

**CLINICAL TREATMENT FOR
TRICHOTILLOMANIA AND
OTHER BODY FOCUSED
REPETITIVE BEHAVIORS**


STATE OF THE ART TREATMENT

Anxiety and Depression Association of America
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DISCLOSURE

I am an author of two books regarding the treatment of Trichotillomania (Hair-Pulling Disorder).


OBJECTIVES

- Attendees will understand the etiology, prevalence and conceptualization of TTM and BFRBs
 - Attendees will learn about the state of the art Comprehensive Behavioral Model (ComB) for the treatment of TTM and BFRBs.
 - Attendees will become familiar with how to conduct treatment for these disorders.
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TRICHOTILLOMANIA (HAIR-PULLING DISORDER) (312.39) DSM-5 CRITERIA

- Recurrent pulling of one's own hair resulting in hair loss
 - Repeated attempts to decrease or stop hair pulling
 - Causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
 - Not attributable to another medical condition (e.g. a dermatological condition) or by any other disorder
 - Not better explained by the symptoms of another mental disorder (e.g. attempts to improve a perceived defect or flaw in appearance in body dysmorphic disorder)
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EXCORIATION (SKIN PICKING) DISORDER (698.40) DSM-5 CRITERIA

- Recurrent skin picking resulting in skin lesions
 - Repeated attempts to decrease or stop skin picking
 - Causes clinically significant distress or impairment in social, occupational, or other important areas of functioning
 - Not attributable to the physiological effects of a substance (e.g., cocaine) or another medical condition (e.g., scabies)
 - Not better explained by symptoms of another mental disorder (e.g., delusions or tactile hallucinations in a psychotic disorder, attempts to improve a perceived defect or flaw in appearance in BDD, stereotypies in stereotypical movement disorder, or intention to harm oneself in non-delusional self-injury).
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BODY FOCUSED REPETITIVE BEHAVIORS

- Trichotillomania (hair pulling)
 - Onychophagia (nail biting)
 - Compulsive nose picking
 - Biting of the inside of the cheek
 - Lip biting or picking
 - Knuckle cracking
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MODELS OF BFRBS

- Psychoanalytic model
 - OCD model
 - Tension-reduction model
 - Modeling
 - Integrative model
 - Disorder of habit
 - Biological/genetic models
 - Disorder of grooming
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ATTEMPTS AT SUBTYPING BFRBS


- Automatic behavior- done with little awareness, usually during some other activity (watching TV, reading, driving)
- Deliberate or focused- focus of the activity is on the behavior, usually preceded by an urge
- A combination of both- most people report that sometimes they are aware and focused on pulling or picking while other times they are unaware of their behavior

PRIMARY SITES FOR HAIR PULLING

<u>Location</u>	<u>Percentage</u>
Scalp	79
Eyebrows	65
Eyelashes	59
Pubic Area	59
Legs	30
Arms	17
Other	25


IMPACT OF BFRB BEHAVIOR

Medical

- Alopecia
 - Infection
 - Scarring
 - Trichobezoar
 - Repetitive strain injury
 - Tendonitis
 - Eye irritation
 - Problems resulting from avoidance of doctor visits (poor pre-natal care, vision issues, gynecological problems)
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IMPACT OF BFRB BEHAVIOR

Psychological

- Low self-esteem
 - Diminished sense of attractiveness
 - Shame and embarrassment
 - Anxiety resulting from worrying about the disorder
 - Depression or mood problems
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IMPACT OF BFRB BEHAVIOR

Social- Avoidance of certain activities


- Hair cuts
 - Swimming
 - Being outside on windy days
 - Sports
 - Sexual intimacy
 - Well lit areas
 - Short sleeves
 - Short pants
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THE COMB MODEL

THE COMPREHENSIVE BEHAVIORAL MODEL

COMB: A FUNCTIONAL MODEL


Five Core Components

- Education, Assessment and Functional Analysis
 - Identify and Target Modalities
 - Identify and Select Relevant Strategies
 - Evaluation and Modification
 - Maintenance and Relapse Prevention
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COMB: A FUNCTIONAL MODEL

Education, Assessment and Functional Analysis

Goals of this Component:

- Educate
 - Validate
 - Destigmatize
 - Instill hope
 - Set realistic goals
 - Address motivation for treatment
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COMB: A FUNCTIONAL MODEL

Education, Assessment and Functional Analysis cont.

Goals of this Component:

- Functional domains will be explained to the client
 - Sensory
 - Cognitive
 - Affective
 - Motor
 - Place

COMB: A FUNCTIONAL MODEL

Identify and Target Relevant Domains

- Sensory
- Cognitive
- Affective
- Motor
- Place

Questionnaire being developed to identify relevant domains

Identification is also conducted via self-monitoring between sessions

COMB QUESTIONNAIRE FOR HAIR PULLING

Sensory Domain

- Do you like or dislike the way certain hairs feel on your fingers?
- Do you visually search for certain types of hairs?
- Do you examine the root after the hair has been pulled?
- Do you smell the hair after it has been pulled?
- Do you pull when you feel over-stimulated from a busy or hectic day?
- Do you pull when you feel under-stimulated or bored?
- Do you experience any of the following at the pulling site just before pulling:
 - Itching
 - Tingling
 - Sensitivity
 - Pressure
 - Irritation

COMB QUESTIONS FOR SKIN PICKING

Do you rub your fingers over your skin prior to picking your skin?

Do you visually search your skin for bumps or flaws?

Do you attempt to remove bumps, scabs or perceived flaws?

Do you examine the excoriation after it has been removed?

Do you smell the excoriation?

Do you pick your skin when feeling under-stimulated? Over stimulated?



COMB: A FUNCTIONAL MODEL

Identify and Target Relevant Domains


Goals of this component:

- Client will have an understanding of the modality(ies) that are operating with regard to their TTM.
- Clients will be much more aware of their hair pulling urges and episodes with awareness happening more often prior to pulling, not during or after.

COMB: A FUNCTIONAL MODEL

Identify and Select Relevant Strategies for Intervention

Sensory: Make sure all 5 senses are addressed

- Sensory substitution- playing with dental floss or doll hair
 - Sensory distraction- playing with Play Dough
 - Sensory soothing- playing with something smooth, soft
 - Address visual triggers
 - Address smell triggers
 - Address oral triggers- chew on alfalfa sprouts or raw spaghetti
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COMB: A FUNCTIONAL MODEL

Identify and Select Relevant Strategies for Intervention

Cognitive

- Identify faulty thinking and use cognitive correction
 - Thoughts/beliefs about hair or skin
 - Thoughts/beliefs about life problems (worry)
 - Permission-giving thoughts

COMB: A FUNCTIONAL MODEL

Identify and Select Relevant Strategies for Intervention

Affective

- Improving coping skills
 - Managing stress
 - Relaxation training
 - Deep breathing
 - Mindfulness
 - Self-care
 - Visual imagery
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COMB: A FUNCTIONAL MODEL

Identify and Select Relevant Strategies for Intervention

Motor

- Increase awareness
 - Barriers
 - Reminders
 - Timers
- Retrain muscles
- Alter facilitative postures

COMB: A FUNCTIONAL MODEL

Identify and Select Relevant Strategies for Intervention

Place

- **Address environmental triggers**
 - Cover mirrors
 - Dim lights
- **Use of hair pulling implements**
 - Throw away tweezers, needles, razors
- **Social inhibitors**
 - Avoid being alone in high risk situations
 - Construct a plan for social support

COMB: A FUNCTIONAL MODEL

Identify and Select Relevant Strategies for Intervention

Organizing the Interventions

- Identify 2-3 high risk situations to begin
- Target 3 strategies to use in each high risk situation
 - Strategies should be from different domains
 - Strategies should ideally be used prior to entering the high risk situation

COMB: A FUNCTIONAL MODEL

Identify and Select Relevant Strategies for Intervention

Sample Strategy List:

Family Room

1. Brush hair (S)
2. Wear Band Aids (M)
3. Play with silly putty (S, A, M)

COMB: A FUNCTIONAL MODEL

Identify and Select Relevant Strategies for Intervention

Sample Strategy List:


Bath Room

1. Cover mirrors (MPCS)
2. Use a timer (M)
3. Throw away tweezers (P)

COMB: A FUNCTIONAL MODEL

Identify and Select Relevant Strategies for Intervention

Goals of this Component:

- Specific strategies that are appropriate for each high risk situation for that client will be identified.
 - Clients will agree to try at least 3 strategies for each situation.
 - Specific usability issues for strategies will be identified and problem-solved.
 - Weekly goals will be set and monitored for success.
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COMB: A FUNCTIONAL MODEL

Evaluation and Modification


- **Maintain effective strategies**
- **Add new strategies**
- **Delete ineffective strategies**




COMB: A FUNCTIONAL MODEL

Maintenance and Relapse Prevention

Goals for Relapse Prevention:

- Therapist will discuss importance of awareness of behavior as therapy ends.
 - Client will be able to define lapse and relapse
 - Therapist and client will identify potential stressors for the future
 - Client will develop a plan to manage hair pulling during future stressful events.
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MEDICATION AND BFRBS

- Currently no medications or combinations of medications are approved by the FDA for the treatment of BFRBs
 - Anti-depressant medications
 - Anti-anxiety medications
 - Anti-psychotic medications
 - Opioid agonists
 - Mood stabilizers
 - N-Acetyl Cysteine (NAC)
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COMMON OBSTACLES TO TREATMENT

- **Untreated affective or anxiety disorder**
- **Readiness issues**
 - Failure to complete homework
 - Failure to try/use strategies
 - Unwillingness to experience urges without pulling/picking
 - Complaints that “these strategies don’t work”

RESOURCES

- Trichotillomania Learning enter (TLC)
- “A Comprehensive Model for Behavioral Treatment of Trichotillomania.” Mansueto et.al. *Cognitive and Behavioral Practice* 6, 23-43, 1999.
- The Hair Pulling Habit and You: How to Solve the Trichotillomania Puzzle, Golomb and Vavrichek, 2000.
- A Parent Guide to Hair Pulling Disorder: Effective Parenting Strategies for Children with Trichotillomania, Mouton-Odum and Golomb, 2013.
- www.StopPulling.com
- www.StopPicking.com
- Pullfree (mobile app available at the Apple Store April 2013)
- “Trichotillomania (Hair-Pulling Disorder): “Conceptualization and Treatment” Mansueto, Independent Practitioner, Fall 2013