

Headaches and Mild Brain Trauma. A Practical Therapy Guide. (2nd Edition). Birgit Gurr. Routledge, London, 2021. (297 pages).

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Book review: Headaches and Mild Brain Trauma. A Practical Therapy Guide. (2nd Edition). Birgit Gurr. Routledge, London, 2021. (297 pages).

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Reviewing an academic book whilst on leave is always going to be a headache, right? Not this book. 'Headaches and Mild Brain Trauma' by Birgit Gurr challenges many of our views and assumptions about headaches after mild head injury. Despite my initial reticence of sacrificing some of a much needed break from hospital wards after one year into the pandemic, once I started, I was immediately drawn into reading 'Headaches and Mild Brain Trauma'. Gurr's text provided me with a great opportunity for learning more about the enigma of why so many of our patients with seemingly minor head injuries often present with much more disabling symptoms, including specifically headaches, than those experienced by our patients with unequivocal evidence of very severe traumatic brain injury. I must confess, I have often wondered why. I think in this book, I have finally come closer to a better understanding.

Gurr writes in a practical, hands-on, conversational style, which makes the book a very easy read. Something I specifically valued, was that the writing was not littered with distracting in-text referencing: the references were provided at the end of each chapter. Another strength is that it was very well illustrated. The book consists of four main sections. The first provides a detailed overview of the relevant theoretical background. The next part of the book describes the basic building blocks of a bio psychosocial approach to managing headaches after mild brain trauma. Section three is essentially a therapy manual for the practitioner wishing to implement a Cognitive Behaviour Therapy approach to rehabilitating persistent headaches in this clinical population. The book concludes with a

multitude of appendices consisting of worksheets, scripts, and other supplementary materials the practicing clinician can use.

The first section, covering theory, was comprehensive, but simultaneously also very practical. Several theories are covered which most practitioners in the field would be familiar with, for example the Pain Gate Theory. I am sure that I am not alone when stating that quite often when clinicians read about theories, there is some scepticism about how much theory is actually out there on the wards or in clinics that informs our practice. One of the strengths of Gurr's book is that the theoretical models are integrated into something understandable, with clear translation into everyday practice. For many patients with chronic, severe headaches after mild head injury, an integrated, generic biopsychosocial model, with particular emphasis on patients' past psychological and other shaping experiences is required. Furthermore, I found the concept of cumulative layers of past psychological stress experiences, together with genetic factors, sensitising the person's nervous system, as one explanation to explain patients' vulnerabilities and resilience, particularly helpful (p33). While resilience was touched on, one topic I would have liked to read about was why certain groups, for example professional athletes, return to normal life (play) so much more successfully, and quickly, after head injury.

Other factors covered in the theory section of the book included poor bonding, thinking styles, social (interpersonal) connectedness, and locus of control. The latter I found very refreshing to see included in a textbook dealing with rehabilitation. The provision of healthcare is now very much a collaborative endeavour. An external locus of control has many disadvantages generally, but specifically in rehabilitation also. Therapeutic approaches such as Behavioural Activation, defining goals in Acceptance Commitment Therapy, or engaging socially, are all likely to be more difficult when working with patients who have a well-ingrained external locus of control. But rather than engaging in a battle of viewpoints or schema, Gurr very eloquently writes about how we need to acknowledge patients' pain, empathically understand their suffering, and gradually help them shift their understanding of their headaches from the biological, to a more internal, psychological explanation. This lies at the heart of engagement in activities and therapeutic work that has a high probability to make their headaches more manageable.

The second section of the book drills down much deeper into the proposed biopsychosocial approach for helping our patients with mild head trauma live better with their disabling headaches. This part of the book is richly illustrated with case examples. These really brought to life the conundrums faced in some clinical situations, and practical therapeutic approaches to work around, or overcome these obstacles in practice. In some of these examples, I was struck by how far back in a patient's history some of their layers of vulnerability actually go. This was a real eye opener to me, and reflecting on my own practice, one of several things I learned whilst reviewing the book. It was a very good reminder of the importance of always taking a detailed history, and the skill required to integrate factors from the history into a good biopsychosocial formulation. After all, one of the important skills of a neuropsychologist is not only to make a diagnosis, but even more so, to *explain* it.

In essence the third section of the book, constitutes a detailed assessment and therapy manual. The proposed therapy approach is based on Cognitive Behaviour Therapy, and can be tailored to being delivered as a single session specialist clinic, or on a group basis where all sessions are offered, or an individual basis. The section contains very detailed instructions, outlines, and checklists. Section three really should be read with the final (fourth) part of the book, the appendices. This book has one of the most comprehensive number of therapy tools, worksheets, assessment tools and outcome measures included I have seen in a long time. And therein, for me at least, lies its main strength. Rumours that we can simply train others to deliver our specialist neuropsychology skills, knowledge and interventions, have in my view been greatly exaggerated. This is a fabulous book. Ultimately it reminds us why we fought so hard to get a place on a clinical training programme, and sacrificed so much to lean our craft - to be present, in-person, and deliver the type of well-informed, theoretically sound, hands-on, compassionate neuropsychological care described in this book.