

HAIR PULLING AND SKIN PICKING

STATE OF THE ART TREATMENT

Anxiety and Depression Association of America
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DISCLOSURE

Ruth Golomb and Suzanne Mouton-Odum have both authored books and may financially benefit from the sales.


Suzanne Mouton-Odum has created several websites and a phone app and may financially benefit from the sales.




OBJECTIVES

- Attendees will learn about the onset and phenomenology of Body Focused Repetitive Behaviors (BFRBs)
 - Attendees will become familiar with the complexities of these disorders
 - Attendees will learn about current treatment approaches for treating hair pulling, skin picking, and other BFRBs
 - Attendees will receive information about local and national resources that provide expert information for professionals and sufferers
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TRICHOTILLOMANIA- 312.39

- Recurrent pulling of one's own hair resulting in noticeable hair loss
 - Experience of tension prior to pulling or when attempting to resist the behavior
 - Pleasure, gratification or relief during pulling
 - The disturbance is not accounted for by another disorder (alopecia areata, schizophrenia)
 - The disturbance causes significant distress or impairment in social, occupational, or other important areas of functioning
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PROPOSED DIAGNOSTIC CRITERIA FOR SKIN PICKING

- Recurrent skin picking resulting in noticeable damage
 - Preoccupation with or experience of urges to pick skin
 - Feelings of tension, anxiety, or agitation prior to picking
 - Feelings of pleasure, relief, or satisfaction during picking
 - The behavior is not accounted for by another illness (delusions of parasitosis, substance induced skin picking)
 - Results in significant impairment in social, occupational or other areas of functioning
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PROBLEMS WITH THE DIAGNOSTIC CRITERIA

- Not all people have noticeable hair loss or skin lesions, but the behavior can still be clinically significant
 - While most people report tension prior to pulling or picking at least some of the time, a preponderance of people report other emotional states that precede an episode (boredom, sadness, anger, frustration)
 - Many people do not experience pleasure or gratification during pulling or picking
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BODY FOCUSED REPETITIVE BEHAVIORS

- Trichotillomania (hair pulling)
 - Onychophagia (nail biting)
 - Dermatillomania (skin picking)
 - 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
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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

Woods et al, 2006



CO-MORBIDITY


- **55% of adults with trichotillomania have a comorbid psychiatric diagnosis**
- **26% have an obsessive-compulsive disorder**
- **23% have major depression**
- **23% have generalized anxiety disorder**

Woods et al, 2006




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: 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

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 that 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)