

Thanks for joining us on Not Boring CEs, where we don't think you should be bored to death while getting your Continuing Ed. Keep listening here, then hop over to notboringces.com to get all your online CE credits. Alright, y'all, let's get to learning.

Emily Foxen-Craft, Ph.D., is a pediatric pain psychologist with over 7 years of experience, and the enthusiastic owner of Pediatric Pain and Behavioral Health. She provides treatment to children, teens, and young adults with chronic pain, chronic illness, and anxiety. Common concerns include headaches, digestive symptoms, sports injuries, and stress, but she always personalizes care to help the individual and family learn to manage their symptoms, improve functioning, and develop resilience for life. Dr. Foxen-Craft is a licensed psychologist in the State of Michigan, but is also authorized to provide interjurisdictional telehealth to 40 states through PSYPACT. Prior to launching Pediatric Pain and Behavioral Health, she helped found the University of Michigan's pediatric chronic pain program as a postdoctoral fellow and then as a faculty member in the Departments of Pediatrics and Anesthesiology. She continues to conduct and publish research, and to educate psychology trainees as well as pediatricians in pediatric pain management. Welcome, Emily.

Allison Puryear (she/her): welcome back to Not Boring CEs. I'm your host, Allison Puryear, and I am here with Emily Foxen-Craft, and we are going to be talking about the psychology of headaches.

Allison Puryear (she/her): This is something I know basically nothing about. So I'm very excited to learn from you. I've appreciated your other other CEs with us around pain. It is all new territory for me, and I suspect, for many other people learning. So, thanks for being here.

Emily Foxen-Craft: Thanks for having me. It's fun to chat about hopefully, I'm not a pain but excited to be able to give some ideas that might be able to help clients, clinicians, family members, etc. Awesome, great. Well, let's let's kind of just start with

Allison Puryear (she/her): headaches in general. Can we talk to them about prevalence and about what a headache is even because I don't know if I'm accurate in my assumption about what a headache is.

Emily Foxen-Craft: Yeah. The interesting thing about headaches is that most of us have experience with one I read a stat review that had suggested that upwards almost 16% of people in the world at any given moment are experiencing a headache. So

Emily Foxen-Craft: it's pretty universal phenomenon. And they look at Meta analysis. And they suggest that upwards of 50% of people have some sort of headache condition, which I think is astronomical, but it just shows the commonality of it, and I think that first of all, as clinicians, being aware that many of the people that we're seeing

Emily Foxen-Craft: might be dealing with this, and they may or may not have spoken about it because it is so commonplace, but also the fact that us, as clinicians may have our own experiences with it, and may project those experiences or those expectations around our

Emily Foxen-Craft: experience with headaches on to what somebody else might be experiencing. So I think that is a really interesting, the commonality of it. I think, highlights the need to try to help, but also that we're all kinda in this together in some, yeah, which which does great things for empathy, but also because of that projection piece can be dangerous clinically, because we can

Allison Puryear (she/her): project and not fully hear the clients experience, because our own is, is blocking us from that.

Emily Foxen-Craft: Exactly. So, taking the time to think and learn and grow. Is always. This field is always evolving. So there's always new things to read about and learn about, to enhance your own self care and maybe care for the people around you.

Allison Puryear (she/her): Yeah. So can we talk about what a headache

Allison Puryear (she/her): is versus like a migraine versus something we might think it's a headache, but isn't

Emily Foxen-Craft: absolutely so. This is a whole field, and people are specialists in determining this. So I'll try to give some overviews.

But you know, as we know, physicians and neurologists are probably the people making these diagnoses independent, you know, thoroughly.

Emily Foxen-Craft: And usually it's through a combination of a thorough history taking and a neurological exam. So you should not be making a diagnosis to somebody. But being aware of the common categories, might help you guide somebody that you're working with, to asking the right questions and getting the right kind of care, and then working with with them to try to provide all the comprehensive care that they may need or benefit from.

Emily Foxen-Craft: But, broadly speaking, headaches and all the diagnoses are included in something called the international classification on headache disorders. It's kind of like neurologists DSM, and so it does go through all of these different categories. And it is searchable online. So you can kinda see a lot more about the different categories that may be going on.

Emily Foxen-Craft: Like we may. You may have heard if we listen to the pain talk. There's 2 overall categories of headaches. One is called primary headache, and one is called secondary headache, and has to kind of do do has to do with is the headache the main diagnosis? Or is the headache a result of something else? So if a headache is the result of something else we call it a secondary headache.

That could be something like pressure in the brain, or something inside the brain

Emily Foxen-Craft: causing the symptoms and a primary headache is the headache is the main disease. Under that. There are 2 categories. I think most of us are familiar with kind of hearing about, or maybe thinking that we understand called the classic headache or the tension headache, retention, type, headache. And then there's migraine which has a lot of sub categories within it.

Emily Foxen-Craft: So both of those have different

kind of patterns, and clinicians and healthcare providers will kind of go through those patterns and kind of determine does it fit more in one of those categories? But overall a tension type headache has kind of

Emily Foxen-Craft: a pattern in how patients report it, how it feels often like a band around their head. And there there may be other patterns to it to duration and intensity. A migraine is not just an intense headache has features that include how long and a frequent how responsive it is to certain positions or movement, and then also

Emily Foxen-Craft: being accompanied by other symptoms like nausea, sensitivity to light or sound, with a term for that is photophobia or phonophobia and so, if it's kind of fitting more with those features they, individual might qualify for diagnosis of migraine. And then again, they have different presentations that have to do with where in the brain, it might be affected.

Emily Foxen-Craft: or might you know the the the path, the path of physiology, of headache might be occurring, and so it might produce different symptoms. So if it occurs more in the brain stem, you might have more dizziness and other kinds of symptoms. If it's happening in different other parts of the brain, it might affect more vision. And so sometimes there's also an aura accompanied with migraine, and that can actually happen before, during or after the kind of onset of that

symptoms or the headache pain itself. So headache is kind of a broad category that includes a lot of different diagnoses a lot of different reasons.

Emily Foxen-Craft: But most commonly the main one of the main features is the headache pain, and then differentiating a headache from a migraine will have to do with some of those unique patterns of migraine. Of course. Headache, you know. Migraine kinda also includes some categories where headache is not the main feature. So there's things like abdominal migraine or cyclical vomiting syndrome, but those are kind of niche diagnoses that

unless you're working, especially with children, too, may not be as common amongst the people that you're seeing.

Allison Puryear (she/her): I'm thinking about. Web MD, and the danger therein but how that, like Googling symptoms, is probably one of the first places we look when we're not feeling good, or our kids not feeling good, or whoever we might be caretaking.

Allison Puryear (she/her): I while there are, you know, I

Allison Puryear (she/her): definitely remember at 1 point, maybe in like grad school, the Internet was new. Webmd was new. Maybe it was after grad school, but I was pretty young

Allison Puryear (she/her): and looking things up, and it being like you may have a brain tumor and being like Oh, my God! So

Allison Puryear (she/her): I think it this in this day and age we know better than to rely on webmd. But I think it can still kind of get in our heads sometimes.

Allison Puryear (she/her): and it feels very scary when it might be something to do with the brain.

Allison Puryear (she/her): What are some things that are characteristic of either.

Allison Puryear (she/her): like a regular kind of headache or migraine that

Allison Puryear (she/her): may seem concerning. I know, like now, you've got brain cancer kind of a way, but are just a symptom of headaches. And it could just be that

Emily Foxen-Craft: great question. So first of all, always important for ourselves, for the people around us, and patients to get checked out by a qualified medical provider to really check that out. And just so you know what they're doing when they're doing their evaluation. So whether it's a primary care or a specialist. In addition to the history taking, they're doing a neurological exam and what they're testing is common nerves in the brain, and how they operate in the

body, and if they see something not working properly, that is an indication for them that something may be

Emily Foxen-Craft: present in the brain like pressure causing pressure, for instance, that shouldn't be there like a tumor, and then they may refer on for additional tests and scanning and images imaging. But if they see that you know that the presentation is perfectly fitting with migraine and your neuro exam. Or your patients are exam is perfect, and they may not make you undergo that expensive, costly, distressing

Emily Foxen-Craft: you know, potentially with you know, it's on a fax test. So there, you know, getting checked out is the best way to kind of be really sure. But if you're reading Webmd, and you're like, well, it might be a brain tumor, of course, recognized. They have to say that they have to kind of cover their bases and just take a deep breath and ask yourself, is this something that's been going on for a long time?

Emily Foxen-Craft: If it's sudden and new for you, then definitely, maybe it's important to get checked out and important. I get to get checked out regardless if you haven't already. But if it's something that's been going on for a long time, unlikely that something just suddenly changed with you, that you suddenly have a brain tumor when you didn't before again. Never say never, but always get checked out. But just take the stress down and then call your doctor

Emily Foxen-Craft: Secondly, you know there are like you said there are kind of sometimes scary, and concerning symptoms especially, you know, I work with children so, especially when parents see these symptoms in their own children, it could be really scary. And so there are some concerns like with some presentations of migraine that may cause somebody to lose functioning, or get all these tingly symptoms on the side of their body that can maybe make them think that they're getting a stroke.

Emily Foxen-Craft: Which is very scary. And that's a hemiplegic migraine, which is, you know, it's rare, it's severe, and we do want to treat it, but it's not It's not the same thing. If you are vomiting a lot with your migraine that can be really scary at the could be a classic migraine symptom. And then sometimes the visual aura is really scary, even, too, so visual aura can be things that are, you know, positive things that you add to your vision like the sparkles and waves and things like that.

but also a visual aura can be a negative, a lack of vision so blurring a vision or a blocking of part of your field of vision.

Emily Foxen-Craft: So neurologist or a physician will look at your vision and kind, or and take your history. If you're not having a migraine in the office and ask you more about what could you block one eye, and could you see, or was it the sides of your eyes where you couldn't see and get a lot more detail to be able to determine if it's mapping on to something pressing on your optic nerve, or if it is a symptom of migraine

coming from your occipital cortex or something like that. So they will be kind of looking at some of those details.

Allison Puryear (she/her): Okay?

Allison Puryear (she/her): Are there times of life

where these, like either regular headaches or migraines are more

Allison Puryear (she/her): prevalent.

Emily Foxen-Craft: we cannot blame puberty that's a fun one anytime in life. Where your hormones are changing. That is a time of changes and onset.

Emily Foxen-Craft: I also also, things like injuries or illnesses can provoke migraines. So sometimes people who maybe got occasional headaches or migraines, have experience and illness, or something like a concussion.

Emily Foxen-Craft: And then all of a if they kind of recover from that. But the headaches, then, are there, and present and longer lasting. So sometimes there are these events that seem to trigger things, especially people, maybe, who have a genetic vulnerability or maybe had somewhat of a little bit of the history before, and then it just becomes a lot worse. After that inciting event. Life changes, things, changes and major changes in routine.

Our changes to our environment. Things like exposure to allergens and things like that could certainly

Allison Puryear (she/her): precipitate changes for somebody. And is that migraines and headaches, or primarily migraines those kinds of changes?

Sure, great question. We see a change in migraine, especially around puberty. So that's one thing that we often see. Interestingly enough, the rates of headache are pretty parallel in males and females, but kind of around puberty migraines really kind of take off in females. Unfortunately, doesn't mean men can't have them, but it just tends to become more common in the rates. Kind of

skyrocket in adolescence. So that's one thing to kind of be on the lookout for. It's interesting when you kind of look at these studies. Sometimes.

Emily Foxen-Craft: the studies will be really narrow in their scope of who they're including in a study to track some of these trajectories or some of these mechanisms. Sometimes they're very broad, and they include a lot of different diagnoses in them. So sometimes it's difficult to infer exactly what's what. But this out field has also been, you know, because the diagnoses are relatively clear cut, and they have so much rigor around the diagnoses. There's an excellent field of research in this area.

Emily Foxen-Craft: Wonderful.

Yeah, that's kind of

Allison Puryear (she/her): I feel like in in our psychology field. There isn't always as much data to go on. So this crossover with the medical community can. I'm glad they've got more data.

Emily Foxen-Craft: and then selfish question, cause I had migraines during puberty, but not once. It did really set in. They just went away. Does that mean I'm more likely to have it once I hit perimenopause or menopause? Is it an increased likelihood?

Emily Foxen-Craft: That's a great question. To be honest, I don't know if I know that on the top of my head. Maybe it's something to kind of be aware of. Shifting hormones could change. But a lot of people do have reported to us again. I worked in a pediatric clinic. So I got to witness children, you know, growing up into early adulthood, or sometimes the parents themselves describing their own trajectories, and often people would kinda naturally outgrow their headaches. We didn't have a really good way of telling who that would happen for and who it wouldn't

Allison Puryear (she/her): necessarily. And so we always just said, Let's treat what we have now, and and you know, hope for the best. And if we reach a period where we're feeling a lot better, and we're on our treatment, you know. We see if if that's sustained for a while, then we can start tapering down on the treatments and see if you're still feeling better. And if you've truly kind of quote unquote, outgrown, your headaches awesome.

Emily Foxen-Craft: And another thing, I don't think we mentioned that can trigger them might be medications as well, like changing medications or getting on medications. Are there any like classes of medication that are more likely to cause either headaches or migraines that you know of.

Emily Foxen-Craft: That's a great question. One of the interesting areas that you might hear people discussing is a concept called medication overuse headache.

Emily Foxen-Craft: which is a little controversial in the field. People have different opinions on it, but if what it's describing is this concept of kind of a vicious cycle, where, if you are experiencing many headaches or migraine episodes to try to treat it, you might be taking medications like over the counter, or prescription medications to try to treat the headache itself. Things like Tylenol, ibuprofen, or, again, prescription medications.

Emily Foxen-Craft: But this theory posits, or this, you know. So this idea is that the more you use it, kind of the more your body either kind of learns to tolerate it in a way, or learns to adapt to it in some capacity, and then that promotes more resistant and more headache frequency as well. So that is one area to kind of be on the lookout for, and if you are meeting with a physician, or your therapist kind of be open and honest about how to

Emily Foxen-Craft: how you're treating it day to day, and if you're a therapist, be on the lookout for things like Oh, I take Ibuprofen or Tylenol 4 times 5 times a week every day just to get through, and then maybe consider checking in with their medical provider just to see if that's something that they've heard about and what advice.

Emily Foxen-Craft: They have already shared. And then that's something that you, as a clinician, can kind of reinforce a message that's being shared and help them with a plan, because if that is truly something that's happening for somebody, it can be very difficult and scary

Emily Foxen-Craft: to make that change and make recommend to change in terms of other prescription medications that result in headache. That's not my particular area of expertise. And again, I work mostly with children. So I'm a little less familiar with some of the common medications that adults may take like things related to heart health.

Emily Foxen-Craft: So I would defer to experts in that area, but I would be happy to look some things up and share it at in some capacity in the future, or for notes on this presentation. Got it awesome. Thank you.

Allison Puryear (she/her): So I want to talk about how to communicate about pain with clients, and how to

Allison Puryear (she/her): facilitate or empower them to have conversations with providers.

Allison Puryear (she/her): around headaches.

Emily Foxen-Craft: Yes.

Emily Foxen-Craft: that's a great kind of

Emily Foxen-Craft: a common thing that that people struggle with, and I think a great place where therapists can help with this with this challenge of living with headaches because we are great at communicating, and we're great at personalizing things and really empowering and coaching individuals. Even if it's something that we're not as familiar with. So I think some places to think about is

Emily Foxen-Craft: just starting to brainstorm for yourself. Where might the individual that you're working with have some challenges when it comes to communication about their pain? Is it understanding it for themselves and what they're going through in all the different factors.

Emily Foxen-Craft: but thinking about the people and all their different ecosystems. So maybe it's a partner or a spouse. Who's, you know, maybe frustrated, that they are lying on the couch at the end of the day at work. Or maybe it's their children, their own children, who are wondering why Mom is saying that she has a headache and is lying in bed in the dark.

Emily Foxen-Craft: But certainly, if they're a child being able to share about their experience. And what they're actually going through with an adult can be a difficult thing trying to abstract something like pain. It can be, you know. It seems obvious, but it can be a challenging to be able to communicate that. But then, beyond the immediate family

thinking about school place workplaces? Sometimes, again, we all bring in our experiences and expectations. And so when other people are doing that in those places there was, it can be really challenging. So they have done studies on things like school nurses or HT representatives, and have, identified some challenges in

Emily Foxen-Craft: expectations and barriers to getting accommodations. In those different environments. So that might be an area. And of course, thinking about the healthcare provider. That they're seeing?

Emily Foxen-Craft: hopefully, they have a really positive relationship. And so, thanks to thinking about our, you know, how is that relationship and trust? What are the people, you know is there a good open dialogue? Are they able to ask the questions? Can we help coach questions to ask at that healthcare appointment? And can we communicate also on the back end?

Emily Foxen-Craft: To help them with consistent messaging and working together as a team. So I think all those those different relationships are things that we can start to help somebody navigate can we dive into some of those and what that coaching would look like.

Emily Foxen-Craft: sure. Yeah. So I think sometimes starting with some some of the individual themselves, they're gonna have struggle to communicate

Emily Foxen-Craft: if they don't understand about what they're going through. So I think the first step is education, and that could start with educating yourself. If this is something that is new for you to be thinking about more deeply. But then that's great, because you'll be understanding it from your perspective, which may or may not be a biomedical perspective. And then that language and how you understand things, can be very applicable. To the individual that you're working with.

some key, things that I like to focus on is

Emily Foxen-Craft: things about the biopsychosocial model, how all the different factors can be going into a headache and about. Maybe there's a model called the Accumulative Stress load

model, where it's things about that sometimes we have particular triggers, but sometimes it's the accumulation of triggers. That kind of precipitates pain, and how sometimes it is just random, even if we're doing everything perfectly. It is kind of a chronic condition for some people

Emily Foxen-Craft: so sometimes understanding that that it's there, and it's real, and that sometimes maybe it's partly related to stress, and maybe partly some of the time. There's other things going on, too. And so, though that piece of education can be very real, and then helping them connect it to their daily lives and their functioning. So understanding. Okay, you know, and being able to articulate when I have a headache, it's it's difficult for me to concentrate or difficult for me to

Emily Foxen-Craft: be up and moving or doing my sports or you know, sitting at a desk or talking to people or going to a movie theater with bright lights and just kind of starting to appreciate what is challenging and connecting the pain to the function.

Emily Foxen-Craft: in terms of some of the nitty gritty with the health care provider being able to go into a session or an appointment, knowing that sometimes they're very brief, and I think, coming up with a key list of questions that are important to be answered. So maybe the most important questions they also want to hear from their health care provider.

Emily Foxen-Craft: What's going on with me? Why do I have headache, or what it? Why is this a headache and a migraine, or why are you not recommending scans or imaging do you think I have a brain tumor? Those are, you know, great questions to make sure you get out there, because sometimes the physician may not appreciate

Emily Foxen-Craft: that. That's those are the questions that they're coming in with. Just, you know. They they don't read their minds either.

Emily Foxen-Craft: and being able to come in and make the most of that brief time that they might have with somebody. Or why are you recommending this medication, and not this medication or what side effects. Obviously they'll go over those. But you know, making sure that they're being able to focus and ask the questions that they that they really want to know. So those might be some nuggets of things to think about when working with somebody who's maybe about to see

Emily Foxen-Craft: a specialist for the first time, maybe, or has an upcoming appointment, is kind of coaching around. What? What are the most important questions to be asking? Next with school and workplace. Some things to think about is just helping the individual appreciate. How much do I want to share? How much do I not want to share? That might be especially more

Emily Foxen-Craft: relevant in a workplace with them, with school, with a workplace, you know, talking about thinking about okay, how much is this impacting my work directly? And is it worth bringing up

Emily Foxen-Craft: something with? HR. What kind of documentation might I need to bring to support a request for accommodations, and kind of, I think, empowering somebody by thinking through well, what accommodations might help me.

that I think my company could reasonably offer so that you're not putting the that they're not putting the burden all on this HR representative who may not be in the healthcare field. They've done an undergraduate in psychology or something, and moved on with their career and being

able to partner with them to empower them and say, here's what I wanna ask for. And here's some information about my diagnosis. So you know, it's not

I.

Allison Puryear (she/her): Just a headache, right? And that just a headache thing that feels like the maybe the hardest part of communicating with people is

Allison Puryear (she/her): either fearing or knowing. You will be met with that response of like, Yeah, with the event prevalence. Like, we all get headaches, basically like, welcome to the club. I'm still going to work. I'm still fully functioning. And that projection that somebody who does have headaches and is getting by just fine may have on somebody who has headaches, but can't like. They just truly cannot function at the same level.

Emily Foxen-Craft: Yeah, I like to when I'm working with an individual kind of help them create a pretty script that they share with other people, whether it is, you know, friends or colleagues, or

Emily Foxen-Craft: we're, you know, people that are in positions of authority, to which maybe, you're asking for accommodations or things like that, and of course preparing them, that you're probably gonna tailor, it depending on who that person is, and how much you want them to know, or how close they are to you, but kind of having a starting place with a script, I think, alleviates a lot of that anxiety, and also makes those communications in our interactions go a lot better. So the portions of the

Emily Foxen-Craft: script. And again, this, like ultimately only takes like a couple of seconds to say, but it takes some forethought to prepare it. Is a name of a diagnosis and a brief explanation, so they might say, I get migraine. That means it's a really intense migraine. It occurs at random, but sometimes up to a few times a week, and it means that you know, I can barely even sit up without my head absolutely pounding, or

or it means that the bright lights of my screen are really painful to me, or it means that my vision is even clouded, or something like that.

Emily Foxen-Craft: just a brief, a name, and a brief explanation of what they're actually going through to help somebody appreciate that this may be somewhat similar, or maybe different than a personal experience, or something that they're expecting. And then the next portion of it is again a sentence or 2 customized. What a person is comfortable with disclosing

Emily Foxen-Craft: but something, you know a little bit about their treatment, or what they're doing about it, or what they're requesting. For. So, for instance, that means that you know I take medications, and I keep a strict routine. And that, you know. I'm gonna I always try to persevere.

Emily Foxen-Craft: but I may need ex additional absences, or additional PTO or flex time, or something like that, or school based accommodations. And so or I might need to miss something sometimes

Emily Foxen-Craft: so kind of a a little bit of a combination of of things where we're again naming the diagnosis. If you feel comfortable. A little bit of a brief explanation about what you actually experience.

Because again, people come in with a lot of expectations, or sometimes like, I've never heard of that kind of thing.

Emily Foxen-Craft: and then a brief explanation of what you're kind of already doing about it. And and or you know what the ask, is it our

Allison Puryear (she/her): headaches or migraine, like protected

Allison Puryear (she/her): via like FMLA or ADA, or is there any sort of legal protection for keeping your job? If you do need accommodations?

Emily Foxen-Craft: Yeah, yeah. I mean, FMLA could be used, especially if you're a parent caring for a child who may be hospitalized, or something like that, and you should be able to get workplace accommodations. Sometimes those who are a little harder to come by depends on the size of your business and things like that. But certainly in schools, students who are enrolled in public schools

Emily Foxen-Craft: have the opportunity and the right to pursue something called a section 504. Plan which is kind of like an IEP, which some of you may be familiar with an individualized education plan, and the way I like to break it down for families as an IEP is often providing services within that education plan. These are not exclusive categories, but that's often the case.

and a section 504 plan is more providing focus on providing just the accommodations how to kind of level that playing field in a way. So

Emily Foxen-Craft: there's a number of things that a a parent in a school might put in a plan depending on their child's needs.

To set them up for success, provide some accommodations, and it's under the idea of other health impairment categories. So this is not a learning disorder or something like that, but it's an other health impairment that is built into the law, and they should under idea, and they should be able to get accommodations. Even if your student is in a private school, they often have similar plans. But

Allison Puryear (she/her): sometimes just less protections. But what that does is, it means that the schools on board with and you once this kind of sign, there's legal protection in place. That is the plan, and all teachers of a student should be complying with it.

Allison Puryear (she/her): I really hope everybody who works with kids or works with adults who have kids who may have headaches or migraines like really heard that. So back it up, and let's do it again, if you need to. But I think, knowing that there, there are accommodations out there. For kids can make life so much easier for those parents

Emily Foxen-Craft: absolutely take the stress off of. Should I push them to go to school today? Should I not even alleviate the stress for the child sometimes knowing?

Emily Foxen-Craft: Oh, like I don't. I'm scared to go to school today because my head is really hurting. But I know that place to go if I need to take a break or a rest, or I know that I'm gonna get notes from my teacher after. So all I have to do is sit and listen. I don't even really have to like focus on taking notes, or if I do, miss, I'm not expected to tap all the work ready the day I get back to school. Because that would be really stressful and may lead to more absences

Allison Puryear (she/her): right? Right?

Allison Puryear (she/her): And so you'd mentioned with like FMLA, if your kids in the hospital. But would it, Co. Would you be covered for time away if your kid just was home from school? Is that? Does the bar not high enough like? Is the bar too low there, or too high. Rather.

Emily Foxen-Craft: That's a great question. I have not coached as many families around that, and I know some families have, you know, more flexible hybrid positions now that have made such accommodations. And usually, when I'm working with children, I'm really trying to help them avoid some of those more of those absences than necessary. So that's ultimately not. The goal is to be kind of stuck in that position. But I have helped some families. You know, document

things, especially when it comes to appointments and things like that or hospitalizations or treatment to document that the parents need for time off. So if somebody's coming to see me and they bring in some FMLA paperwork for the time that they had to take off to drive their kid into my office

or pick them up from school to do a virtual session. We can document some of those things, at least, so that much I can say, okay, wonderful.

Allison Puryear (she/her): I'm thinking about another category you mentioned in communication was like partners and kids. If you're the one who has it.

Allison Puryear (she/her): And just thinking, you know, as a mom, there's just so much work goes into like having a household. That in an ideal world is shared evenly across partners. And

Allison Puryear (she/her): how, when one partner does have to pick up the other person's work because they're sick, it can be very difficult like

Allison Puryear (she/her): it. It's fair that the person who has headaches or migraines gets

Allison Puryear (she/her): gets to take care of themselves, and it's also fair for the person who's doing more work to feel some frustration around that.

How do you help people communicate with their partners

Allison Puryear (she/her): about their needs and the family's needs as well?

Emily Foxen-Craft: Absolutely. I think you're right. I think we all kind of come in with the expectation around things like, Oh, if somebody's has the flu or other illnesses, and you know. Of course I'll step in and step out, and I would never make you feel bad for it. But when it's something that becomes a chronic, and it's occurring frequently.

Emily Foxen-Craft: or B, it's something that we kind of feel like we understand ourselves. And we're like, I push through a day with a headache that can compound, maybe even just tiny, lingering feelings of frustration on behalf of the partner who is picking up the slack.

Emily Foxen-Craft: And then the person themselves, like you said. A lot of us hold expectations for ourselves

Emily Foxen-Craft: and are doing a lot, and we may feel a lot of guilt around taking time off. And then that doesn't really feel like the self care that we're supposed to be doing really become this, this vicious thing, where both everybody's mad at themselves and and kind of the other person for for their perceived communication. So a few things that I would suggest is,

please don't get into an argument and get into it in the middle of the experience, right? So from the middle of a migraine.

Emily Foxen-Craft: not the best time to like start thinking about a long term strategy or approach

Emily Foxen-Craft: some things. That might be helpful to kind of have an action plan. Just kind of talk it out when you can have a moment of calm and think about, okay, when I am experiencing this, maybe there's different levels and we do different things. So if I just have a headache, or you know it's not that a bad. Let me take a 20 min break, and I really need that 20 min, but that will allow me most of the time to get back to things, or if I you know, it's a really bad day, I need to take my board of medication. It's gonna put me to sleep.

Emily Foxen-Craft: This is what this is what I need, and and try to partner together and realize that hopefully they're in it together in a way. And you know, recognizing that there's a lot of different things that we all do to support one another, that

Emily Foxen-Craft: maybe are sometimes visible and maybe not. And if somebody is genuinely feeling like they're doing more than they used to, or more than before. It's a good time to revisit how we can support each other in all different kinds of ways. And I think another thing is, if there are children in the home recognizing that you're being a role model in a lot of ways, and it doesn't always mean

Emily Foxen-Craft: pushing through and pretending something, isn't there? I mean, I think that resilience and saying, Hey, mom has a headache today. Let's be quiet, and let's show like that's how we're gonna show kindness to each other is by being a little quiet for a little bit, and then we can all feel better and play

Emily Foxen-Craft: and you're modeling those positive adaptive coping. And you know it. And I'm you know, I'm gonna take care. And then I'm gonna get better. And we're gonna continue going on and things like that. So you know, whatever's relevant, it's hard for me to extrapolate what we might be relevant for each particular circumstance. But I think, remembering that this is an opportunity as well as a burden. So hopefully, there could be a double side to that. Yeah, absolutely.

Allison Puryear (she/her): can we talk about like tools that we have

Allison Puryear (she/her): to deal with, manage, experience, pain. Either the tools we already have or the tools we can gain.

Emily Foxen-Craft: it can be helpful

Emily Foxen-Craft: as clinicians. Yes, I think many therapists kind of get mystified when it comes to something that sounds medical, like headache or migraine and again, if this, especially if it's something you experience and you struggle with it could feel like, well, what am I supposed to do to try to help? But I encourage people to just kind of take stock of your kind of therapists toolkit and realize that a lot of what you have to offer that can be modified pretty simply and used to help somebody

Emily Foxen-Craft: so thinking about what an individual might be struggling with. Is it knowledge? You can read up on things and learn things and help somebody distill, distill it down and explain it in in a way that matches their needs and visual and creative kind of ways.

Emily Foxen-Craft: Do they need help communicating with somebody. That's something that you maybe don't know exactly what to help them communicate with. But you know how to help people communicate and kind of learning from their experience and saying, Okay, okay. Now, I know, you know that this is these are common communication tools that I use in other kinds of areas that I can use with somebody.

Emily Foxen-Craft: Motivational interviewing is sometimes a huge thing that could help with any kind of behavior change. So if somebody is trying to get on a better sleep schedule because their doctor recommended it. But they're really struggling. Can you maybe start with some motivational interviewing and some sleep hygiene that you know about from other

Emily Foxen-Craft: diagnoses, that you help the individuals with their conditions, that you help people with relaxation, training, cognitive reframing to develop more adaptive thought patterns, to cope with the stress and burden or the avoidance that maybe comes up with headaches or different kinds of pain. Disorders are things that a lot of people with broad training and things like CBT or other

Emily Foxen-Craft: similar approaches, are things that you probably did help with. People with other kinds of diagnoses. And then, finally, also recognizing that when somebody's coming to you with headache, they're also probably coming to you with other things, too. Like.

Emily Foxen-Craft: maybe they're stressed. Or maybe they're upset. Maybe it's about the headache, or maybe it's about other parts of life. And those same techniques that you are thinking of using for those other conditions, like anxiety or depression or trauma, are going to have a ripple effect. We're all interconnected. These diagnoses are not completely separate. They're all with, you know. We all have these interconnected experiences. And so the things that you were probably thinking of helping will probably have a ripple effect

Emily Foxen-Craft: that being said, the things that you might wanna educate yourself on are the core components of different recommended treatments for headache and migraines. So one of the best studied ones is CBT, but there's certainly a lot out there with ACT pain reprocessing other kinds of approaches that have been adapted or developed for head helping with pain or pain. Conditions so might read up on on. Those are in or how they've adapted techniques that you already know how to use.

or what are the actual behaviors that I might want to help somebody do? What are the kind of

Allison Puryear (she/her): actual ones that have the best evidence. To help somebody or you know what kinds of relaxation techniques might be most useful for this individual. Or let me read up about the experience of people with headache and migraine. So I kind of can kind of anticipate what kind of symptoms functioning challenges they might be experiencing are there, and I know we'll have some listed. But are there good places to start in finding reliable evidence?

Allison Puryear (she/her): Cause there's so we're gonna talk about some myths in a second. But there's so much out there of like, if you breathe too close to your cell phone, you're gonna have headaches and brain cancer. So

Allison Puryear (she/her): how do people find what's reliable?

Emily Foxen-Craft: That's a great question. I would start with Peer reviewed research if you wanted to just get down to it and read it from the actual original source, because everything that's gonna be second hand will have a slant or an a lead to it. But another great area that is a

little bit more approachable might be the American Migraine Foundation. They have a lot of great resources for clinicians and for individuals and families.

We have some infographics and articles. That will walk you through a little bit about what is headache and migraine. Some of the triggers and factors and things about workplace accommodations or lifestyle things that might be good places to start just getting a sense of where things are.

Allison Puryear (she/her): no, I'm not gonna ask that question. I was gonna ask you if there were some places not to look like specific places that are

Allison Puryear (she/her): maybe disreputable. But we don't need to necessarily do that.

Allison Puryear (she/her): what are some

Allison Puryear (she/her): headache, hygiene, or lifestyle changes that we can specifically share within therapy within our scope? That can help people manage the pain when they're having a headache and kind of strategize like you were talking about with family, with work, with all those things in order to

Allison Puryear (she/her): make it less bad when it's going on.

Emily Foxen-Craft: Yeah, that's a great question. And this is definitely not an exclusive list. But I think the 4 top areas that have been promoted in the literature, and that individuals anecdotally seem to experience benefit from our sleep.

Emily Foxen-Craft: hydration, nutrition, and physical activity. Those can all be difficult in their own ways. I think the most impact. Often people experiences with sleep and hydration seem to be 2 really big ones with really good backups for

Emily Foxen-Craft: for for impact and and outcomes with behavior change in those areas. But certainly other factors of diet, and physical activity. And usually I present to some of those areas I highlight what I'm seeing. Oh, this is what you're doing already. Really. Well, these are areas that we could optimize and let somebody collaborate with me. Hey, what? Where do we wanna start? So, although there may be more impactful ways that we think somebody should start. It's really about what they're ready to start addressing.

Emily Foxen-Craft: And so with sleep. We're looking, not just how long somebody's sleeping. And most people underestimate how much. They're actually sleeping. And most people also underestimate their actual developmental needs. So sometimes, starting with a sleep log because our memory can be. Oh, yeah, I get in 8 hours a night. And then you look back actually, the last week, and maybe got closer to 6 or 7 most nights.

Emily Foxen-Craft: so those can be a good place to start. But we also care about the quality of that sleep as well as the consistency. Is it all over the map in terms of what hours we're going to bed and waking up, or is it relatively stable?

Emily Foxen-Craft: So those are the qualities, the sleep that I'm looking for in trying to optimize before we move to hydration. I'm curious. Like I have an Oura ring. It gives me all my sleep data every morning. I love it. I know how much deep sleep I got, like all these various things

Allison Puryear (she/her): for people who don't have a tool like that when you're looking at like the quality of their sleep. How are you measuring that? Or how are they explaining that to you? So you can assess it?

Emily Foxen-Craft: Sure, I think some of the at least things that I start to ask about is, how long did it take you to fall asleep? And do you at least remember waking up in the middle of the night. Then I think about those wearable technologies like the or ring, or fitbits or apple watches. Is there gonna be tracking more data related to movement and so they might be able to tell. You know, if you had some restless sleep that maybe we're not cognizant of overnight, or you don't remember in the mornings you weren't fully forming those memories. And then, if they are, let's say they're having restless sleep.

and that then that next day they end up having a headache like, are you making that correlation? And then how are you helping them have less restless sleep.

Emily Foxen-Craft: Yeah. So sometimes I mean, again, important to check in with healthcare provider. Sometimes things like restless leg syndrome are triggered by error and efficiency. So that's a simple blood test and some examination and history taking could reveal that. And if somebody is waking up a lot in the middle of night or having trouble falling asleep. And that's a time to bust out some head, sleep hygiene techniques and again work with somebody to try to see?

Can we start to implement these and then maybe not immediately, but over time. Maybe we notice that we're having less headaches or that we become become a little bit resilient impact on our sleep. And so the kind of techniques we pick might be a little bit different, depending on. If it's something where I'm waking up in the middle of the night, and I can't fall back to sleep again. Or is it something where I'm having trouble settling down in the first place.

Emily Foxen-Craft: got it. Okay, great tracking things and learning about those patterns, especially if somebody is not sure if it's something that they wanna change or doesn't feel like they maybe can make a change. Sometimes, just starting with just tracking

Emily Foxen-Craft: so logging your sleep what you were, and if you don't have something like a wearable.

Emily Foxen-Craft: Just as soon as we wake up in the morning. Put down when you went to sleep the night before. What time is it that you're waking up, and any memory that you have about? If it was hard to fall asleep.

Emily Foxen-Craft: or to you know where you waking up in the middle of night. Your memory is gonna be freshest at that point, and just seeing, you know, and then tracking maybe the headache frequency. If that's the outcome of interest, or just how tired you are, things like that, and just starting to make those connections. And if there is something there. Then maybe there's something to more specific and focus to work on as opposed to some of these, like broad lists of things that we all know we're supposed to do. But

Allison Puryear (she/her): right.

Allison Puryear (she/her): okay, great.

Allison Puryear (she/her): So let's talk about hydration what are you looking for there.

Emily Foxen-Craft: sure, so obviously, you know that I think you may have seen different headlines. So it is 8 cups of water. It's not 8 cups of water. Sometimes a physician may be able to provide a weight based recommendation of water intake. But it's so different person to person.

based on our activity levels our sizes what we're used to. But some things to look out for is, if I'm only drinking when I'm thirsty, that's probably a sign that you're dehydrated

Emily Foxen-Craft: and we also say, to try to drink as best as we can, consistently through the day, as opposed to trying to chug it all right before we go to sleep at night or something like that. And so, you know, usually, if somebody is maybe drinking way less than their recommendation, maybe we either start with that big goal. Or maybe we just add in a little bit at a time, and see when we start, if and when we start to feel better.

And so sometimes, and that's sufficient. Or sometimes we need to also maybe also address the sleep too. And it's kind of those combined effects that can be helpful, but hydration can be huge if somebody is dehydrated, may not take care of all their headaches, but it could be a big portion.

Allison Puryear (she/her): I wonder you've worked so much with kids and have so much experience with them. If it. My personal experience with human beings is that kids are less right? Yeah, I've got mine right here. Kids are less excited about staying hydrated and maybe dislike water more. And things like that. The most adults I know. How do you? How do you get them drinking?

Emily Foxen-Craft: Yeah. Great question. I definitely don't have the magic bullet, but I will say, trendy water bottles have kind of been a nice thing for improving interest in hydration. Although I don't have one myself. It's kind of that. If the fact that water bottles are the new, if they

Emily Foxen-Craft: but I think, yeah, it's about figuring out what the actual barriers are. What is actually getting in the way, is it that I don't use the bathroom at school? Is it that? You know I always forget my water bottle. My locker is that I don't like the taste of it. Or maybe my water bottle isn't the best. It's like always spilling and loose on me. Or is the fact that my mom's just nagging me, and I just don't like that part of things.

Emily Foxen-Craft: kind of figuring out what it is, or I just pure forget. I just don't remember, it's not on my mind. You know, kind of figuring out what the sticking point is.

Emily Foxen-Craft: and then going from there and kind of saying, Okay, are you willing to think about something? Hey? You know what? This is? Something that we can try and kind of doing that motivational interviewing to see if they're even open to making a change, and then focusing the strategies on their actual barrier rather than just saying, Oh, you should just use the water bottle with the numbers on it. I mean, that might be the right strategy for them, but it might not be addressing their main issue.

Emily Foxen-Craft: Umhm. Yeah. They're a teenager. Get them away from their parents and see if they're often a lot more willing to to consider making a change in in some of these health related areas when it's their own perceived as their own decision.

Allison Puryear (she/her): I'm thinking about how I think we talked in the pain conversation about my daughter has migraines and thinking about how, for my the way my brain works is.

Allison Puryear (she/her): I can avoid

Allison Puryear (she/her): this awful outcome if I do this thing, and so I will do the thing because it is very clean and simple to me and my most logical self.

Allison Puryear (she/her): But that doesn't work for most people. Is there?

Allison Puryear (she/her): a way to encourage that, and to continue to make that correlation in a way that's not shaming of like? Well, if you just drink your water. You wouldn't be having this, you know, like I don't wanna come at it like that. How would you guide parents or even like

Allison Puryear (she/her): your own self talk. If you need this, how would you guide that?

Emily Foxen-Craft: Yeah, I think. Well, it starts before we start talking about hydration. So before I, you know, start talking about hydration. We're talking about how headaches and migraines are complicated, and that there's lots of factors that go in, and some of them are in our control, and some of them aren't. But even the ones that are under control, they can feel unrealistic or unsustainable, and they're maybe not as exciting or fun to do.

And then we look at the people around us, and they don't seem to have to care about hydrating or sleeping while, and they're feelin fine and just acknowledging that.

Emily Foxen-Craft: And then saying, Okay, can we find small ways to improve this in a way that feels sustainable in a way that feels authentic and fits in your lifestyle and see if it's worth continuing on with. And if every change that we make is a little bit of an experiment. Let's try it for a week or 2 and then see what happens. But you're right also

Emily Foxen-Craft: for many of us adults. But definitely, you know, younger kids that long term reward of being rewarded with less headaches, or that removal of that aversive outcome may not be quite enough to make a change today. And I think you're right kind of building it as a positive. So a couple of things come to mind. First of all, if you are a parent, and you're trying to get your child to do this is the whole family hydrating.

Emily Foxen-Craft: or are you putting it on? You're the one who has to hydrate the rest of us can think about whatever. So whether it's sleep or activity or hydration kind of not punishing somebody by making it a whole. This is something we all do to be healthy, and it might be extra helpful for you, too. Let's see what we support it, and make it not feel like, Oh, they have to go do their laps around the block and weird sitting at home watching TV, or something like that, or everybody else open. Get your water.

Emily Foxen-Craft: So that that's one of the first things that comes to mind. But certainly there is a role in a time for sticker charts and rewards especially when something doesn't feel as motivating. In the first place. And that's something you can do for yourself as an adult and you can decide. You know how often you reward yourself, or what the outcome is that you have to do to achieve it.

Emily Foxen-Craft: Things like that. And that's something I partner with people to figure out what's what's the right way to frame that for themselves. And there are a couple of cute apps out there that are motivating because they kinda keep track of things. And you can kinda see your progress and you know, if it's something that you're if your phone is something, excuse me that you're already using, then why not leverage your techniques or tools that you already have?

Allison Puryear (she/her): Yeah, absolutely.

Allison Puryear (she/her): So let's talk about nutrition. I'm guessing. This is also where a lot of the myths may come in.

Emily Foxen-Craft: So we can also weave in myths through this. If that makes sense, or we can talk about myths after. Yeah. So I always caution individuals. And I would encourage a therapist to caution anybody they're working with. We are not dieticians unless you are also a dietician,

in which case amazing, wonderful. That sounds like an amazing combination of skills. But if you're not a dietitian, we cannot prescribe diets, but we can work with dieticians, physicians who are making recommendations to

Emily Foxen-Craft: help people make those lifestyle changes, and or if somebody comes to you and says, Hey, I think it would be helpful if I worked on, you know, eating this way. But I'm struggling. You can definitely help them, too. But things I might pause it. I might suggest for somebody, or to be thinking about. Are we skipping meals?

So that could be a trigger for headache or migraine is the kind of fluctuations in fuel or energy that your body is giving. So if a

Emily Foxen-Craft: person or child is telling me like, Oh, I just don't like eating in the morning, and I don't need till like lunch until like one or two o'clock, and then and then I eat a big dinner right before I go to bed at night.

Emily Foxen-Craft: Those might be things to consider experimenting with and seeing if maybe spreading out that even eating something tiny in the morning, if that might be something that could be helpful. For them.

Emily Foxen-Craft: I think the myths start to come in when people really want to kind of find a food trigger, and that is definitely true in a small portion of the population that food, certain foods are particular triggers, and I feel like it's a tri, an attractive idea, because it feels like something very much in our control. If I just don't need that thing, then I'll feel better. So we search and search and search. We keep all these diet logs to try to find that magic thing that if I just didn't eat it

Emily Foxen-Craft: I would be okay. But thinking about the likelihood that that is the case for you. And first of all, all that time and intensive work to consider everything that you're eating and trying to track that temporarily. With a headache can be tricky and also difficult to know, like how far in advance, what I've have, I have had to feed in it to count as a trigger, but then, certainly I feel like we've talked about the impact of headache and migraine, and that's already enough.

I would really hate for somebody to feel like they had to give up a huge food group things like dairy or gluten or sugar

Emily Foxen-Craft: when when may it may not be necessary, so I encourage them if they are starting to notice these temporal or chronological patterns like, Oh, okay, when I do eat, you know this kind of a meal or these foods, I am feeling worse than maybe start to log that, or maybe talk with the specialists to understand

Emily Foxen-Craft: food and diet, and can make you help you go through the proper tests to determine if it is something you should try eliminating or trying modifying

Emily Foxen-Craft: but if it's not something that you've even really detected for yourself. Then I think there's these other categories that we know have some strong evidence that they could help. So maybe let's start there.

Allison Puryear (she/her): Got it. And then what about physical activity?

Emily Foxen-Craft: Yes, that's a tricky one, with headache and migraine, especially because one of the criteria for migraine. That is one of the some of the main things that are

Emily Foxen-Craft: kind of almost definition of migraine is that sometimes exercise provokes or exacerbates pain. What's already there. So physical activity can be a tricky one, because.

Emily Foxen-Craft: on the one hand, it can make things worse. On the other hand, long term and being active, can actually be a prevention in some ways. So somebody. So this may be complicated and may end up requiring some help from a physical therapist. Maybe such as a [...] physical therapist.

Emily Foxen-Craft: But if it's not something that's happening every day, like every time I get up and walk, it's starting to hurt, or I completely cannot do my sport every day, because every time I try I'm immediately knocked out with a migraine

outside of those things there's things that a therapist might be able to help, encourage that might be able to help. So if somebody's kind of starting with not being able to do any activity, can we help guide them and taking some baby steps to literally baby, maybe maybe take some baby steps of outside or on a treadmill, if it's I see like it is here in Michigan today.

Emily Foxen-Craft: you know, or some gentle stretching yoga and seeing if some of those things start to help and then building progressively up from there. If they are particularly sensitive, and we might really stick with some of those things that don't involve a lot of head movement.

Emily Foxen-Craft: But I really kind of let them be the guide and pick things that they're kind of already interested in trying and going from there rather than prescribing. Oh, you should do, yoga, and they're like, I hate yoga. Well, then, that's probably not gonna happen right?

Emily Foxen-Craft: So I think I think I think what I'm trying to say is that there's we're trying to promote a stable level of activity. Maybe a little bit of cardio, moderate, mild to moderate, moderate, cardiovascular. Has some evidence to support that can play a prevention role in headache or migraine. And sometimes people actually say, getting moving actually makes them feel better.

Emily Foxen-Craft: And then sometimes that kind of having that baseline of activity can actually make the fluctuations and activities. So then I you know, I go for a job, or I'm playing a game, my game of basketball, maybe because I have this foundational layer of

Emily Foxen-Craft: physical activity and physical fitness. That sudden change doesn't provoke the sudden change in heart rate, that going from being completely sedentary to moving around us, or whatever other mechanism might be in place.

Emily Foxen-Craft: To be a little bit more resilient to those changes, because you don't have as much a discrepancy.

Allison Puryear (she/her): And I think about like the activity when feels very there is no difference between the mind and the body. Right? Like we think about how helpful activity is for our stress levels. We think about how helpful activity is for most of our systems in our body, and how it makes sense that that is an important and helpful

Allison Puryear (she/her): option. I think like as we speak. I have had a headache since yesterday, because I overdid it at the gym and was lifting away to too heavy for me.

Allison Puryear (she/her): and as a result the wrong muscles got involved

Emily Foxen-Craft: right. And so I've got like a tension headache from those muscles trying to help support this thing that I shouldn't have been doing so. You know, it's a

Emily Foxen-Craft: yeah. A lot of people with headache kind of tell us that they have a lot of that tension in their shoulders and their neck. And sometimes it goes both ways like you said. Sometimes we are tense, and either because we overdo our lifts at the gym, or because we're sitting with a lot of tension, and then that can trigger that cascade upwards. With a headache.

Emily Foxen-Craft: or sometimes it's a posture that we take kind of to compensate for the experience of pain in our head. We kind of naturally tense up, or it could be a symptom of the headache or migraine itself, for some people that causes neck pain as well.

Emily Foxen-Craft: so it kind of goes in in a little bit of tricky both ways

Allison Puryear (she/her): absolutely. And I also know if I take a walk it'll feel better right like.

Allison Puryear (she/her): so it's it's messy and thinking about like the fluidity of that for our clients that you know they might be like. Well, I tried that, and it didn't work, and to help them, maybe try different or new, or again, or something like that. With each of these, with sleep, high sleep, hygiene, hydration, nutrition, activity, like all 4

Allison Puryear (she/her): do you usually start with just one. Or do you try to? Yeah.

Emily Foxen-Craft: like, yeah.

Emily Foxen-Craft: yeah, that was a simple one. Yes. The answer is, yes.

Emily Foxen-Craft: I typically encourage, even when they're coming in with a lot of enthusiasm like, yes, I'm ready to do all the things I say I love. I love this enthusiasm. I love this energy. But let's think about what the energy is going to be like when you go home, and you have all the different usual demands on you. So you may be excited in our office or on our video. Today. I appreciate that, and I would love you to take it with you.

Emily Foxen-Craft: But let's at least maybe prioritize one area. And then, if you're feeling ambitious, here's one or 2 other things you can do that day.

Emily Foxen-Craft: But I think we see the most successful. We kind of narrowed down the scope of our goals and do it in a progressive way. So let's start with one area and then layer on with the caveat, that sometimes it does take a few things working together. So just because improving our sleep didn't change. Everything doesn't mean we should abandon our good sleep practices and then start, you know, hydrating or something like that. So

Emily Foxen-Craft: it's a little bit of a caveat, and and sometimes the the things do complement and augment the benefits of one another

Allison Puryear (she/her): absolutely. Are there any other myths that we should be cognizant of going into these sessions with clients.

Emily Foxen-Craft: Let's see, I think we covered a couple of the big ones that the kind of misconception around food triggers. Again, it does happen for some people it's just not as common as most people think

and the fact that migraine is not just a bad headache.

Emily Foxen-Craft: but be sensitive and going kinda going with the flow. If somebody uses particular language to describe their experience. We're not here to shame them. Feel like you're wrong, you know, maybe providing that education like Hey, you know what? When your doctor talks to you about your headache or migraine, they might mean something a little different than you might be trying to convey. Does that, maybe. Has that ever caused any troubles for you, so that that might be an area to to kinda help somebody navigate but also maybe

Emily Foxen-Craft: maybe more impactfully thing people in their lives to be able to understand.

Emily Foxen-Craft: I think yeah, I think those are kind of the the 2 big ones that come to mind. But I've been in this field for a long time, so I think sometimes the the myths and

Allison Puryear (she/her): obvious for me. Right?

Emily Foxen-Craft: Yeah, I think sometimes one of the things that we as therapists should maybe be sensitive to is that a tension type headache? Oh, oh, it's just stress. And it just gets kind of turfed over exactly to us. And I'm excited about that because I'm excited that people appreciate the role of what we can offer to help.

Emily Foxen-Craft: At the same time.

Emily Foxen-Craft: I want to validate the experience, and that the truth that it is

Emily Foxen-Craft: it is always both right is always a biological and and an emotional psychological experience. It's really hard to completely disentangle one or the both of them. And so sometimes it does mean there's more of a role of one of those approaches to take in treatment. But I always joke that. It's not all in your head. I mean it is all in your head when it's a headache or a

Emily Foxen-Craft: for the most part. But

Emily Foxen-Craft: either way, it's not not all in somebody's head, just because they're seeing a clinic, a therapist or a psychologist to help right

Allison Puryear (she/her): awesome. Thank you so much for teaching us about this. I'm really grateful. And I feel like as a clinician. I'm able to have a deeper conversation with my clients when they're struggling with headaches or migraine much better questions to ask them than I had before. So thank you.

Emily Foxen-Craft: Thank you for this opportunity.

I hope that broadened your clinical horizons! Head over to notboringces.com to get your CE credit. Wanna have a Not Boring conversation with me about your clinical area of expertise? You can apply there, too. If you like this conversation, leave us a five star review, tell a friend, and be sure to subscribe for future conversations.