Mental Health Providers Knowledge of Trichotillomania and Skin Picking Disorder, and Their Treatment

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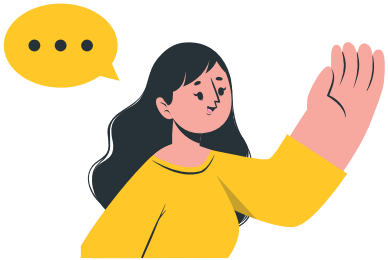
BACKGROUND

INTRODUCTION

- Limited provider knowledge and treatment accessibility (e.g., Wetterneck et al., 2006; Woods et al., 2006)
- Evidence based treatments are available (e.g., Woods et al., 2022; Capriotti et al., 2015)
- Increase in treatments in the last 20 years (e.g., Woods et al., 2022; Capel et al., 2023)
- Treatment access remains limited (e.g., Lee et al., 2018; US Department of Health and Human Services)

STUDY PURPOSE



REPLICATION

- Replicate Marcks (2006) study
- Assess mental health providers knowledge of diagnosis and treatment

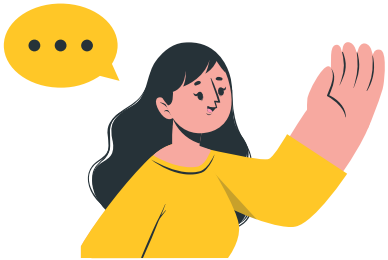
EXPAND

- Expand assessment to include skin picking disorder

02.

METHODS

PARTICIPANTS



MENTAL HEALTH PROVIDERS

- 329 providers
- Predominantly White (85.4%)
- Predominantly women (72.9%)
- Average age 38.6 years
- Most held masters level degrees
- Practicing for 2-5 years

PARTICIPATION

- Licensed providers in Utah
- 10-15 minute survey
  - Demographic questions
  - Diagnostic criteria
  - Treatment information

MEASURE

DEMOGRAPHICS

- Gender
- birth year
- highest educational degree

EXPERIENCES WITH TRICHOTILLOMANIA AND SKIN PICKING

- Number of persons treated with primary or secondary concerns of
  - Trichotillomania
  - Skin picking
  - OCD
  - BFRBS

GENERAL QUESTIONS ABOUT TRICHOTILLOMANIA AND SKIN PICKING

- Diagnostic criteria
  - Both DSM-V and DSM-IV

TREATMENT

- Identifying evidence based treatments
  - Both accurate and inaccurate treatments listed
- Self-rated competency

03.

RESULTS

EXPERIENCES WITH TRICHOTILLOMANIA & SKIN PICKING

- 50% of participants reported working with 1-2 or fewer clients with trichotillomania or skin picking
- 42% reported never having worked with someone with BFRBs

GENERAL QUESTIONS ABOUT TRICHOTILLOMANIA

- 70% or more accurately identified the following diagnostic criteria
  - Individual needs to have tried to stop pulling
  - Pulling must cause clinically significant distress
  - Trichotillomania is a OCRD
- 50-70% inaccurately identified the following diagnostic criteria
  - There must be a sense of gratification after pulling
  - Pulling must be associated with a feeling of tension
  - There must be obsessive-type thoughts associated with pulling
- Most participants (60%) inaccurately reported that trichotillomania was caused by a traumatic event

GENERAL QUESTIONS ABOUT SKIN PICKING

- 60- 85% accurately identified the following diagnostic criteria
  - Picking is frequent and leads to skin lesions
  - Made attempts to stop picking
  - Picking must cause clinically significant distress or impairment
  - Skin picking is an OCRD
- 50-70% inaccurately identified the following diagnostic criteria
  - There must be a sense of gratification after picking
  - Must be associated with a feeling of tension or pressure
  - There must be obsessive-type thoughts associated with picking
- 30% did not know the average age of onset for skin picking

TREATMENT

- 50% believed treatments of skin picking and trichotillomania are different
- Evidence based psychosocial treatments
  - Approximately 70% inaccurately identified psychoanalysis, hypnosis, and ERP as evidenced based treatments
  - Approximately 70% accurately identified HRT, DBT, and CBT as evidence based.
- Perceived competency to treat trichotillomania
  - Trichotillomania: the median competency rating was 3-4; level of preparedness from prior training was 2-3
  - Skin picking, the median competency rating was 4-5; level of preparedness from prior training was 3
- Under 30% were aware of referral options, support groups, self-help programs or books

04.

DISCUSSION

KEY FINDINGS

EXPERIENCE

- Few providers had experiences treating BFRBs
- Contributes to decreased treatment seeking?

GENERAL QUESTIONS

- identified both inaccurate and accurate diagnostic criteria
- Education level did not moderate this effect

TREATMENT

- Identified both EST and not ESTs as being evidence based
- Providers did not feel competent to treat BFRBs
- Felt that training did not prepare providers to treat

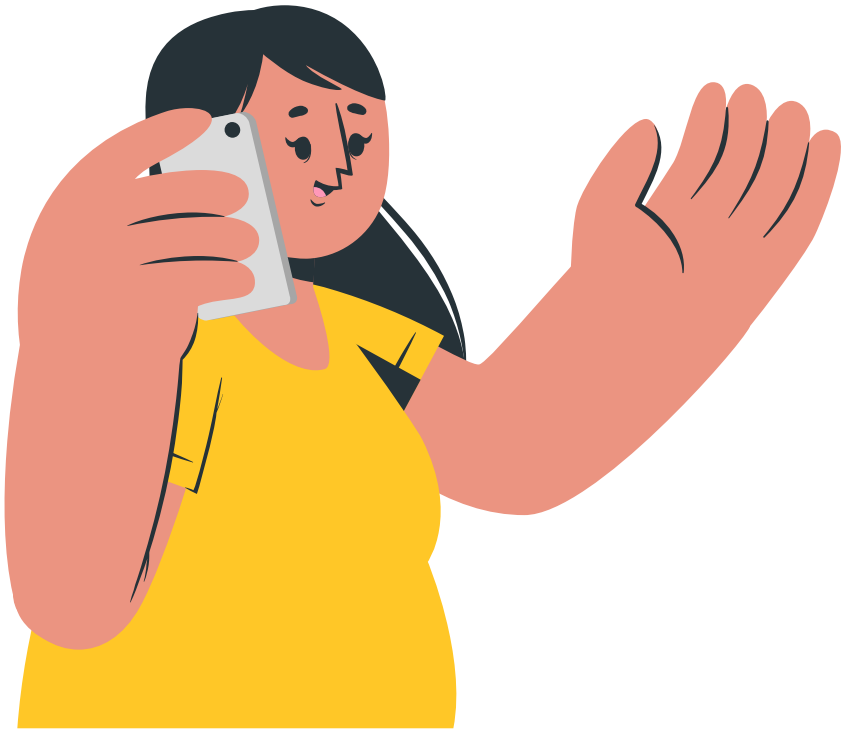
CLINICAL IMPLICATIONS

- Substantial need for increased provider training/education to effectively treat BFRBs
- With increased provider training, there is potential to increase the number of people receiving treatment

FAMILY IMPLICATIONS

- Lack of knowledge may make it more difficult to receive evidence-based treatments
- May be beneficial to seek providers specializing in BFRBs
- Develop repertoire of self-help resources & online support groups

THANKS!



DOES ANYONE HAVE ANY QUESTIONS?

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