

Video Review

Embracing YouTube technology and getting the message out about chronic pain

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The video *Understanding pain and what's to be done about it in less than 10 minutes* (www.deutsches-kinderschmerzzentrum.de/en/adolescents/video-den-schmerz-verstehen/) and the accompanying booklet of scientific facts and background (www.deutsches-kinderschmerzzentrum.de/fileadmin/media/Inhaltsbilder/Literatur/Cartoon_Scientific_Facts_Zernikow_Wager.pdf) will appeal to any health professional working in the field of pediatric chronic pain. Boris Zernikow and Julia Wager from the German Paediatric Pain Centre developed these educational tools. The video, presented in a pedagogically sound and appealing cartoon style of a hand sketching images to relay a story is engaging. The cartoon production clearly and succinctly tackles the issues around chronic pain. It sets out to educate older children and adolescents about chronic pain and indeed would be useful for parents and perhaps siblings given the impact on them as a group (Sharpe & Rossiter, 2002). It may also be a tool that youth with pain choose to share with peers or teachers to help others understand their pain experience. Every point made in the video is explained in greater detail with supporting evidence and references in the accompanying booklet. This together with the video would be a useful teaching tool for emerging health professionals on the nature and treatment of chronic pain in children and adolescents.

The authors begin with a description of acute pain, which children and adolescents will easily relate to through their own experiences. They then

move to the other type of pain and present a useful and easily understood comparison of acute and chronic pain. Rather than leaping into what's to be done about it, the video identifies the incidence of chronic pain, telling the child that she or he is not alone and that the pain is real. The importance of believing the existence of chronic pain in children and adolescents has been identified for decades (McCaffery & Beebe, 1989). Moreover, the video clearly advocates for the rights of the child in receiving help for chronic pain.

Building on the incidence and definition, the video then moves into a learning model of chronic pain. The accompanying booklet expands the learning model and draws the biological analogy between pain memory and sensitization (p. 12). To relay the idea of how our brain can learn things that are not helpful (incidentally, a flagstone of acceptance and commitment therapy, Hayes et al., 2012, which is also mentioned in the booklet), the authors use the excellent metaphor of how we can get things like a song stuck in our brain even when we don't want it there. Viewing this through the lens of personal construct psychology (Kelly, 1955; Caputi et al., 2006) the authors present chronic pain as a learning – unlearning construct. They emphasize the complexity of chronic pain and the need for help. However, as these materials underscore, what the brain learns can be unlearned. This bipolar view of chronic pain as a learning – unlearning construct is likely to be accepted by children and adolescents, many of whom construe their world in a similarly dichotomous manner vis à

vis: cool – uncool, happy – sad, smart – dumb, easy – hard, like – dislike and so on.

The issues around pharmacologic intervention for chronic pain are addressed for the child or parent seeking a pill to take the pain away. The authors identify migraine headache as a type of chronic pain that can be managed successfully with prescribed drugs. However they highlight the impact of stress and emotions in all types of chronic pain and present strategies for identifying and managing these later in the video. Potentially difficult and sensitive areas such as bullying and abuse are woven into an excellent sketch of negative feelings and stress. Again, in a constructivist sense this distress is immediately balanced with a sketch of people who can support and help.

Consistent with the straightforward approach in the video, the authors present a simple three-step approach to what helps with chronic pain:

1. Reduce negative feelings and stress;
2. Unlearn maladaptive habits (i.e. what the brain learns, can be unlearned, for example with mental distraction);
3. Engage in life, be active, achieve your goals; and
4. Seek help when needed.

The video concludes by coming back to acute and chronic pain to highlight the importance of the third point, being active. Certainly, rest is useful in acute pain while healing takes place but in chronic pain the authors emphasize the importance of being active. Again, this fits nicely with the constructivist feel of the video with a rest – activity construct directly applied to the acute pain – chronic pain one.

The video has a number of strengths not the least of which is the outstanding quality of the illustrations provided by Bone Buddrus (www.boneillustration.de). The creative flair combining visual and auditory cues with the explanation not always preceding the illustration is engaging. This allows the viewer to anticipate the point being made and will appeal not only to the intended audience but also to parents and clinicians. The judicious use of color provides emphasis where intended in a predominately black and white

medium. There is an acceptable level of gender balance in the illustrations, which is thoughtful as ignoring this could have put off a significant proportion of the intended audience. Notably, there is a lack of ethnic variation in the cartoon depictions.

The video does not attempt too much by overloading the viewer with facts and supportive argument; these are reserved for the accompanying booklet. The pacing of the video with basically one point per illustration allows time to assimilate the knowledge and will likely help avoid overload and loss of interest in the viewer. In practice it would be useful to give control of the video (remote or computer mouse) to the child and ask her or him to pause the video at any point she or he would like to discuss. Engaging with, and handing over (literally) control of the video will raise the child's status in the treatment partnership. In a therapeutic setting, this could help to reduce anxiety (Kemper, 1993) and increase rapport with the child.

The only criticism I have with the video is the accent of the person doing the voiceover. Delivering a voiceover in English when English is not your first language is challenging. The producers have clearly considered this by appointing and referencing a speech coach in the credits. Some words have a peculiar pronunciation, which may prove distracting to some children and adolescents. However, on the other hand English delivered in an accent might add an air of specialization and authenticity or at least globalization of the problem. My first viewing of the video was at the 10th International Symposium on Pediatric Pain, Seattle 2015 in a seminar presentation. A New Zealand member of the audience voiced the same comment about accent and language and said they had applied their own voiceover to the video. There is a link to the New Zealand version of the video on the German Paediatric Pain Centre website. This raises an important and encouraging point regarding uptake and use of the video in that it has been translated into a number of languages other than English. Links to translated versions can be found on the same website. Furthermore the following statement from the credits of the video is worth noting:

The film is licensed under the Creative Commons license..., which permits non-

commercial use, duplication or distribution in any medium provided the original source is mentioned.

For anyone who is concerned about accent and language, (the New Zealand version could be distracting for Australians, British, Americans, South Africans, Canadians...) perhaps their National IASP Chapter could be approached to fund a voiceover of the script to more closely relate to language and culture or indeed translation.

As mentioned, the accompanying booklet contains the scientific evidence and background to all of the points raised in the video. More than that, it provides an erudite overview of the neurophysiology of pain and contemporary views on chronic pain and treatment approaches in children and adolescents. The intended audience of the booklet is the health professionals using the video. Much of the detail presented in the accompanying booklet would be beyond the comprehension of the layperson. However, to get the greatest value and where appropriate,

confidence in using the video, health professionals would be well advised to familiarize themselves with the written material. Again it may be a useful teaching tool in introductory teaching of chronic pain to trainees.

In summary, these educational materials achieve their intended purpose: "...For older children and adolescents with chronic pain to better understand their condition and to learn how to deal with it" (p. 2). The video provides a useful adjunct in the education and management of chronic pain. In the hands of a multidisciplinary pain treatment team it will assist in identifying and exploring ways to help children and adolescents manage their pain. For the young person who finds it on an Internet search about chronic pain and what to do, it will hopefully provide insight and encouragement to do just that, and to seek professional help.

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