32nd Annual Convention
Anxiety Disorders Association of America
Sunday, April 15, 2012

Beating Body-Focused Repetitive Behaviors: A Two-Pronged Approach

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Disclosures

- None!
BFRDs represent a pathological dimension of BFRBs

BFRDs can emerge as a result of a variety of channels, but two primary channels appear to have been identified

We still don’t know the cause, but there is a clear genetic component – for trich, at least

HRT is still the treatment of choice – but is not sufficient

HRT-enhanced therapies look promising

There are no FDA approved medications for BFRBs

- We still don’t know the neurologic system or neurotransmitters involved in BFRDs
- But lots of promising work is being done at this time!
Agenda

- What are body-focused repetitive disorders?
- Theories on cause
- Evidence-based treatment: HRT
- Evidence-based treatment: ComB
- Evidence-based treatment: ACT
- Evidence-based treatment: DBT
- Evidence-based treatment: Medications
What Are Body-Focused Repetitive Behaviors (BFRBs)?

- Repetitive, self-grooming behaviors
- Relatively common and harmless at lesser frequencies
- To be a disorder, it is suggested that they occur frequently enough to:
  - Lead to significant distress/impairment in social, occupational, or other areas of functioning; and/or
  - Cause damage or physical injury to the body
- Often leads to confusion, isolation, and depression
Examples of BFRDs

- Hair pulling (2-5% of the population)
- Skin picking, scratching, or biting (5%)
- Nail and/or cuticle biting or picking
- Lip or cheek chewing/biting
- Thumb or finger sucking
- Nose picking
Separate Entities vs. Single Category

- Traditionally, these disorders were identified and treated as separate entities.
- More recently, it has been suggested that these disorders be classified under one category.
- Why?
Single Category

Because the BFRDs:

- Are directed toward one’s own body
- Often focus on removing/grooming parts of body (e.g., fingernail, skin)
- All appear to share two functional similarities:
  - Emotion regulation
  - Environmental restriction
Symptoms of BFRDs

- Often occur during **sedentary** activities
  - Lying in bed, reading, attending a lecture, riding/driving a car, using the bathroom, talking on the phone, using the computer, sitting at a desk
- Can also occur during more **active** times
  - Walking, while putting make-up on, etc.
Symptoms of BFRDs

- Can occur as a result of a **fully focused** behavior
  - Excusing self to bathroom
  - Planning to go home
  - Waiting until people are not looking
- Can also occur as a result of being in a **less focused** state
  - Pulling while ‘zoned out’ and only realizing it after a pile of hair has formed or skin is bleeding
Symptoms of BFRDs

- Can be in response to a sensation
  - Itching, tingling, pain, etc.
  - Draws the fingers to the site of picking, pulling, biting, etc.
- Can also occur without any sensation prior to the behavior
  - Fingers simply “found their way” to the site
Symptoms of BFRDs

- Many people report ‘searching behaviors’ as part of the process
  - Rubbing fingers over skin, in the hair, on the eyebrows, etc.
- Find an irregularity on which to focus
  - Thicker, coarser hair
  - Rough, bumpy, jagged skin
- Urge to “fix” the perceived irregularity
- Often examine the product of the pulling or picking
  - Look at it closely, rub it on skin, face or lips, roll it between fingers, smell it, chew or swallow it, etc.
Two Clear Categories

1. **Focused (compulsive, similar to OCD)**
   - Serve an emotional regulation function
   - Maintained by a reduction in anxiety or tension

2. **Automatic (decreased awareness)**
   - May be reinforced in environmentally restricted situations (situations without other things to do)
     - Watching television, reading, being alone
Function of Nail Biting

Fig. 1. Mean number of nail bites in the four conditions.

Consequences of BFRDs: Trichotillomania

- The severity of chronic hair pulling varies greatly, including:
  - Small patches of thinning hair
  - Bald spots
  - In some cases extensive baldness and/or missing eyebrows, or eyelashes
- Chronic hair swallowing can lead to digestive blockages
Consequences of BFRDs: Skin Picking

- Chronic skin picking may result in:
  - Scabs or sores that do not heal
  - In some cases can lead to holes in the skin that can become infected and/or scar
  - Feelings of shame
Consequences of BFRDs: Others

- Chronic thumb or finger sucking may produce:
  - Digital and/or dental deformities
  - Jaw problems

- Chronic nail and/or cuticle biting may result in:
  - Bleeding or infected fingertips
In addition to physical and medical problems, most people with BFRDs also:

- Experience shame, secrecy, isolation
- Limit intimate relationships
- Avoid participating in activities
- Are judged as less acceptable by their peers
- Experience depression
Theories on Cause

- Likely an inherited predisposition
  - Some studies show a higher number of BFRDs in immediate family members
  - A recent twin study of trichotillomania supported an inherited component (Novak et al., 2009)
- Further research is required to fully understand contributory non-genetic factors, such as temperament, environment, and family stress
Evidence-based treatment: HRT

- Habit Reversal Training (HRT)
  - Originally developed by Nathan Azrin and Greg Nunn in 1973
  - Can be applied to a wide variety of BFRDs
  - The most studied of the psychosocial (CBT) treatments for BFRDs
  - Strong evidence for short-term improvement, but if used alone, achieving long-term improvement is much more difficult
Evidence-based treatment: HRT

- Three most critical components:
  - Awareness training
  - Competing response training
  - Social support
HRT: Awareness Training

- Helping the person to focus on the circumstances during which the BFRB is most likely to occur
- Increasing awareness provides opportunities for employing strategies and techniques to disrupt performance of the problem behaviors
HRT: Competing Response Training

- Learning to substitute a response that is incompatible with unwanted behavior
  - Repeated each time the person feels an urge to engage in a BFRB
  - Repeated each time the person faces a situation where the BFRB typically occurs
  - Must be inconspicuous and easy to implement
Examples of Competing Responses

- Fist clenching and/or arm locking
- Grasping steering wheel while driving
- Holding sides of book while reading
- Squeezing squishy ball
- Playing with clay, “Play-Doh” or “Silly Putty”
- Sitting on hands
HRT: Social Support

- Bringing loved ones and family members into the therapy process
  - Offer positive feedback when person practicing the skills
  - Help with awareness training
    - Remind person when in trigger situations
    - Encourage person to use strategies
    - Provide encouragement
Evidence-based treatment: ComB

- Comprehensive Behavioral (ComB) Model
  - Mansueto et al., 1999
  - HRT expanded and customized to include a wide range of behaviors
  - Needs more empirical research
Evidence-based treatment: ComB

- **Four phases**
  - Assessment and functional analysis
  - Identify and target modalities
  - Identify and implement strategies
  - Evaluation and modification

- **Five modalities**
  - Cognitive, affective, motor, sensory, environmental
ComB: Cognitive Modality

- Use cognitive techniques to address unhelpful thought patterns that contribute to the BFRB

- Address thoughts challenging progress and supporting the BFRB via:
  - Cognitive restructuring
  - Gaining perspective
  - Coping statements
ComB: Affective Modality

- Identify and address emotions that are experienced prior to, during, and after engaging in a BFRB
  - Relaxation and breathing and/or medications and exercise for anxiety and/or tension
  - Assertiveness, time-management, problem-solving for external stressors
ComB: Motoric Modality

- For those with strong motor habit with no/minimal awareness
  - Increase awareness
    - Self-monitoring
    - Wear fingertip bandages
    - Use scents on the wrist and fingers
    - Wear elastic elbow brace
  - Response prevention techniques
  - Competing response training
ComB: Sensory Modality

- Considered to be the critical factor for many BFRBs
- Use distraction, substitution, and extinction
  - Comb to scratch an itch
  - Roll yarn on finger tips to substitute for coarse hair
- Each intervention designed to address unique sensations achieved during the BFRB
- Addresses the nervous system’s need for sensory input while removing the BFRB
ComB: Environmental Modality

- When the cues in the environment are strong instigators of the BRRB
- Stimulus control procedures
  - Remove or cover mirrors temporarily
  - Make certain rooms off-limits temporarily
  - Reward goals
Evidence-based treatment: ACT

- Acceptance and Commitment Therapy (ACT)
  - Used to supplement to HRT
    - HRT good for non-focused (environmentally restricted) behaviors
    - HRT not as good at addressing variables responsible for focused behaviors
  - 2 studies have demonstrated that the use of ACT-enhanced HRT is effective and that the benefits can be maintained for several months
Evidence-based treatment: ACT

- Asks the patient to experience and accept negative emotions that come before or after the BFRB as events to be observed without judgment rather than acted upon.
- Helps the patient to understand, feel, and experience that he or she does not have to respond to an urge, emotion, or thought.
ACT: Values

- Key part of the treatment
- What does the patient want to be about?
- Sets the context for the rest of the treatment
- Goal is for patients to question whether steps in the BFRB process are consistent or inconsistent with their values
ACT: Private Experiences

- Teach patients about private experiences
  - Urges, thoughts, emotions, sensations, etc.
- Understand that they are temporary
- Can chose to react to them or not to react to them
ACT: Commitment

- Helps teach the patient to commit to:
  - Working on their problem behavior
  - Moving toward their values
  - Accepting and tolerating private experiences
  - Decreasing experiential avoidance
Evidence-based treatment: DBT

- Dialectical Behavior Therapy (DBT) - enhanced CBT
  - 1 pilot study so far (Keuthen et al., 2010)
  - Showed promising results when paired with HRT and stimulus control
  - Showed maintenance at 3- and 6-month follow-up (Keuthen et al., 2011)
Evidence-based treatment: DBT

- Enhances awareness of triggers and motor behaviors
- Teaches the person how to tolerate uncomfortable emotions and urges related to the BFRD
DBT: Mindfulness

- Increase focused attention to the moment
- Early detection of:
  - Pulling behavior and urges
  - Affective, sensory, motor, and cognitive experiences likely to trigger pulling
DBT: Emotion Regulation

- Instructs patients to manage their emotions without pulling

Skills taught include:

- Identifying and labeling emotions
- Increasing positive emotional events
- Taking opposite action
- Experiencing uncomfortable emotions without acting on them
DBT: Distress Tolerance

- Instructs patients on ways to get through intense situations (crises) in the short-term without making them worse.
- In this case, tolerating urges or difficult experiences without pulling.
DBT: Interpersonal Effectiveness

- Teaches skills that allow patients to
  - Be more assertive
  - Problem-solve interpersonal issues
- Not included in the pilot study as deemed less relevant to TTM
Evidence-based treatment: Medications

- **No** FDA approved medications for BFRBs
- A few medications have also been found to reduce symptoms in some individuals
- Often seem to work by lessening feelings or sensations that trigger the BFRB, rather than the BFRB itself
- Also good for addressing comorbid conditions that interfere with treatment
Evidence-based treatment: Medications

- Problem: we still don’t know the neurologic system or neurotransmitters involved in BFRDs
- At this time, the potential candidates include:
  - Glutamate
  - GABA
  - Serotonin
  - Acetylcholine
  - Dopamine
Evidence-based treatment: Daily Medication Candidates

- Psychoactive drugs
  - SSRIs (selective serotonin reuptake inhibitors)
    - Mixed results for trichotillomania and skin picking
    - Positive to a mild degree or for small numbers of people
    - Many report that the effects wear off over time
Evidence-based treatment: Daily Medication Candidates

- Other medications being studied
  - Other ADs
  - Opioid antagonists (pain blockers)
  - Dopamine antagonists (atypical neuroleptics)
  - Mood stabilizers
  - Glutamate modulators
    - NAC (N-acetylcysteine; amino acid)
    - Lamotrigine
    - Riluzole
  - Inositol (B-vitamin)
Evidence-based treatment: Medications Used “As Needed”

- Tranquilizers used during times of stress or anxiety to prevent bursts of the target behavior
- SSRIs or tranquilizers used cyclically to diminish premenstrual tension
- Antihistamines to reduce itching
- Hypnotics to facilitate sleep onset
Evidence-based treatment: Skin Medications

- Often skin sensations are the cause of the BFRD
- Topical steroids or antihistamine cream for itching
- Acne medications for triggers of bumpiness or pimples
- Astringents, topical anesthetics, creams with capsaicin for tingling triggers
Relapse Prevention

- Regardless of treatment, lapses are common in BFRDs
- Therefore must remain vigilant for triggers, high stress situations, etc.
- Have an understanding of the nature of slips and how to approach them
Relapse Prevention

- Acceptance of the lapse
- Nonjudgmental stance
- Willingness to reengage in skills learned
- Willingness to seek extra help when needed
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Helpful Web Resources

- www.trich.org
- www.StopPulling.com
- www.StopPicking.com
Helpful Book Resources

- For patients
  - The Hair-Pulling Problem: A Complete Guide to Trichotillomania
  - Help for Hair Pullers: Understanding and Coping with Trichotillomania
  - The Hair Pulling “Habit” and You: How to Solve the Trichotillomania Puzzle
  - Trichotillomania: An ACT-enhanced Behavior Therapy Approach Workbook
Helpful Book Resources

- For providers
  - Treating Trichotillomania: Cognitive-Behavioral Therapy for Hairpulling and Related Problems
  - Tic Disorders, Trichotillomania, and Other Repetitive Behavior Disorders: Behavioral Approaches to Analysis and Treatment
  - Trichotillomania
Questions?

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