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

Simon A. Rego, PsyD, ABPP, ACT
Montefiore Medical Center
Bronx, NY

Disclosures

- None!

“THM”

- 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

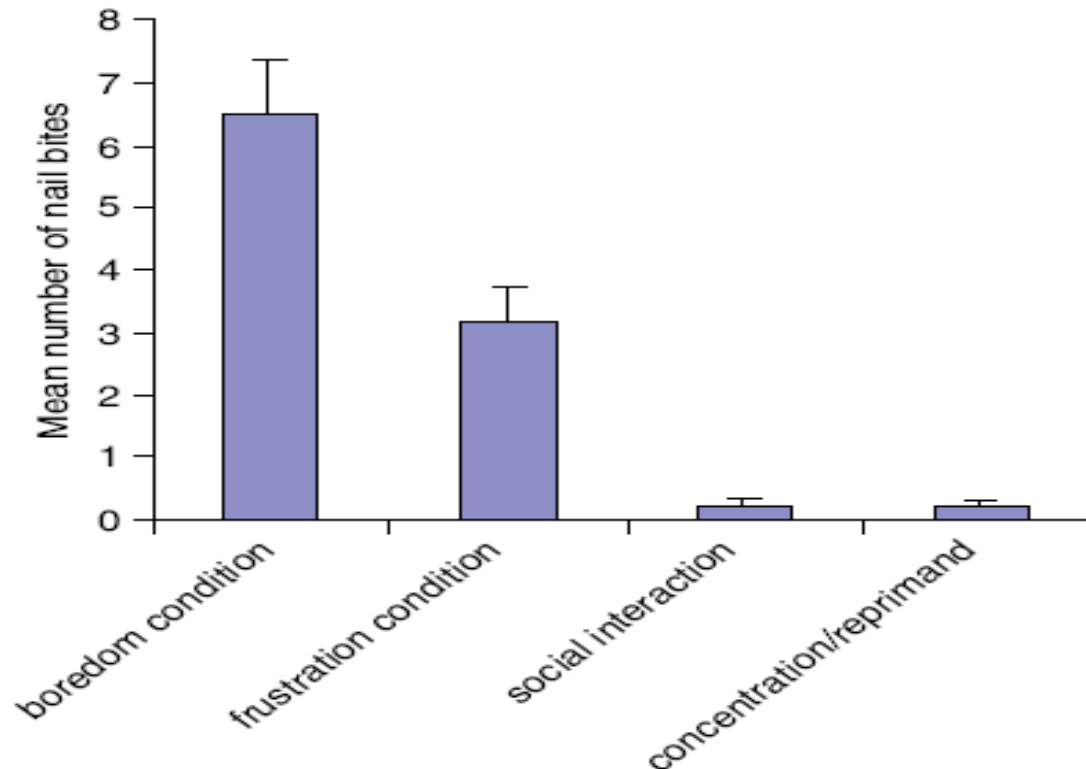


Fig. 1. Mean number of nail bites in the four conditions.

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

Social/Psychological Consequences

- 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
 - Trichotillomania: An ACT-enhanced Behavior Therapy Approach: Therapist Guide

Questions?

Simon A. Rego, PsyD, ABPP, ACT
Director, Psychology Training
Director, CBT Training Program
Montefiore Medical Center
srego@montefiore.org
718-920-5024