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SCHOOL-BASED TREATMENT OF HEADACHE IN ADOLESCENTS:
AN EVALUATION OF A BRIEF COGNITIVE BEHAVIORAL PACKAGE (235 pp.)

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The purpose of this study was to expand on previous research evaluating the efficacy of school-based, therapist-assisted treatment of chronic headaches in adolescents. Specifically, this research study identified treatment components from previous studies (i.e., psychoeducation, cognitive-behavioral, relaxation techniques) that were demonstrated to be effective in reducing headache activity (i.e., frequency, intensity, and duration) in participants. This study integrated aspects of these components into a brief treatment package designed to be implemented within the school setting and delivered by a school-based mental health professional. It examined the effectiveness of the treatment package on headache activity in middle school students using a multiple baseline across participants design with continuous measurement of headache frequency, intensity, and duration through baseline, treatment, and follow-up phases. Secondary measures of quality of life and social-emotional functioning were taken at pre- and post-treatment intervals. Measures of social validity and treatment integrity were also utilized.

Results indicated that the treatment program effectively reduced headache activity in all three parameters (frequency, intensity, and duration) with mean Nonoverlap of All Pairs (NAP) scores of 0.93 (medium effect), 0.87 (medium effect), and 0.91 (medium effect), respectively. Secondary outcome measures showed no significant impact on

quality of life as rated by participants and parents. No significant impact was observed on social-emotional functioning as reported by participants. However, significant improvement ($p < 0.01$) was reported on internalizing and total social-emotional functioning by parents following treatment. Additionally, both participants and parents reported high treatment acceptability.

Despite some observed limitations, several implications arose. First, the successful application of a multi-modal treatment approach to headache supports previous research findings. Second, the school-based delivery of the treatment program provided ease of access to a service not readily available to all consumers. Finally, remediation of headache activity and its effect on quality of life and social-emotional functioning requires further investigation. Implications for research and practice are included.