Elegant Simplicity with the Complexities of BFRBs: Current Research and Treatment

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Trichotillomania (Hair-Pulling Disorder) DSM V Criteria

- Recurrent pulling out one's hair resulting in hair loss
- Repeated attempts to decrease or stop hair pulling
- The hair pulling causes clinically significant distress or impairment in social, occupational, or other important areas of functioning
- The hair pulling or hair loss is not attributable to another medical condition
- The hair pulling is not better explained by the symptoms of another mental disorder
- Note the difference from DSM IV to V

Excoriation (Skin-Picking) Disorder DSM V Criteria

- Recurrent skin picking resulting in skin lesions
- Repeated attempts to decrease or stop skin picking
- The skin picking causes clinically significant distress or impairment in social, occupational, or other important areas of functioning
- The skin picking is not attributable to the physiological effects of a substance
- The skin picking is not better explained by symptoms of another mental disorder
- New diagnostic status in DSM V, none in DSM IV

Body Focused Repetitive Behaviors (BFRBs)

- Trichotillomania (Hair-Pulling Disorder)
- Excoriation Disorder (Compulsive skin picking)
- Onychophagia (Compulsive nail biting)
- Compulsive nose picking
- Compulsive biting the inside of the cheek
- Lip biting or picking
- Nail/cuticle picking
- Any other picking behaviors
  - These are diagnosed as “Other Obsessive Compulsive and Related Disorders”

Differences Between TTM and OCD

TTM

- No obsessions
- No harm avoiding compulsions
- Symptoms bring short term gratification
- More females than males
- Earlier age of onset
- Little medication response
- Treatment is function-based
- Ego syntonic

OCD

- Obsessions present
- Harm avoiding compulsions
- Symptoms provide short term escape from anxiety
- Equal gender distribution
- Can have a good response to meds
- Treatment is ERP
- Ego dystonic

Typology of BFRBs

- **Automatic-**Done with little awareness during some other activity
- **Focused-** Preceded by an urge and is done in place of another activity (focus is on pulling or picking)
- **Combination-** Done at various times and in different situations (most people)
- This typology is not enough to provide adequate treatment, need a more comprehensive approach

BFRB Profiles

- **Hair Pulling Profiles:**
- **Sensory Sensitive**- focused pulling, infrequent, low intensity urges, and low intensity pulling.
- **Low Awareness (54%)-** automatic and emotionally triggered pulling with low urges and overall impulsivity.
- **Impulsive/Perfectionistic**- strong urges that are managed by pulling, urges are not able to be resisted, high mood and perfectionistic traits, poor distress tolerance, high impulsivity.
- **Skin Picking Profiles:**
- **Emotional/reward** (the majority of skin pickers)- strong, frequent urges, automatic and negative emotion triggered picking, little control over behavior, ADHD, perfectionism, and
- **Functional**- mild symptoms, lower urges, overall little distress from picking, some sensory issues.

Physical Injuries Associated with BFRBs

- Baldness, thinning hair
- Repetitive strain injuries—back, shoulder
- Tendonitis
- Eye irritations or infections
- Medical problems due to avoidance of doctors (eye or gynecological for example)
- Skin infections
- Scarring of skin
- Trichobezoars

Emotional and Psychosocial Injuries Associated with BFRBs

- Shame
- Low self-worth
- Avoidance of social activities
- Avoidance of relationships
- Educational impact
- Career impact
- Financial impact
- Time spent engaging in the behavior

What Does Good Treatment Look Like?

- Cognitive Behavior Therapy is the evidence-based treatment of choice for BFRBs
- Understanding the functional basis for the behavior and utilizing function-based interventions
- Excellent information and a list of therapists trained in treating BFRBs are available through The TLC Foundation for BFRBs (www.bfrb.org)
- Currently The TLC Foundation favors the Comprehensive Behavior (ComB) Model for BFRBs
- **Preparation for treatment**

The ComB Model

THE COMPREHENSIVE BEHAVIORAL MODEL FOR THE TREATMENT OF BFRBS

Developed by Charles Mansueto, Ph.D. and colleagues at the Behavioral Therapy Center of Greater Washington

Introduction to The ComB Model

Components of the ComB Model

I. Assessment and Functional Analysis
II. Identify and Target Domains
III. Identify and Choose Strategies
IV. Evaluation
V. Relapse Prevention

The ComB Model

Phase I: Assessment and Functional Analysis

- Orientation and Commitment
  - Education and preparation
    - Where is this person in their readiness? Are they ready?
    - Address common myths and misunderstandings
    - Gender distribution, age of onset, co-morbidity is low
    - Explain what we believe BFRBs are- functional
  - Normalization
    - These are common behaviors (2-5% of population)
    - Treatment works, when done appropriately and when client is committed and ready
  - Encourage support groups when possible
  - Educate parents and family members as well
  - Evaluate for co-morbid conditions
  - Explain that this is a process and requires work (diet and exercise metaphor)

Identification of Functional Components

- These behaviors serve a function, our job is to figure out what function they serve. Cues can be both internal (S, C, A) and external (M, P) and are called "Domains."
  - **S**ensory- touch, visual, taste, smell, auditory
  - **C**ognitive- beliefs about pulling/picking, permission-giving thoughts
  - **A**ffective- reducing a negative or increasing a positive mood state (tension, anxiety, boredom, sadness, guilt, frustration, excitement, anger, happiness, accomplishment)
  - **M**otor Habits/Awareness- pre-post pulling/picking behaviors, posture, motor movements and awareness of the behavior
  - **P**lace and Other Environmental Triggers- time of day, place (bedroom, bathroom, den, work, car, etc.) with whom (usually alone), activities (watching tv, reading, looking in the mirror, trying to fall asleep, procrastinating). Implements (mirrors, tweezers, razors, needles).

Phase II: Identify and Target Domains

- Identify Potential Target Domains
  - Therapy Simulation
    - What are the relevant Domains?
    - What other questions might you ask?

Phase III: Identify and Choose Intervention Strategies

- Identify Potential Intervention Strategies Within The Target Domains- Internal cues for BFRBs
  - Sensory: head massager, fidget toys, squeezy balls, brushes, smooth objects, smells, gum, feathers on face, ChapStick, slime/putty, put a smooth covering over the scab
  - Cognitive: Cognitive therapy to address mistaken beliefs, faulty assumptions, and permission giving thoughts.
  - Affective: Strategies to regulate mood- ACT, DBT, MBSR, MSC, relaxation, mindfulness meditation, exercise, breathing retraining, stress management skills, assertiveness training

Phase III: Identify and Choose Intervention Strategies

- Motor Habits/Awareness: Mindfulness exercises, altering posture, changing pre-pulling/picking behaviors, enhancing awareness through the use of "blocks" such as BandAids, tape, gloves, hats, wigs, long sleeves, pants, socks, HabitAware, self-monitoring.
- Place (Environmental Change): Watch TV in another room or at a different time, limit time in the bathroom, cover mirrors, throw away implements, wear blocks while reading or on the computer, wear gloves while driving, dim the lights in the bathroom, sit in the front of the classroom, get rid of magnifying mirrors and tweezers.

Phase III Practice Strategies

- Therapy simulation
  - How did the therapist incorporate the functional information into the treatment suggestions?
  - Did you agree with the suggestions?

- Use and practice strategies for at least one week entering environment (BEFORE an urge occurs)
  - Have patients monitor their use of strategies, what worked? What did not work? Why did it not work?

Phase IV: Evaluation of Interventions

- Evaluate Effectiveness of Strategies
- Select and Implement the next step:
  - Maintain Effective ones/add others weekly (Phase I and Phase II)
  - Abandon Ineffective Strategies/add others weekly (Phase I and Phase II)
  - Consider Modifications of Current Strategies Before Replacing. Did they use the strategy, if not, what were impediments? Is there a way to modify the strategy to make it more suitable?
  - Relapse Prevention

Therapy Simulation

Things to Consider

- Motivation vs. readiness
- This is a process and a lifestyle change, not a light switch
- Goal is **not** hair growth, behavior change through use of strategies
- High slip/relapse behavior, be prepared, not frustrated
- There are predictable times for slip and relapse
- Can introduce some ERP/acceptance of urges/urge surfing
- People with BFRBs tend to be perfectionistic, prepare the patient for imperfection
- The strategies do work, if used!

Considerations for Working with Children

- No gender difference in kids less than 12, low co-morbidity (ADHD)
- Parents are very involved at younger ages (0-12), but less involved after the onset of adolescence
- Oftentimes parents are much more motivated than their child, may need to educate the parent and motivate the child with external reinforcement
- BFRBs can become the focus of intense family conflict, take parents out of the "police role"
- Deal with parent anxiety/frustration/accommodation, it is paramount
- Make treatment fun, give rewards for meeting goals (usually give fidget toys)
- Focus is on problem-solving of slips, avoid judgment
- Slips are predictable
- "Baby trich" may resolve itself by age 6, but also responds extremely well to treatment
- See the child as a whole, not just a bfrb.

Self Monitoring Form

Date/Time	Place	BFRB Behavior	Sensory	Cognitive Thoughts	Affective Feelings	Motor Behaviors	How long?	Awareness 1-4	Severity 1-4

Intervention Use Form

Date/Time	Place/Activity	BFRB Behavior	Sensory	Cognitive Thoughts	Affective Feelings	Motor	Intervention Used	How Long?	Severity 1-4

Resources for People with BFRBs and Professionals

- The TLC Foundation for BFRBs (www.bfrb.org)
  - Membership is free
  - Therapist network
  - National Conference each year
  - Online support groups
  - Webinars and workshops around the country throughout the year for both sufferers and professionals

- Treatment Manual for BFRBs (in press) Mansueto, Mouton-Odum, Golomb
- Overcoming Body-Focused Repetitive Behaviors Mansueto, Vavrichek, Golomb
- The Hair Pulling Habit and You, Ruth Golomb, LCPC. and Sherrie Vavrichek, M. S.
- A Parent Guide to Hair Pulling Disorder, Ruth Golomb, LCPC. and Suzanne Mouton-Odum, Ph.D
- Help for Hair Pullers, Nancy Keuthen, Ph.D.

- TLC Professional Training Institute (PTI)
- TLC Virtual Professional Training Institute (V-PTI)
- www.StopPulling.com
- www.StopPicking.com