of improving clients' quality of life. When working with clients whose needs are complex and multifaceted, therapists may struggle with the process of holistic service provision. The experience of feeling overwhelmed during therapy may be familiar to those in pain management as guidelines on how to manage pain with adolescents have been lacking. Therapists need information about how to work with teenagers experiencing persistent pain as therapists must also focus on the dynamic nature of this developmental period to ensure therapy meets client needs. Roslyn Rogers' book, *Managing persistent pain in adolescents: A handbook for therapists* is addressed to the needs of therapists working with adolescents on pain management. The practical strategies detailed in this book, if applied, will assist therapists to enable adolescents to resume a full and meaningful life, not controlled by pain.

Roslyn Rogers has practiced as an occupational therapist, yoga and creative dance instructor for 30 years, including 8 years experience in a multidisciplinary pain management clinic for adolescents in Melbourne, Australia. Rogers' writings are based on her experience in this clinic and also her broader teaching expertise. The author's expertise is apparent in the breadth of topics discussed, which encourages therapists to use

this book to expand interdisciplinary skills. This book is written for any therapist working with an adolescent with persistent pain, ranging from psychologists to acupuncturists. In this book Rogers takes readers by the hand and guides them thoroughly and creatively through the therapy process in such a way that therapists gather knowledge based on research and clinical experience as well as how to directly apply practical suggestions within clinical practice.

To orientate readers to the process of pain management treatment the book is structured in three sections. Section one contains chapters related to engagement with and assessment of clients, with emphasis on the importance of thorough case formulation. Rogers provides an extensive list of assessment questions to guide therapists' information gathering related to: pain and medical history, family structure, lifestyle changes, functioning, schooling, parent and child relations, and expected outcome. To assist therapists' understanding of clients' presentation at assessment Rogers presents a grid of factors known to influence persistent pain according to *biological* (i.e. poor fitness levels), *psychological* (i.e. parental fear of damage to child) and *social* (i.e. no adequate bullying policy at school) dimensions. Along with the biopsychosocial model of pain, the author details other relevant theoretical knowledge related to the physiology / anatomy of persistent pain, Cognitive Behavioral Therapy (CBT) and Contextual Cognitive Behavioral Therapy (CCBT). Rogers hints at the state of evidence surrounding theoretical models of pain, however a critical

review of related literature is absent. Rogers argues clinicians need to engage with families through sharing knowledge on the physiological influences of persistent pain and answering questions related to medical matters (i.e. what to do if the doctor doesn't order tests the client wants). Therapists can read Rogers' comprehensive script on how to perform a pain physiology education session with families. The education script includes questions, such as "what happens in the brain?", "how do we close the pain gate?", "how do we influence our pain" and response suggestions so detailed that therapists may be left feeling overwhelmed with delivering such educational information. Nonetheless, Rogers writes in a manner that empowers therapists to assist families to bridge their conceptual understanding of medical and biopsychosocial models of pain experience, which can promote therapeutic efficiency.

During these initial chapters, therapists are encouraged to focus on the emotional experience of families presenting for treatment. After reading these chapters therapists will realize the valuable role they can have listening to families' stories during the assessment process. Rogers raises readers' awareness of medical and parenting issues that need to be addressed and provides response suggestions that support the delivery of family-sensitive therapy. The contextual influence of families is highlighted through Rogers' attentive summary of research literature on parenting styles and the pain experience in adolescence. Objective, descriptive information is placed in context through the author's careful and informative use of case studies. These case studies deepen the learning experience especially in relation to identifying psychosocial factors - the 'yellow flags' - that may interfere with recovery. The final chapter in section one relates to sleep, including: the prevalence of sleep disturbance and its influence on pain; sleep assessment framework; and treatment strategies presented in an easy-to-follow ordered approach.

Section two contains chapters describing how therapists assist adolescents and their families to manage pain and what factors may influence this coping process. In the *Making changes* chapter, the process of goal setting is described in step format and useful motivational questions are detailed

within a context of rapport building and client centered practice. The author describes resistance to change using yellow flags to increase the reader's awareness of important resistance-related issues. A shortcoming in this section is Rogers' lack of discussion regarding how therapists could manage their subjective feelings when clients are resistant to change. The chapter *Dealing with the pain* includes detailed descriptions of factors that can influence an adolescent's ability to cope with persistent pain, such as health anxiety and fear avoidance. Therapists are provided with a model that explains why clients may not be coping well and suggestions on how to manage such issues. The quick reference chart on how to assist 'poor copers' offers necessary guidance during the difficult times of determining what one can do to help clients move forward to improved functioning.

Chapter seven details the use of mindfulness, relaxation, and imagery techniques and provides ready to use scripts. These technique scripts are generously given in text, as appendices, and electronic resources, which saves therapists significant time in resource development. In the chapter Thoughts, words and actions, Rogers carefully guides readers through the sensitive process of educating clients about psychological awareness, particularly the role thoughts and words have on functioning. Tips on language clinicians should notice, such as 'the yes/but' position or 'I tried!', are extremely insightful; skills in responding to such language are normally achieved through years of clinical experience.

The concluding chapters provide practical guidelines on ways to re-engage adolescents in physical activities. Chapter nine focuses on *Becoming fit* and provides a checklist approach on how to build physical fitness. The concept of pacing is described simply through text but most usefully in diagrams for which permission to copy is given. The chapter on *Returning to school* succinctly brings together information related to functioning at school. Rogers' experience reveals the many variables involved in the complex process of returning to school and advice is given on how best to address issues to promote successful school integration. Numerous relevant case studies provide insight into the complex nature of change and

importance of generalizing strategies to meaningful contexts. The benefits and effort involved in individualizing therapy is apparent and following Rogers' guidance therapists can conclude feeling competent in their ability to facilitate an adolescent's return to school incorporating pain management techniques.

This book's practical, straight to the point, applied focus will assist therapists to efficiently complete treatment within the time constraints of daily clinical practice. The author's commitment to pain management with adolescents and enthusiasm for teaching is inspiring for therapists embarking on work in this field. Rogers' skillful writing enhances therapists' belief in their ability to manage the

complexities of persistent pain management. This book acts as a coach and excellent supporting resource for therapists.

Megan Turville, B Occ Therapy (Hons), B Behav Science

Occupational Therapist, Royal Children's Hospital, Melbourne, Australia

email: [meg.turville@rch.org.au](mailto:meg.turville@rch.org.au)

### **Author Note**

Megan Turville's training in occupational therapy was supervised in part by Roslyn Rogers.