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
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
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
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
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
MODELS OF BFRBS

• Psychoanalytic model
• OCD model
• Tension-reduction model
• Modeling
• Integrative model
• Disorder of habit
• Biological/genetic models
• Disorder of grooming
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

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scalp</td>
<td>79</td>
</tr>
<tr>
<td>Eyebrows</td>
<td>65</td>
</tr>
<tr>
<td>Eyelashes</td>
<td>59</td>
</tr>
<tr>
<td>Pubic Area</td>
<td>59</td>
</tr>
<tr>
<td>Legs</td>
<td>30</td>
</tr>
<tr>
<td>Arms</td>
<td>17</td>
</tr>
<tr>
<td>Other</td>
<td>25</td>
</tr>
</tbody>
</table>

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)
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
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
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
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
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
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
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.
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.
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)
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)
- The Hair Pulling Habit and You: How to Solve the Trichotillomania Puzzle, Golomb and Vavrichek, 2000.
- www.StopPulling.com
- www.StopPicking.com
- Pullfree (mobile app available at the Apple Store April 2013)