Case Study: Mindfully Using ACT to Treat Refractory Trichotillomania

Mindfulness or Client-Therapist relationship?
Was it one or both factors that enabled success?
As per ADAA policy

Stephnie Thomas has no affiliation with any pharmaceutical company

The following case study is presented “as is” and is not a treatment protocol for working with trichotillomania
13 yr old R, 8th grade middle schooler
- Clear case of Trichotillomania
- No discernible comorbid diagnoses upon intake
- Hair pulling – particularly on crown and front of head
13 yr old “R”: Pretreatment
13 Yr old “R”

- Had already undergone traditional CBT treatment with a well-respected CBT-trained Child therapist who was an expert at treating trichotillomania
- After several months of treatment, with little progress, family had been told the therapist had nothing else to offer them
- Ongoing bullying/teasing from classmates
- Family dynamics exacerbated symptomology
13 Yr old “R”

- Family dynamics:
  - Pt was grieving loss of biological parent
  - Pt lived with grandparents – “Mom” & “Dad”
  - “Mom” invested in seeking treatment & was willing to participate in treatment
  - “Dad” refused to participate in treatment
My dilemma

* How to treat this client when empirically proven treatment methods had already failed?

* What else did I have to offer that could be helpful when this client had already been in treatment with a seasoned therapist?
* Mom’s frustration with R’s hair-pulling was part of the problem, and needed to be incorporated into the treatment process
* Traditional, proven CBT techniques for treating trich should still be included
Add a mindfulness aspect using ACT to help R be more aware of when, why, and what she got out of pulling

Carefully explore the antecedents to pulling

Utilize homework assignments between sessions
**Treatment decisions**

- Build a strong therapeutic alliance with both Mom and daughter
  - Previous treatment providers had either
    - Ignored family dynamics, or
    - Treated R as if she were not present *(pediatric psychiatrist)*
  - Focus on positives rather than negatives
R was asked what helped in previous treatment, e.g.:

- Using a stress ball
- Distraction techniques
- Medication?
* Family unhappy with psychiatrist
  * Had already terminated use of medications & refused to go back on them b/c of negative side effects
  * Agreed that if no remediation, psychotropic meds would be re-introduced (not utilized)
Implementation

* Discovered that hair pulling increased with stressors from school/peers
  * Pt opted to address classmates
    * Psychoeducation of classmates about trich resulted in significant decrease in bullying
In the beginning, Mom was included in almost every session.

- Mom’s negative comments/use of punishment was exacerbating hair pulling in R.
Encouraged Mom to replace constant haranguing with positive reinforcement

- Pt would be praised for making progress (when applicable)
- Negative behavior (i.e. pulling) to be ignored
* Used modeling to help Mom reframe statements
* Utilization of positive rewards system designed collaboratively with Mom and R
  * E.g. prom dress, ipod touch
Pt asked to keep diary of

* When?
* Where?
* how many hairs pulled per day?
* What precipitated pulling?
Sounds like traditional treatment so far, right?
Utilization began with careful assessment of costs of hair pulling (ACT)

- Teasing by peers
- Being yelled at by Mom and/or Dad
- Sense of hopelessness/mild depression
- Unable to style hair due to excessive pulling
Implementation: Mindfulness

* **Gains** to be made if pulling stopped (ACT)
  * Teasing by peers would decrease
  * Less yelling from Mom and/or Dad
  * Rise in self-esteem
  * Hair would re-grow and be able to be styled more attractively
Implementation: Mindfulness

* Over several sessions, explored with pt the antecedents to pulling, e.g.:
  * Mom yelling at her
  * Conflict with peers
  * Boredom
  * Place and times she was most likely to pull
* Explored SUDS levels for each
Had pt describe in detail what it was like to want to pull – SUDS assessment

What did she feel once each hair came out – SUDS decrease, sense of relief

Noted similarities to OCD compulsions

What else in her life gave her similar feelings? (talking w/- peers, positive feedback, writing in journal, artwork)
Utilized a mirror in the office to
  * Practice mindfully looking at hair (mirrors usually a cue to pull)
    * – SUDS levels assessed: 9/10 Desire to pull
  * Pt asked to refrain from pulling
    * SUDS level assessed over time – decrease noted
Implementation: Mindfulness

* Utilization of ACT metaphors to encourage treatment compliance at home
  * Ship on a sea – island goal
Ship on a sea metaphor:

Monsters on her boat:
- The PULL monster
- Yell Monster
- Bully Monster
- Sad Monster
- Scary Monster
- Fight Monster
Utilization of mindfulness to help pt become more aware of pulling tendencies at home, ie

- Most pulling occurred in the bedroom or bathroom
- Strategies to practice mindfully being present during those times
Strategies to practice mindfully being present included;

- Learning to stay in the present moment
- Noticing what precipitated pulling (e.g. boredom) and doing the opposite
Implementation: Mindfulness

* Strategies to practice mindfully being present in the office included;
  * Learning to stay in the present moment
  * Noticing what precipitated pulling (e.g. boredom, anxiety) and doing the opposite
Strategies to practice mindfully being present in the office included:

- Holding a strand of hair and waiting until SUDS levels dropped
R’s own solutions

* Daily/weekly texts with updates on how many hairs pulled
  * Accountability
  * Ongoing therapist support between sessions

* Poster on wall
  * Goal focus
13 yr old “R”: Pretreatment
“R” Midway through first round of treatment
“R”: Summer 2011
(end of first round of treatment)
“R”: December 2011
(beginning of 2\textsuperscript{nd} round of treatment)
“R”: December, 2011