Cognitive-behavioral treatment for Migraine: Families’ “Frequently Asked Questions” and potential responses

1. **Do you think my child is crazy?** No. Migraine is a very common in children and adults, and is best served by a comprehensive approach. While there is more anxiety and depression in people with migraine, most children with migraine do not have psychological disorders. However, just like with any other chronic condition, most people do need to learn to do new things to manage the condition, and psychologists can help people learn these new things.

2. **Don’t only crazy people go to a psychologist?** While psychologists do work with people with emotional or behavioral problems, there are psychologists who focus on health issues and who work with people without major psychological problems to improve their physical health. For example, many people with heart problems see psychologists for general stress management. Or, athletes will go to psychologists to improve their performance (which often includes work on stress management or body system regulation).

3. **Will my insurance cover it?** This depends on your insurance, and what diagnosis is used to bill. Many psychologists can bill for their services using the medical diagnosis of “migraine”, so medical fund dollars will cover it. Other psychologists may bill under a mental health diagnosis. If your child is actually experiencing a mental health issue that needs to be addressed, this may be the diagnosis that is used. Otherwise, there are “health-related” mental health diagnoses that can be used, such as “psychic factors impacting health conditions” which are appropriate to use when we are working on addressing pain-related behaviors. When you call your insurance, ask them about coverage for cognitive-behavioral therapy.

4. **How do I explain it to my child?** You can tell them that there is a terrific set of skills they can learn to help them have more control over their headache and that can help the headache have less control of their life, and that a psychologist is a "health coach" that can help them do it.

5. **It will take too much time.** Pain management treatment can be relatively short-term – it often is completed within 2-3 months. There are other things that you can try first that may be able to help your child manage things without going to therapy. For many families, the time invested in treatment is actually shorter than the time it can take for staying home with their child from school, spending time in the ED, etc. In addition, once treatment is over, your child will have learned a set of skills that can help them cope with future stress or headaches, and may help them be more efficient with their own time in the future.

6. **Will I learn anything?** Yes. It will be important for you to know the skills the child is working on so that you can support their home practice. Plus, the psychologist will probably have some recommendations for how to respond when your child is in pain – many parents report feeling helpless or frustrated when this happens, and appreciate
having some guidelines. Plus, many children with migraine have parents who have migraine, so you might actually learn something to help with your own pain.

7. My child doesn’t like to talk about his feelings – will it work? This type of treatment does not depend on spending a lot of time talking about feelings. A lot of the focus is on specific strategies to decrease stress in the body, and learning to pace activities. There is some focus on thoughts and feelings, but these are often specific to pain. Often, once kids have seen some of the benefit of the body strategies, they will be more willing to talk about some of the thoughts and feelings that cause them stress.

8. How will I know if my therapist is good? Ideally, you will find a psychologist who has experience in pain management. At the very least, you should find a psychologist who has experience in cognitive-behavioral interventions. Therapists who work with anxious kids also likely know body relaxation strategies, so that can also be a lead. Your therapist should be assigning weekly homework, keeping track of pain ratings, and should be able to clearly explain how the weekly practice is designed to help change the impact of pain on the child’s life.

9. Will the therapist get too personal? I don’t want anyone in our business. Cognitive-behavioral therapy is very problem-focused. Your therapist will likely focus specifically on those areas important to improving the headache.

10. We don’t believe in therapy. Many people feel nervous about therapy – usually because they have a specific idea of what therapy is which may or may not be accurate. Sometimes they have ideas about things from TV or movies, or they may even have had or heard about past negative experiences. Few people have had specific pain-focused therapy which is very skill-based. I’d really encourage you to go at least once to see if you feel that the psychologist has something to offer you or your child. I’m recommending this because excellent research studies show that this treatment works and I want the very best results for your child.

11. Shouldn’t we just be able to handle this on our own? Migraine is known to be a very difficult and sometimes debilitating chronic condition for children. There are certainly things that can be done “on your own”. I want to make sure you have all the resources you can to minimize the amount of pain your child has or the impact that the pain is having on your child. Why make it tougher on them than it needs to be?

12. Isn’t my child too young for therapy? Research has shown that kids as young as 6 can benefit from learning pain management skills.

13. Are the headaches really bad enough to warrant seeing a psychologist? How bad do they need to be? There are some self-help tools I can provide to you. I would encourage you to not wait too long because we know that the longer kids have headaches the worse the headache can become and the greater the negative impact on their life. The skills you would learn in behavioral pain-management programs will be helpful in reducing these
negative consequences of the migraine. In addition, the skills can be applied to other challenging situations (for example, nervousness about tests).

14. Why shouldn’t we just stick with the medicine? Medication is often an important aspect of migraine management, and I do want you to follow the medicine as prescribed. For many people, medicine alone does not provide them with the relief or improvement in functioning that they desire, and adding this component of treatment gets them closer to their goals. Plus, these skills can be used across many aspects of their life.

15. Don’t you believe I have pain? Are you saying that the pain is all in my head? I do believe you have pain. Just because psychological treatment (for example, changing behaviors, working on stress management or looking at pain-related thoughts) can improve migraine for your child does not mean that the pain is “psychological” or “all in your head”. Just because changing health behaviors improves obesity or diabetes management doesn’t mean that obesity or diabetes is “all in a person’s head”, does it? Cognitive-behavioral treatments work for all sorts of physical symptoms because there is a mind-body connection.

16. Why will I need to go to? You are an expert on your child – it will be important for you to share your perspective on what makes the migraine better or worse for your child. You can also support the skills your child is learning.

17. My child does not have stress. That’s great. Some kids will have a lot of stress and tell us that it makes their headache worse; some kids say they have stress but it doesn’t impact their migraine, and some kids say they don’t have any stress. We do know the migraine is related to changes in the body, and when we work on decreasing physical tension in the body kids’ migraines can improve.

18. Will the pain go away? Many kids will see great improvements after treatment – this may mean that they are having fewer headaches, that when they do have headaches they are less intense or last less time, or it might mean that they are able to get back to doing the things they like or need to do, even if they still have headaches.

19. My child says she refuses to go see a shrink. This is a common first reaction. Reassure them that you believe they have a headache, and it is that very reason why you want to make sure they are given every recommended treatment. Set the expectation that, just as you would insist that they go to a doctor’s office if you felt that treatment was needed, you expect them to go meet with the psychologist for at least 3 sessions, and to give the treatment a good try. Usually, once a child actually meets with a psychologist they feel more comfortable, and feel good to know that there are things they can do to help themselves feel better.