Adjunct Therapy Strategies for the Treatment of BDD

Sony Khemlani-Patel, Ph.D.
Bio Behavioral Institute
Great Neck, New York

Secondary Treatment Targets

- **Suicidal Ideation**
  - Assessment: Columbia Suicide Severity Rating Scale & Beck Scale for Suicide Ideation
  - Structured Protocols: Collaborative Assessment & Management of Suicidality (CAMS)
  - Safety planning
- **Body Focused Repetitive Behaviors**
  - ComB, Habit Reversal Training, CBT, DB
- **Trauma History**
  - Cognitive Processing Therapy
  - Prolonged Exposure

Associated Cognitive, Emotional, And Perceptual Features

- **Shame, self-criticism**
  - Shame is a self conscious emotion judging oneself in broad negative critical manner.
    - Higher than other psychiatric populations. Correlated with greater suicidal thoughts, hopelessness, and marginally with severity. BDD patients demonstrate general shame and body shame. (Weingarden, et al., 2016, 2017,2018).

- **Attentional Biases**
  - Self focused attention/difficulty shifting between internal & external focus (Fang, et al., 2022).
  - Selective attention to appearance related stimuli & perceived threats.

- **Detailed visual processing vs. global processing**
  - Attending to details increased likelihood of selectively attending to specific aspects of appearance (Arienzo, et al., Feusner et al.,2007, 2010 Lang, et al., 2021).

- **Perfectionism, rejection sensitivity**

Can existing treatment approaches enhance standard CBT/ ERP Protocols by improving symptoms that persist despite evidence based treatment?

Outcome data is needed to assess for improved treatment response with adjunctive approaches.

Assessment is key for a thoughtful & careful use of adjunctive strategies. Which symptoms are being targeted?

Adjunct Treatment Strategies

- Third Wave Therapies have multiple relevant techniques & symptom targets.
- Dialectical Behavior Therapy (DBT)
- Acceptance and Commitment Therapy (ACT)

DIALECTICAL BEHAVIOR THERAPY

- Co-morbid Borderline Personality Disorder
- Emotion regulation
- Coping with intense emotions in moments of crisis
- Mindfulness
- Self injury
- Skin picking
- Substance use
- Therapeutic Alliance
- Tolerate discomfort of ERP and resisting compulsive behaviors

ACCEPTANCE & COMMITMENT THERAPY

- Values based living
  - Values clarification
  - Decrease emphasis on appearance as value
- Committed action to align with values
- Mindfulness
- Cognitive Flexibility
  - Interaction with internal experiences
- Increased willingness to tolerate discomfort
- Acceptance

Other Adjunct Treatment Strategies

- Shame & Self Criticism
  - Compassion Focused Therapy (CFT)
- Attentional Training
  - Attentional Training
  - Mindfulness
  - Task Concentration Training
- Visual perceptual difficulties
  - Psycho-education
  - Mirror Re-training
  - Global visual processing

COMPASSION FOCUSED THERAPY

Compassion is…

"a sensitivity to suffering in self and others, with a commitment to try to alleviate and prevent it."

– Dalai Lama

COMPASSION FOCUSED THERAPY

- Developed by Paul Gilbert
- Multidisciplinary evidence based approach that integrates social, evolutionary science, Buddhist psychology, and neuroscience.
- Biology: Interaction between three affect regulation systems: **Threat, Drive, and Soothing.**
- Evolutionary theory: Human/mammals social motivation system; caring, nurturing; cooperation.

COMPASSION MIND EXERCISES

- Build a strong understanding of compassion.
- Develop a compassionate mind to engage in self care.
- Skills focused on compassionate reasoning, behavior, imagery, feeling, & sensation.
  - Mindfulness exercises focused on attention and awareness of one's thoughts & switching to what is helpful.
  - Soothing breathing to activate body systems
  - Writing letter to self
  - Daily compassionate actions to others & self
  - Openness to compassion from others

VISUAL PERCEPTUAL RE-TRAINING

MIRROR RE-TRAINING

Perceptual training addresses visual processing and related mirror checking

Patients learn to focus on their whole body rather than the small features

Global vs. Detail processing

Replaces negative language/judgments with objective/neutral language

Wilhelm, S., Philips,K., & Steketee, G. (2013). *Cognitive Behavioral Therapy for Body Dysmorphic Disorder.* Guilford Press.

Mirror Re-Training

- It should *not* include mirror exposure by staring at the perceived flaw or exaggerating it.
- Can be done gradually in low lighting and further distance from mirror.
- Is different from mirror exposure in which patient is learning to tolerate their perceived flaw or begin to use mirrors if they are avoided.

Wilhelm, S., Philips,K., & Steketee, G. (2013). *Cognitive Behavioral Therapy for Body Dysmorphic Disorder.* Guilford Press.

Mirror Re-Training Steps

- Describe entire body starting at hair and down to feet
- Use color, size, shape to describe body in neutral language
- Therapist should model it first
- Practice in session and at home

"My nose is deformed" *to* "My nose is about 2 inches long"
"My eyes stick out and make me look like a bug" *to* "My eyes are round and dark brown"
My "hair is disgusting" *to* "My hair is shoulder length and wavy"

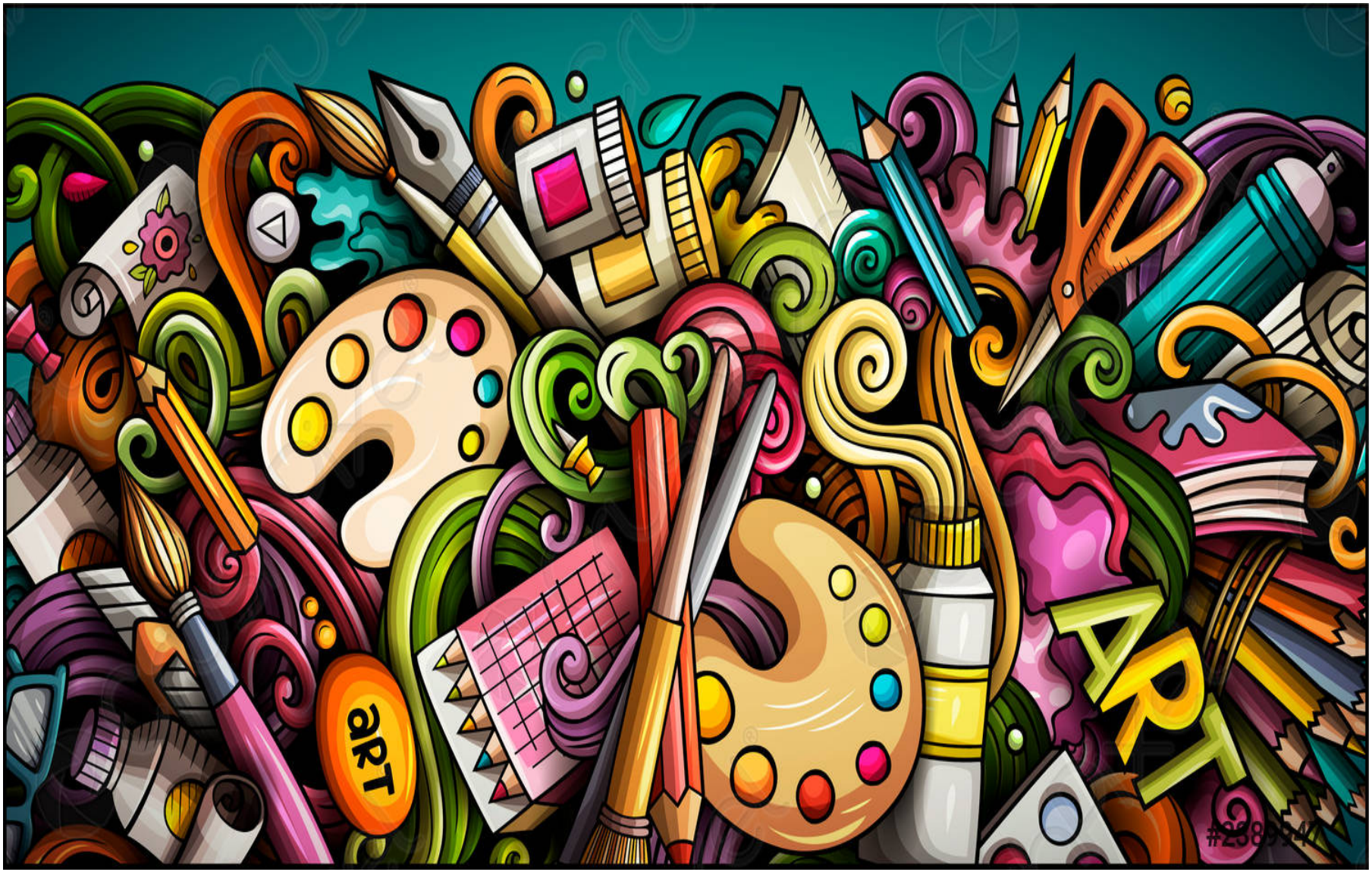
Wilhelm, S., Philips,K., & Steketee, G. (2013). *Cognitive Behavioral Therapy for Body Dysmorphic Disorder.* Guilford Press.

Global Perceptual Re-Training

- Psychoeducation approach to demonstrate the difference between detail vs. global visual processing and how it can alter one's perception and judgment of appearance.

- Use neutral (non facial) images of artwork & photographs with details.

Khemlani-Patel, S., & Neziroglu, F. (2022). *Body Dysmorphic Disorder.* Advances in Psychotherapy-Evidence Based Practice Series. Hogrefe Press


aRT
ART

Self Focused & Selective Attention: Meta-Cognitive Strategies

- Attentional Bias can occur with over-focus on internal stimuli (mental images or thoughts), selectively to external BDD related stimuli (people, situations, mirrors, activities), or having difficulty shifting between internal and external stimuli.
- Attentional Training & Task Concentration originally designed for social anxiety
  - Control attention regardless of emotional state or surroundings
  - Flexibility of attention
  - Focus outward even in threatening situations
  - Disengage from internal unhelpful worries, rumination

Choose six to nine sounds

PHASE 1: Selective Attention
Listen to each sound for one minute

PHASE 2: Rapid Attention Switching
Listen to each sound for 10-20 seconds

PHASE 3: Divided Attention
Listen to as many of the sounds you can hear simultaneously

https://youtu.be/HB3zXJzk6VY

Task Concentration Training: Listening Then Speaking

1	Have patient listen to you tell a neutral story for 2 minutes with both facing away. Summarize story
2	Have patient listen to you tell a neutral story while facing you. Summarize story
3	Have patient listen to an appearance related story for 2 minutes while facing away. Summarize story
4	Have patient listen to an appearance related story while facing you. Repeat exercise but with patient speaking. Summarize story

Bogels, S.M. (2006). Task concentration training versus applied relaxation, in combination with cognitive therapy, for social phobia patients with fear of blushing, trembling, and sweating. *Behavior Research and Therapy*,

Task Concentration While Engaging On A Task

1. Concentrate on the task in Nonthreatening everyday situation (walk in park, sit in room)
2. Pay attention to visual, auditory olfactory and practice as well as one's own body sensations.
3. Listen to music and pay attention to one instrument at a time and then put it all together.
4. Repeat in threatening situation, having make-up applied, walking in mall, talking to salesperson.

Conclusion

- ERP and CBT are first line empirically supported treatment for BDD.

- Adjunctive techniques can supplement and enhance treatment when used with thoughtful clinical planning of identified treatment targets.

Adjunctive techniques need data specific to BDD.