

TRAFFIC LIGHT APPROACH TO CONTINGENCY MANAGEMENT WORKSHEET

Please use the article found at [torontoconcussion.ca > Education > Library > “Headache: Problematic Reactions”](https://torontoconcussion.ca/terminology/headache-problematic-reactions/) (<https://torontoconcussion.ca/terminology/headache-problematic-reactions/>) to learn more contextual information about this exercise.

OBJECTIVE OF WORKSHEET



Red headache	“I have to STOP ”
Yellow headache	“I have to SLOW DOWN ”
Green headache	“I can still GO ”

Taking into consideration the traffic light classifications above, **create a contingency plan** for red, yellow and green headaches in the tables in this worksheet.

1. Use the “PROBING QUESTIONS TO HELP YOU DEVISE YOUR CONTINGENCY PLAN” section at the end of this worksheet to help you identify maladaptive and adaptive behaviours that you will plug into the tables in this worksheet.
2. **Remember that the goal of a contingency plan is:**
 - a. To minimize the reinforcement (i.e., support mechanism) of pain behaviour;
 - b. While maximizing the reinforcement of well behaviour;
3. Think of how you will reinforce well behaviour and how you will curtail the reinforcement of pain behaviour.
4. Remember, if your response to your headache is highly variable, it’s unlikely that that response behaviour is a reinforcer of your headache.
5. Your contingency plan is a work-in-progress; feel free to continually upgrade it as reinforcement mechanisms to your headaches become apparent.

REMINDER OF RELEVANT PRINCIPLES

Examples of pain behaviours include things like: complaining of your headache; lying down; withdrawing from what you’re doing; taking medication; tense body postures/facial expressions that express pain; grimacing/moaning; rubbing your temples; preparing your environment in preparation for painful stimuli (e.g., getting the degree to which the shutters are semi-shut “just right”, extended periods of time in setting up your area ergonomically, keeping the lights off, wearing ear plugs, hot water bottles at the ready, etc.), procuring and/or receiving sympathy from others, etc.

Examples of well behaviours include things like: talking about your plans for the day; being emotionally present with yourself and others; joking and smiling; assertive posture; focusing on the task at hand; taking cognitive or refreshment breaks; participating in activities that bring you joy, see you productive, or see you serving a higher purpose that you value; taking interest in others, etc.

Reinforcement of pain behaviours – either by yourself or others – is not desirable.

- Pain behaviours are best met with “social unresponsiveness”

Reinforcement of well behaviours – either by yourself or others – can be classified as negative or positive.

- Positive reinforcement: this can be seen as a reward that is given to encourage the well behaviour.
- Negative reinforcement: this can be a little more challenging to conceptualize. An example of it could be removing the stress involved in continuing with your activity (well behaviour) in the face of a headache by employing relaxation strategies.

INSTRUCTIONS ON HOW TO USE THE TABLES ON THE NEXT THREE PAGES

1. Behaviour (Pain or well behaviour?) column:

For each category of headache (i.e., red, yellow, green) document:

- a. Your stereotypical responses to your headache. You may have to ask others around you about what are the “tells” that you have a headache as you may not be completely aware of them;
- b. Stereotypical responses of those around you to your headache; and
- c. Adaptive responses you would like to see in the face of your headache.

2. Reinforcement (How will you reinforce it?) column:

- a. Decide and document in this column how you will reinforce the behaviour (or not reinforce it in the event that you identified the behaviour as a pain behaviour) listed in the **Behaviour column**.
- b. Keep in mind:
 - i. Mechanisms that reinforce headache tend to reinforce pain behaviour (e.g., not having to go to school because of a headache);
 - ii. Mechanisms that don’t reinforce headache are either neutral (e.g., “social unresponsiveness” or reinforce well behaviour (e.g., relatives encouraging relaxation exercise rather than quitting the task your doing).

3. Me or others? Column:

- a. Document whether the *Reinforcement plan* in column 2 for the *Behaviour* in column 1 will be performed by you or others? and specifically who?



Green Headache Contingency Plan

[illegible]

Yellow Headache Contingency Plan

[illegible]

[illegible]

PROBING QUESTIONS TO HELP YOU DEVISE YOUR CONTINGENCY PLAN

Below are some questions you can ask yourself to help you start thinking about potential reinforcement mechanisms (i.e., things you may be doing that are unwittingly supporting the headache's recurrence) that may or may not be present in your situation. The following articles provide strategies on how to more effectively introspect:

- torontoconcussion.ca > Education > Library > "Language & Recovery"
(<https://torontoconcussion.ca/terminology/language-recovery/>).
- torontoconcussion.ca > Education > Library > "Socratic Dialogue"
(<https://torontoconcussion.ca/terminology/socratic-dialogue/>).

1. Last time you were in the green, yellow or red zone for headache, what did you do?
 - a. What would you have liked to have done?
2. What are the most stereotypical ways you react to your headaches (i.e., green, yellow and red headaches)?
3. What are some of the skills you have acquired in helping you cope with headaches?
4. Are their strengths and resources you have that you could employ in helping you live in a way that better resembles your desired outcome?
5. Are there certain situations where your reaction could be more adaptive? Which ones?
6. How would you like to handle a green light, a yellow light, or red-light headache in the context of your life (i.e., the values and responsibilities you have on your plate right now)?
7. What would be signs in your life that tells you that you are handling your headaches in a way that is closer to the way you want to be living?
8. Be honest with yourself, are there currently any consequences to your headache that offer them some benefits to you or your lifestyle, even if it has many more/severe negative consequences?
9. What kinds of adjustments have you made in your lifestyle to adjust for your headaches?
10. Do you avoid things out of fear of making a headache worse or bringing on a headache?
 - a. What is the evidence that this is absolutely necessary?
 - b. How can your family help you deliberate on all the evidence for your belief and right-size your decision so that it is proportional to the risk?
11. Does telling people about your headaches excuse you from taking care of *some* of your responsibilities?
 - a. Does it allow you to control your environment better?
 - b. Does it give you an opportunity to receive empathy for emotional validation that you crave?
12. How do those around you know when you have a headache?

- a. How do they know?
 - b. How do you tend to tell people that you have a headache?
13. When you tell people that you have a headache, what are you looking for?
- a. What are your best hopes from them?
 - b. How do they tend to respond?
 - c. Do they tend to respond the same way every time or is it variable?
14. If you never tell people about your headache, what are the advantages and disadvantages is of that?
- a. If you do tell people, what are the advantages and disadvantages?
 - b. What keeps you from telling people?
 - c. What causes you to tell people?
 - d. How would you be able to tell people about your headache in a way that suits you?
 - e. How would you ask for help if you did not tell people about your headache?
15. Do the responses to your headaches from those around you vary depending on the severity of the headache?
16. What about those that you live with or that are close to you...What kinds of adjustments have they made in their lifestyles to adjust for your headaches?
17. Are there things that those around you have learned to do, or have there been changes in their behaviour towards you, as a result of your headaches?
18. Are there certain situations where your family's reaction could be more adaptive? Which ones?
19. Are there times when those around you are socially unresponsive?
- a. If you knew it was good for you in the long run, what would it take for you to cope with family members becoming socially unresponsive to pain behaviours you have decided to target (i.e., by avoiding reinforcing them) in your Contingency Management Program?
20. What are some of the challenges you believe you would face in dealing with a contingency management program and how would you deal with them?
21. What do you think are some of the positive and negative reinforcers to your headache?
22. In answering the questions above, use the Advantages-Disadvantages Analysis Worksheet to help you come up with the best decisions for you, i.e., which behaviours to target? How to reinforce current or envisioned well behaviours? etc.

REFERENCES

Marissa Lagman-Bartolome, A., & Lay, C. (2019). The Traffic Light of Headache: Simplifying Acute Migraine Management for Physicians and Patients Using the Canadian Headache Society Guidelines. *Headache*, 59(2), 250-252. <https://doi.org/10.1111/head.13428>

Martin, P. (1993). *Psychological Management of Chronic Headaches: Treatment Manual for Practitioners*. Guilford Press.