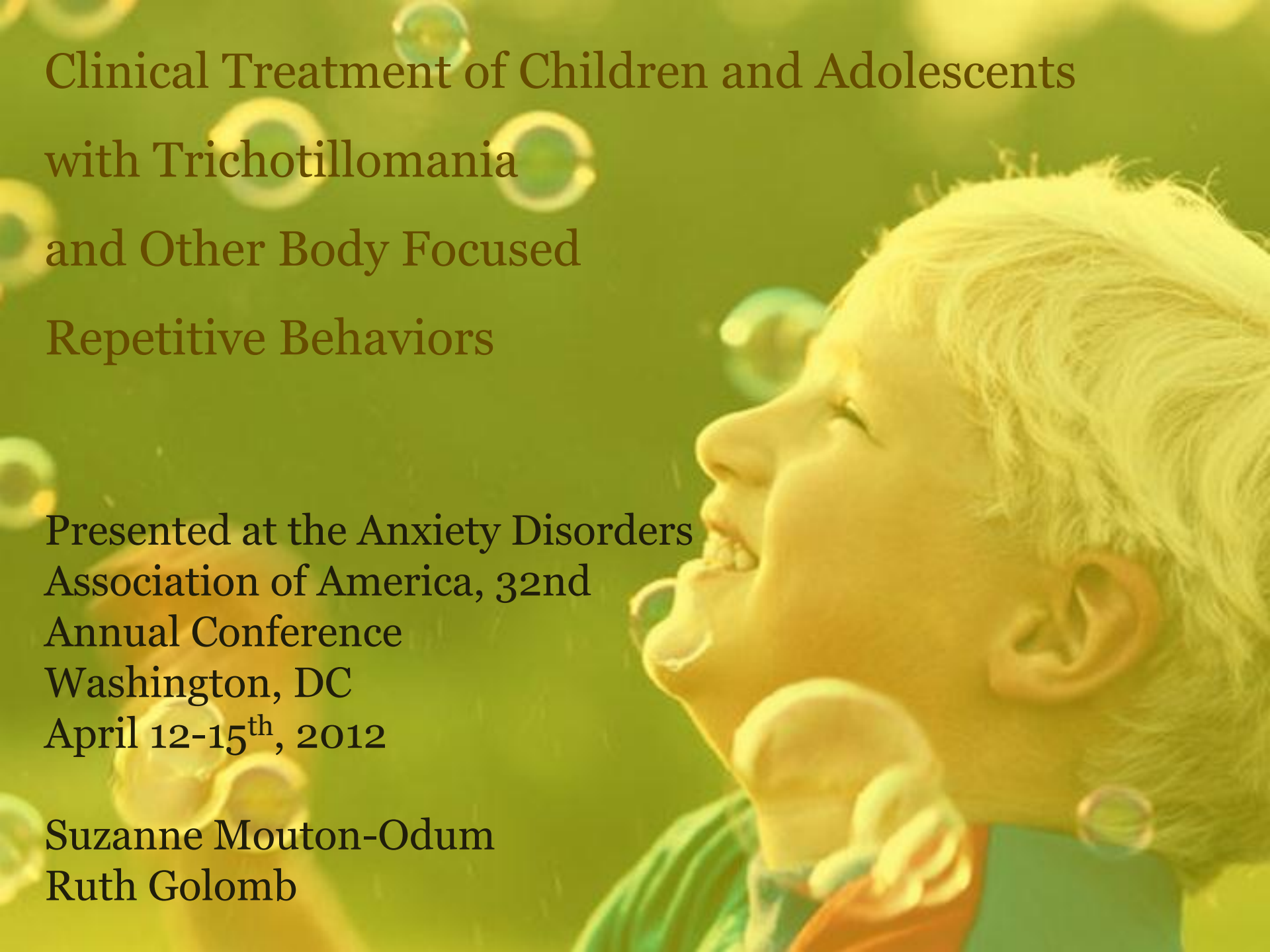
Clinical Treatment of Children and Adolescents with Trichotillomania and Other Body Focused Repetitive Behaviors



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Disclosure

- One or both of the presenters have a financial interest in one or two of the books mentioned in the bibliography and in two of the websites mentioned.

This Workshop Will Cover

- BFRB's: Clinical presentation
- Common myths and misconceptions
- ComB: A Comprehensive Behavioral Model for BFRBs
- Developmental issues and how they impact treatment
- Dealing with families and parent involvement
- Special considerations for therapists
- Resources

Clinical Presentation:

Trichotillomania

- Age of onset for trichotillomania
- Prevalence
- Gender distribution
- Common hair pulling sites
- Co-morbidity
- Other clinical observations (sensory integration issues, presence of shame, fear of talking about it/admitting to it, possible hiding of behavior)

Clinical Presentation

BFRBs

- Age of onset for BFRBs
- Prevalence
- Common and not so common BFRBs:

  1. Skin picking
  2. Nail biting
  3. Other (tongue chewing or biting, scratching, lip pinching, twisting, and biting, clothes picking, thumb or finger sucking, nose picking, swallowing)

- Co-morbidity
- Other clinical observations (sensory integration issues, presence of shame, fear of talking about it/admitting to it, possible hiding of behavior)

Why Do People Pull and Pick?

- Common therapist biases and/or misunderstandings:
  - Self-mutilation
  - Evidence of a prior trauma or negative event
  - Result of poor/abusive parenting
  - Indicative of underlying psychopathology
  - Predicts future behavior
  - It is anxiety-based
  - It is OCD
  - None of these are true!

The Truth

- Some aspect of pulling and/or picking feels good (often different for each person)
- These behaviors are functional/adaptive
- There is little co-morbidity in childhood
- Only 50% of people have a history of negative events at the time of onset
- BFRBs don’t predict anything
- It’s complicated! If it is not OCD, what is it?

Before You Get Started in Treatment

- Education about BFRBs is key
- Address issues of shame both within the child and possibly the family
- Normalize the behavior (to the child and to the parents), use examples, e.g., eating junk food
- Lay the foundation for treatment:
  - This is hard work, but it is worth it
  - This requires work on everyone's part (child and parents), however sometimes the parents' job is to back off
  - Slips are common, expect them and know that this is part of the process

Comprehensive Behavioral Model (ComB)

- Assessing the complex behaviors (building a functional analysis)
- Not a cookbook approach- more art than science
- Five modalities to evaluate:
  - Sensory
  - Cognitive
  - Affective
  - Motor
  - Place (Environmental triggers)

  * Help child and/or parents to understand these 5 modalities and how they impact the child

Comprehensive Behavioral Model (ComB)

- Build a functional analysis with the client/parents to establish antecedents, behaviors and consequences
- Identify common places, activities, and triggers for pulling or picking
- Recommend strategies that will:
  - Help with awareness
  - Interfere with pulling/picking behavior
  - Provide similar sensations to the child
  - Meet the needs of the child in that situation, e.g., stress management, sensory, affect regulation.

Treatment of BFRBs in Childhood and Adolescence

- Developmental Stages
  - Baby
  - School-Age
  - Adolescent
  - Parent involvement at each developmental stage is different
- Developmental and Therapeutic Issues Particular to each stage
- Special Considerations
  - Temperament
  - Family/Environmental Situations
  - Readiness for Change
  - Co-morbidity
  - Complex family dynamics

Infancy/Babyhood (0-5)

- Infants (0-2)
  - Expressive language not developed
  - Limited mobility
  - Unable to independently identify or meet needs for:
    - food
    - rest
    - stimulation
    - mobility
- Limited means of coping, communicating
- Dependent on parents for everything!
- Need for feeling safe and secure is high- child looks to parents for reassurance and feelings of security
- Parent anxiety can result in anxiety in the child

Characteristics of Baby Trich and Interventions at This Stage

- Self soothing function
- Often associated with thumb sucking
- Often occurs at bed/nap time
- Associated with relaxation and/or stress
- Interventions
  - Analyze behavior and triggers
  - Sensory distraction
  - Sensory Substitution
  - Inhibit ability to pull
  - Reduce emotional triggers

Parent Involvement in Treating Baby Trich

- In Baby Trich, it is ALL about the parents
  - Teach parents how to soothe their child and teach the child how to self-soothe
  - Limit the child's ability to pull
  - Attend to needs and frustration
  - Avoid over-tiring the child
  - Avoid negative reactions to pulling or picking!

Development in Middle Childhood (5-9 years)

- Contact with outside world increases
  - peers
  - non-family adults
- Age of Industry
  - acquiring skills: academic, sports, music and social
- Comparisons with peers
  - scholastic, popularity, economic
- Age of onset of troubles
  - Learning Differences
  - ADHD
  - Tourette's Syndrome/ tics
  - Expectations from school may increase stress

Characteristics of BFRBs in School-Aged Children

- Motivation may be an issue (parents want change more than the child)
- Children may be untruthful about pulling/picking
- Lack of awareness is common
- Self-esteem issues arise (especially when parents become negative about it)
- Need to address co-morbid concerns (ADD/ADHD)
- Need to interact with the outside world starts to increase
- May be developmentally young for cognitive interventions

Parents' Role with School-Age Children

- Children may ally with parents as a team to address symptoms
- Incentive plans for efforts are an attractive way to:
  - motivate the child
  - help parents to be helpful/focus on skill-building
  - move the focus to the positive
  - not to let the BFRB become the focus of the family dynamic
- Parents need to secure treatment for co-morbid concerns
- School may become involved

Parents' Role with School-Age Children

- Support the child!
  - Foster self-esteem
  - Identify strengths and talents
  - Encourage positive behavior without being punitive
  - Parents interface with the outside world
- Issues in dealing with school
  - Child's desire or lack of desire
  - Hats
  - Tactile strategies
  - Reminders
  - Dealing with teasing

BFRBs in Adolescence: Developmental Tasks

- Academic/Cognitive:
  - abstract thinking
  - increasing scholastic demands
  - planning future course
- Social:
  - one foot in and one foot out of family
  - shift of gold standard from parents to peers
  - face difficult decisions
- Psychosexual:
  - identity
  - difficult decisions/peer pressure
- Increasing Autonomy and Responsibility
  - Combativeness and oppositionality
  - Struggles for power and control

Consequences of Adolescent Hair pulling

- Social
  - Shame
  - Decreased self esteem, feelings of decreased sex appeal
  - Avoidance of activities
  - Possible obstacle to intimacy
- Academic difficulties
  - pulling takes time, distracts, school avoidance
- Family interactions
  - Yet one more battleground for control
  - Negative judgment/comments by parents
  - Less acceptance of family input
  - Parent frustration, shaming behaviors, punishment for BFRBs.

Intervention in Teen Years

Cognitive Development in teens may allow them to benefit from:

- Motivational Interviewing
- Analysis of “Self talk”
- Mindfulness strategies
- Urge surfing
- Practice
- Rational questioning of behavior

Cognitive Strategies

- Analyze "self-talk"
  - About the problem and one's capacity to over come it
  - About the negative consequences of pulling
  - Substituting rational thoughts for irrational ones (regarding BFRBs as well as non-BFRB thoughts)
  - About the pulling behavior
    - Just one?
    - Might as well give in…
    - It's hopeless anyway
- Consider the value of the urge:
  - I must obey vs. I have a choice
  - This urge is senseless (spam, junk mail, product of my mind)
  - All urges will pass

Adolescent BFRBs: Development allows extra-familial support to be helpful

- Relationship with therapist
- Support/Therapy Groups
- Internet Support groups
- TLC
- Books
- Websites

How to Help All Parents: Parent Do's and Don'ts:

Do:

- Recognize child's strengths and abilities
- Encourage positive behavior (use of strategies)
- Help to problem-solve slips and relapse
- Give unconditional love and acceptance

Don't:

- Focus on the BFRB
- Shame and/or humiliate
- Focus on slips
- Punish BFRB behavior
- Police the behavior

Special Considerations

- Temperament
  - Tailor interventions to the individual child
  - Some children battle more than others
  - Some children are more motivated by positive reinforcers/rewards while some like verbal acknowledgement
- Family/Environmental Situations
  - Divorce and family structure
  - Siblings and their situations
  - Family resources of time, energy, attention, money
- Readiness
  - Is now the time for a full-court press?

Important things for therapists treating BFRBs to know

- You must proceed at the pace of the child, not the parent(s)
- Slips are common, predict them!
- Perfection is not the goal
- Progress is often slow and inconsistent
- You are the child's advocate
- Don't allow yourself to get frustrated
- Overmedication can happen when psychiatry gets frustrated

Resources

- Stay Out of My Hair! Parenting Your Child with Trichotillomania (Mouton-Odum, Golomb)
- The Hair Pulling Habit and You: Solving the Trichotillomania Puzzle (Golomb, Vavrichek)
- www.stoppulling.com
- www.stoppicking.com
- Trichotillomania Learning Center: www.trich.org
- Professional Training Institute Video