

How Do I Discuss Behavioral Treatment with My Patient with Migraine?

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This article provides (A) a brief overview of evidence-based behavioral treatment for individuals with migraine, (B) a discussion of recommended language to use when prescribing these treatments to patients and (C) example responses to consider in reply to commonly asked questions. Our goal is to support you in providing a framework for your patients to understand and engage with behavioral migraine treatment.

A large body of literature supports the efficacy of behavioral intervention for migraine. Behavioral migraine treatment goals include: reducing migraine frequency and severity, improving the patient's functioning and engagement in life and, for some individuals, limiting reliance on medication.

When discussing behavioral treatments with patients with migraine, it is crucial that referring providers first normalize behavioral strategies as an essential and evidence-based component of migraine treatment. Importantly, current evidence suggests that patients see the greatest reduction in headache days with a combined approach of preventive medication and behavioral migraine management. The provider might consider framing the behavioral intervention as a prescription to emphasize its vital treatment role.

As behavioral treatment typically involves a referral to a therapist or psychologist, without appropriate framing, patients may interpret this recommended treatment as an indication their provider views the headache as “psychological” or “in their head.” It is, therefore, crucial to emphasize that stress is not the cause of the patient's migraine. Instead, the patient has a migraine disorder. The experience of chronic pain secondary to migraine inherently places the body in a state of stress, contributing to an overactive sympathetic nervous system and amplifying the existing migraine problem. Behavioral migraine treatment disrupts this problematic pattern and enhances patient self-efficacy in migraine management.

Evidence-based interventions include: cognitive-behavioral therapy (CBT), relaxation training, biofeedback and healthy lifestyle habit management.



Evidence-Based Behavioral Interventions for Migraine

Behavioral Intervention	Description	More information / Resources
Cognitive Behavioral Therapy (CBT)	A short-term and goal-oriented psychotherapy demonstrated to reduce headache and improve daily functioning. Patients learn a set of “tools” to help manage headaches. Cognitive Strategies: Patients learn strategies to identify and challenge negative “self-talk,” enhancing their belief in their own self efficacy. Behavioral Interventions: Patients identify behaviors that may contribute to migraine, set up a structured behavioral plan to promote healthy lifestyle habits (including in the workplace or at school) and learn self-regulation strategies that decrease physiological arousal.	Patients may search for a CBT-trained therapist using the Psychology Today website, using filters for CBT and other desired characteristics (e.g., patient age range): https://www.psychologytoday.com/us or on the Association for Behavioral and Cognitive Therapies (ABCT) website: https://www.abct.org/Home/
Healthy Lifestyle Habits	Sleep, hydration, healthy eating and exercise are all important behavioral aspects of a headache management plan.	Encourage patients to visit the Headache Relief Guide website for helpful guidance and tips: https://www.headachereliefguide.com/control.php
Relaxation Strategies	A range of skills may be learned to help decrease sympathetic arousal in response to pain and stress (i.e., “active relaxation strategies”). It is important for patients to practice these strategies daily and proactively (in advance of migraine) to help the body more easily activate a parasympathetic “relaxation response.” Below are some examples of types of relaxation strategies.	Therapists often provide relaxation training as a part of treatment. Encourage patients to ask a potential therapist if they have experience in relaxation training, specifically the below modalities. Patients may also access training material online or through phone applications. http://www.dawnbuse.com
Diaphragmatic Breathing	A simple breathing strategy taught to help induce the parasympathetic “relaxation response” in the body.	Phone Applications: <ul style="list-style-type: none"> • BellyBio Interactive Breathing • Breathe2Relax
Progressive Muscle Relaxation (PMR)	Tightening and relaxing muscle groups in a systematic way throughout the body to counteract a state of chronic muscle tension derived from exposure to pain.	Video: Progressive Muscle Relaxation Training, Mark Connelly https://www.youtube.com/watch?v=ihO02wUzgkc&t=6s
Guided Imagery	A process involving creating mental images to simultaneously (A) distract the mind from a focus on pain and (B) evoke the body’s “relaxation response.”	In addition to a range of other available applications, the free version of the Calm phone application and website includes imagery exercises: https://calm.com
Biofeedback	The use of sensors to measure the physiologic effects of relaxation exercises on the patient’s body (e.g., heart rate, skin conductance), providing data on the impact of relaxation interventions.	Patients may learn more about biofeedback and search for a Board Certified International Alliance (BCIA) Biofeedback Practitioner on the BCIA website: https://www.bcia.org/
Mindfulness	Focused awareness on the present moment, helping patients let go of what they cannot change in the moment, decreasing stress and directing focus away from pain.	There are many helpful online resources for mindfulness. Some examples include: https://mindfulnessforteens.com/ https://www.uclahealth.org/marc/mindful-meditations

Responses to Commonly Asked Patient Questions and Concerns

Why are you referring me/my child to a therapist? Are you saying the pain is in my/my child's head?

I know your/your child's pain is real. While therapists can be helpful for managing stress, anxiety and other emotional concerns, they can also help people learn new ways to manage pain. This does NOT mean I view the cause of migraine as psychological. Although having a migraine is inherently stressful, most people with migraines do not have a psychological disorder. However, just like with many other chronic health conditions (e.g. heart conditions or diabetes), people often benefit from learning new tools to help manage their health condition, and therapists can function as coaches in using such tools.

I met with a therapist in the past. It was not helpful.

Not every therapist-patient relationship is a good fit. It is also possible that the therapist did not use a behavioral approach. I recommend you try again with another therapist and ask them some screening questions on the phone in advance of your appointment. You can describe what you are looking for: Ask if the therapist practices CBT, would be comfortable helping you work on lifestyle management of migraine symptoms and/or teach relaxation skills.

What will behavioral treatment for children and adolescents look like? What if my child is very young?

When looking for a therapist for your child/adolescent, it is strongly recommended that (A) you seek a therapist with experience working with children/adolescents and (B) parents are involved in therapy to monitor and reinforce coping behaviors. The specifics of parents' role in supporting these strategies will vary based on the developmental level of the child. With a very young child, the therapist might focus on helping both parent and patient learn simple relaxation strategies and set up a plan with the family to help apply these skills to manage migraine.



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