

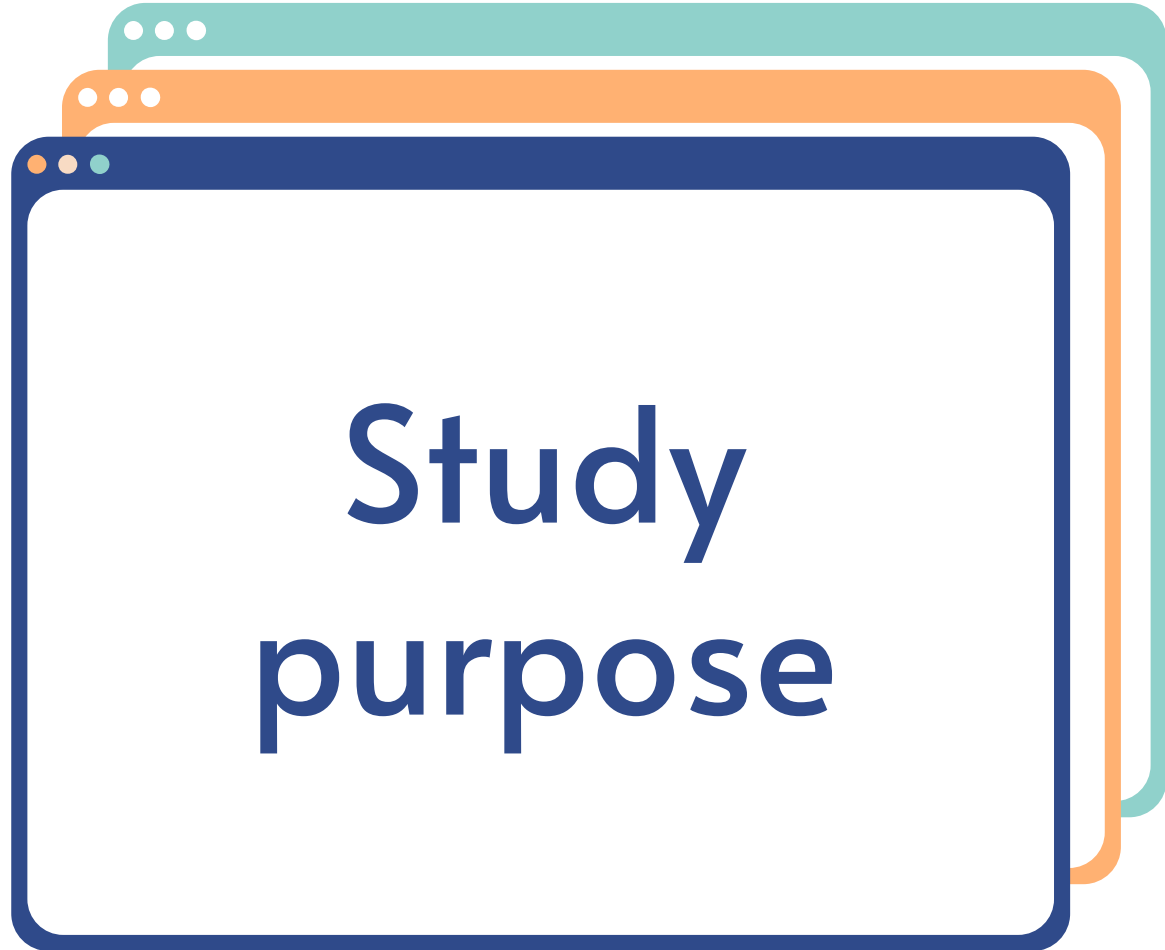
Efficacy and feasibility of a fully-automated, web-based AEBT for adults with trichotillomania: a randomized waitlist-controlled trial

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Introduction

- Trichotillomania is associated with significant distress and social and functional impairment (Grant et al., 2017; Woods et al., 2006)
- HRT has been effective (Twohig et al., 2014; Lee et al., 2018; Keuthen et al., 2012)
- Psychological flexibility is a key component of symptom maintenance (Begotka et al., 2004; Houghton et al., 2014))
- ACT +HRT (AEBT) has growing empirical support (Twohig & Woods, 2004; Woods et al., 2006; Crosby et al., 2012; Haaland, 2017; Lee, Homan et al., 2018; Lee, Haeger, et al, 2018; Twohig et al., 2021)
- Numerous barriers to accessing treatment (Walther et al., 2010)

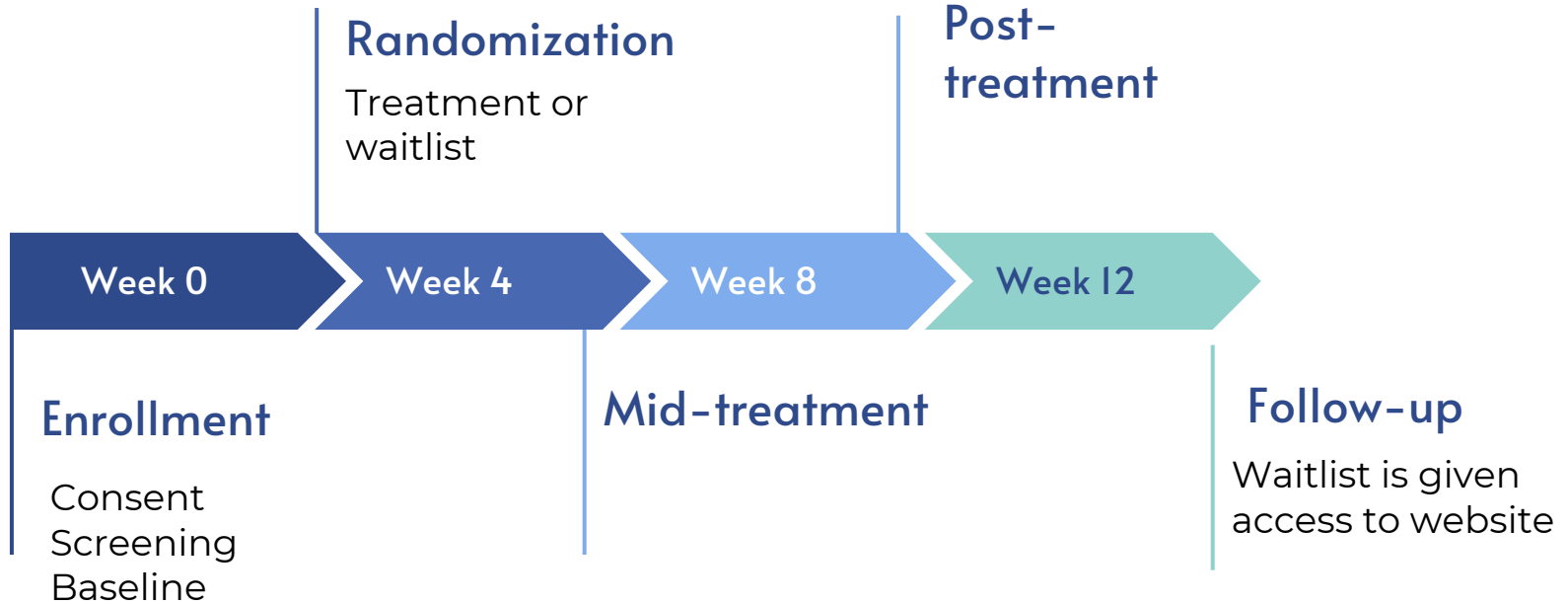


**Study
purpose**

Study Aims

- Develop and test an AEBT website
- Research Questions
 - Efficacy
 - Hair pulling severity (MGH-HPS)
 - Trichotillomania- related Psychological flexibility (AAQ-TTM)
 - Well-being(MHC-SF)
 - Distress (DASS-21)
 - Stress (DASS-21 Stress)
 - Depression (DASS-21 Depression)
 - Anxiety (DASS-21 Anxiety)
 - Feasibility
 - Treatment Adherence (sessions completed)
 - Usability (SUS)
 - Treatment Evaluations (TEI-SF)

STUDY PROCEDURE

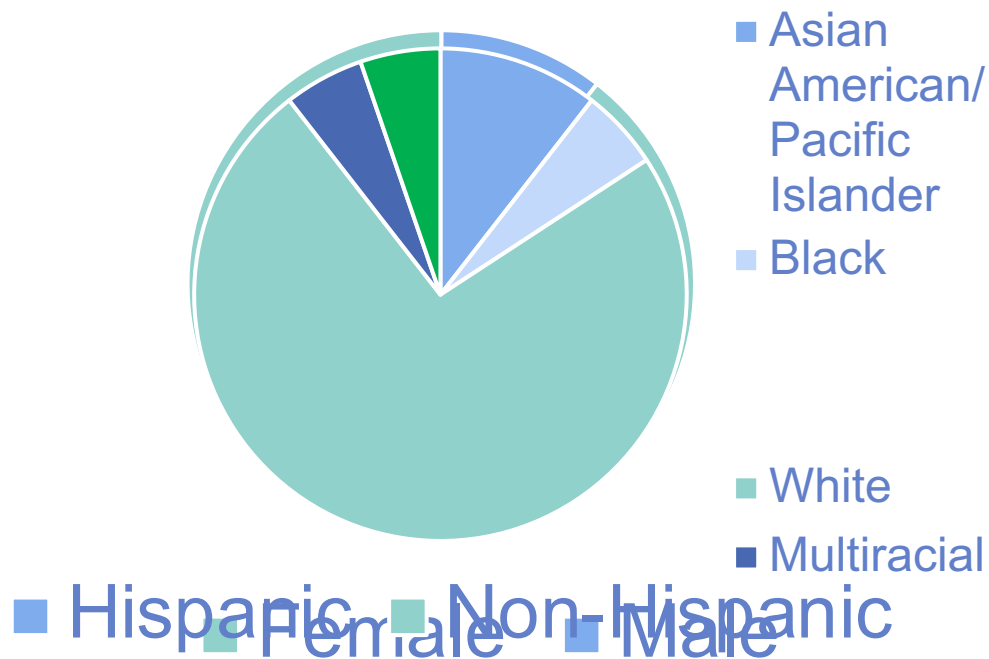




Methods

PARTICIPANTS

- 81 adults meeting diagnostic criteria
- Mean age of 30.6 (SD = 7.87)
- 21% of participants were residing in rural areas



ACT GUIDE
For trichotillomania



Thank you for being a part of this online program!

Acceptance and Commitment Therapy (ACT) Guide for Trichotillomania is made for people like you to help reduce their hair pulling. This program includes a series of 8 weekly sessions that will walk you through key skills to help you meet your goals with hair pulling.

INTERVENTION

Module	Content
1	Psychoeducation
2	Stimulus Control
3	Competing Responses
4	Values
5-6	Acceptance and Defusion
7	Values, Acceptance, Defusion
8	Relapse Prevention, Review



Last session we talked a lot about trichotillomania and how this program will help you. We also spent some time looking at areas of your body that you pull from to build awareness of your pulling.

Before we go into session 2 on the next page, let's review how your self-monitoring assignment went. At the end of last session we asked you to self-monitor how many hairs you pulled per day on average. **On average, how many hairs did you pull per day over the last week?**

Last session you learned how to sit with urges. Practicing opening up to and allowing urges to be there, rather than "feeding the tiger" by giving in to them or fighting with them.

Before we go into session 7, let's review how your practice is going with reducing hair pulling and using skills from the program. Last session you reported pulling hairs per day on average. **On average, how many hairs did you pull per day over the last week?**

How did you do with making fists and sitting with urges? **Select the skills you practiced this week.**

I practiced making fists

I practiced sitting with my urges

I didn't practice either of these skills



MAKING FISTS

In this session, we will be discussing a specific skill you can use to help you stop pulling in moments when your urge to pull is really strong. The type of training we will use is called **Habit Reversal Training**. It is done in two parts: awareness training and competing response training.

In session 3 you will:

- **Work on building awareness** of your physical and internal experiences when you feel the urge to pull.
- **Practice competing response training** by making fists.

What Matters To You

At its core, **values have to do with what deeply matters to you and what you care most about.**

When trying to identify your values, **it can be helpful to ask yourself questions like:**

- What are the most important things to you in your life?
- If it was completely up to you, what would you do and care about?
- What kind of person do you want to be?

SEE IT IN ACTION



Relationships

Career Goals

Engaging in social activities



Data Analyses

- Multi-level Modeling
- Series of nested models
- Find the best fitting model



Results

RESULTS

Trichotillomania-related outcomes



Improved pulling severity (MGH-HPS) & Trich psych flex (AAQ-TTM)

Distress



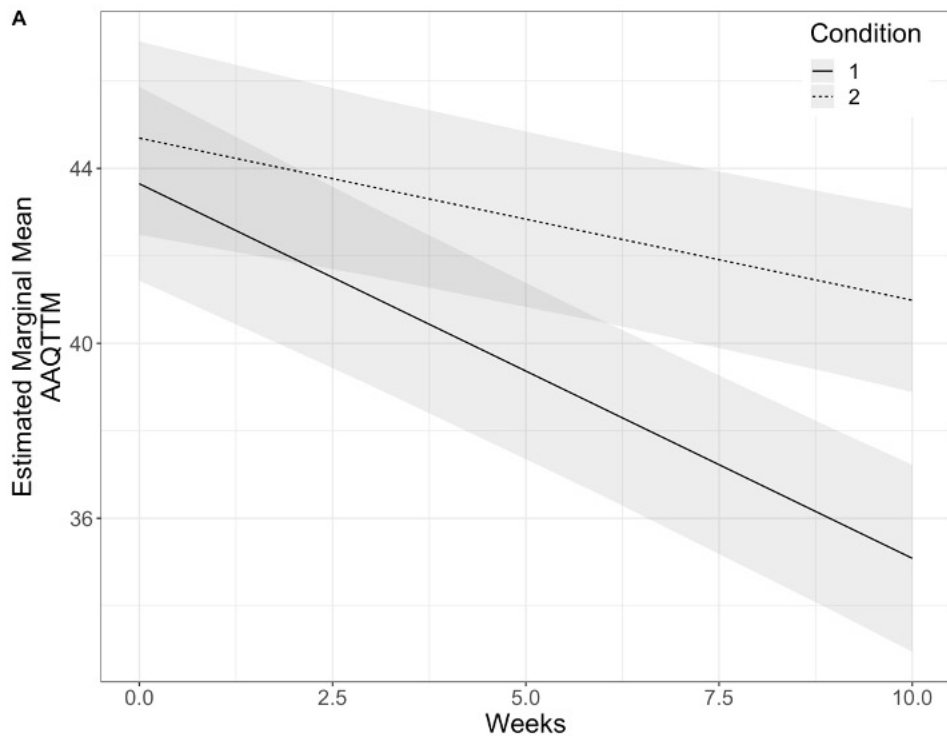
Improved overall distress (DASS-21), depression & stress, but not anxiety

Well-being

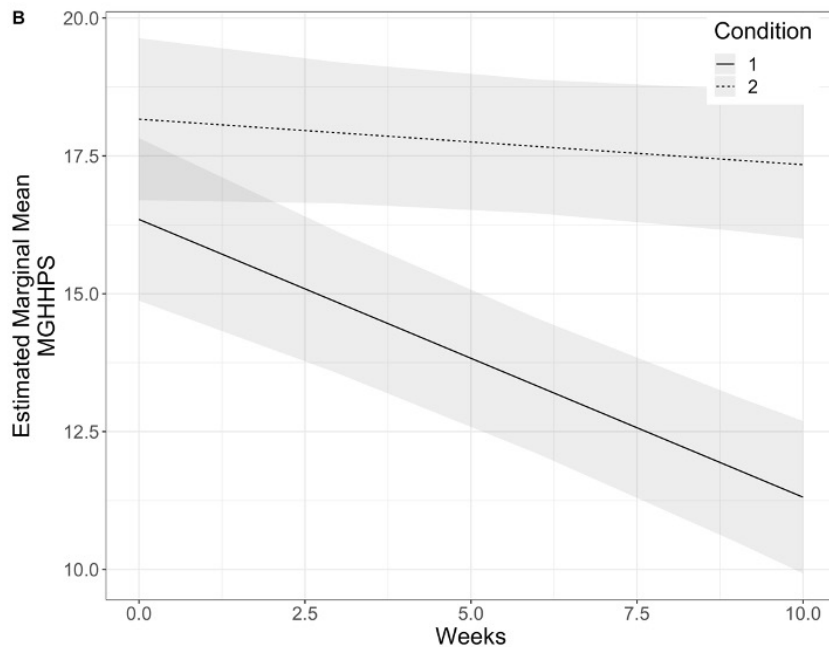


Improved well-being (MHC-SF)

Trichotillomania-related Psychological Flexibility(AAQ-TTM)



Hair pulling severity (MGH-HPS)



Treatment Responders

Post: 52.78%
Follow-up: 30.5%

FEASIBILITY OUTCOMES

Acceptability ●

Exceeded established
cutoff for TEI-SF
Mean 26.5 (SD 4.6)

Adherence ●

Adherence to the
treatment was
excellent

Usability ●

Rated in the “good” to
“excellent” range on
the SUS
Mean 84.9 (SD 14.9)

Engagement ●

Phone Check-ins



Discussion

Summary, future directions, & limitations

DISCUSSION & LIMITATIONS

Efficacy

Longer follow-ups, self-selected, homogenous sample

Feasibility

Program was usable, treatment adherence was high

Implications

Access, reach, first step to treatment, standalone treatment



You've reached the end of the treatment. Congratulations! We hope you've picked up some helpful skills and new perspectives along the way. However, remember that this is just the beginning of your own journey!

In this final session we will review key things to keep practicing the skills you've learned in this program.

THANK YOU!

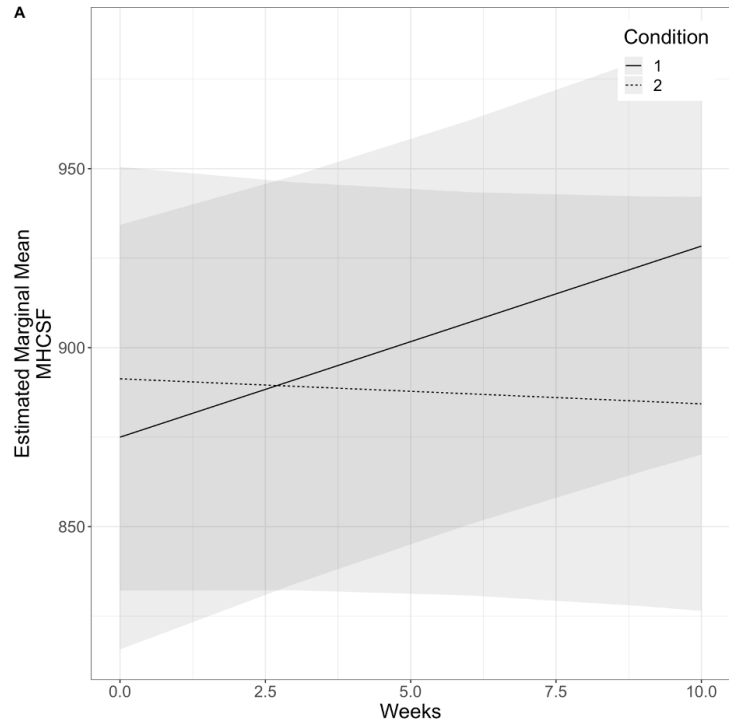
Questions

Credits: Thank you to slidesgo for this free presentation template!

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Well-being (MHC-SF)



Total Distress, Stress, Anxiety, Depression (DASS-21)

