More Than Bad Habits:
Treatment of Trichotillomania and Body Focused Repetitive Behavior Disorders (BFRB’s)

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Disclosure

I have no conflicts of interest to disclose.
Types of BFRB’s

- Trichotillomania (hair-pulling)
- Excoriation Disorder (skin picking)
- Cheek or Lip Biting
- Nail Biting

Prevalence for Hair Pulling and Skin Picking about 1-2% (DSM5, 2013)
Trichotillomania Impact Project (Woods et al, 2006) 1697 individuals completed an online survey with self-reported Trich. (TIP Project) Assessed phenomenological experiences, impact of TTM and treatment-seeking experiences.

- 46% reported having never been diagnosed
- Of those who sought tx: 42% received medication, 31% had behavior therapy, 44% other types of psychotherapy
Diversity

- Rates of hair pulling does not appear to differ significantly among genders or ethnic backgrounds.
- African American women were more likely to report pulling in response to skin irritation. (McCarly et al, 2002)
- Anxiety symptoms appear to be more highly correlated with trich than cultural messages about hair in African American women (Neal-Barnett et al, 2011)
Habit Reversal Training

- Developed by Azrin and Nunn (1973)
- Has the most empirical support
  - Original study 1973 included a variety of habits, tics, thumb suckers...et. 12 subjects. 90% Habit Reduction
  - Azrin did two follow up studies of HRT
    - 1980 – 34 subjects, 91% Habit reduction at 4 months, 87% habit reduction at 22 months
    - 1990 Tourette’s 10 subjects, 93% tic reduction
Habit Reversal Training cont’d

- HRT is the most studied; other researchers include control groups
- Targets motoric behaviors
- Theory is that the behavior reduces tension, which is reinforcing
- The hair puller lacks awareness of their actions
Steps in HRT

Awareness Training

Competing Response Training

Motivation Training

Generalization Training
Step 1: Awareness

- Do they feel an urge or tingling?
- Awareness essential for intervention
- Record via index card or log: every day for the first two weeks then decreasing.
Awareness Training continued

- Look in the mirror and perform the habit intentionally.
- Have a family member notify the person when he/she engages in the target behavior.
- Notify the family member when engaging in the target behavior.
Relaxation Training

- Not listed as one of the crucial four steps, but Azrin noted that a brief relaxation component can be helpful.
- Diaphragmatic Breathing
- Progressive Muscle Relaxation
Step 2: Competing Response Training

- Behavior that is incompatible with the target behavior
- Intended to be very discrete
- Able to be used in a variety of situations
- Clenching fists by side until feeling tension in arms and hands
- To be performed either before or after the habit
Step 3: Motivation Training

- Review in detail the inconvenience, embarrassment and suffering that results from the habit.

- Family and friends encouraged to comment favorably when not doing the habit.
  - Children – reward system

- Reminder to practice HRT when engaging in the habit.
Step 4: Generalization Training

- Discuss in session the different types of habit-eliciting situations
- Practice performing the competing response for several minutes in session.
- Use imagery to rehearse the skills in a variety of settings
Comprehensive Model for Behavioral Treatment (ComB)
Mansueto et al (1999)

- If HRT works, why another approach?
- Not comprehensive enough
  - Only addresses the motoric aspect of the habit
  - Other factors not adequately addressed
PHASE 1: ASSESSMENT AND FUNCTIONAL ANALYSIS

PHASE 2: IDENTIFY AND TARGET MODALITIES

PHASE 3: IDENTIFY AND IMPLEMENT STRATEGIES

PHASE 4: EVALUATION AND MODIFICATION
PHASE 1: ASSESSMENT AND FUNCTIONAL ANALYSIS

- Identification of functional components
- Begin self-monitoring
- A-B-C model
  - Antecedents
  - Behaviors
  - Consequences
SCAMP Model

- **S**ensory: internal experiences, itchy, tingly

- **C**ognitive: thoughts, beliefs, “I need to pull this coarse hair”

- **A**ffective: anxiety, depression, boredom, fatigue

- **M**otoric vs Awareness: discern level of awareness of the habit

- **P**laces: locations, times, associated activities (watching tv, lying bed, sitting in class, grooming); use tools like a tweezer alone or in front of others?
# Hair Pulling Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location/Activity</th>
<th>Strength of Urge (1-10)</th>
<th>Notable Thoughts</th>
<th>Notable Feelings/Sensations</th>
<th># of Hairs Pulled/ Site (scalp, lashes …etc)*</th>
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*For other BFRB’s change the last column to Behavior (picked skin, bit lip…etc)*
PHASE 2: IDENTIFY AND TARGET MODALITIES

- Identification of potential modalities to be targeted (SCAMP) and train the patient in using them.

- Sensory: scratch the sensory itch
  - Stress ball, silly putty
  - Pick dried glue off
  - Sequin pillow
Phase 2 cont’d

- **Cognitive**
  - Identify cognitive distortions
  - Cognitive restructuring

- **Affective:**
  - Relaxation Training
  - Exposures for feared situations
  - Sleep issues
Phase 2 cont’d

- **Motoric Modality**
  - Avoid sitting in certain positions
  - Competing Response

- **Environmental**
  - Disrupt the chain of events
  - Barriers to picking and pulling
Phase 3: Implement Strategies

- Instruct the patient in using the strategies
- Identify the strategies most likely to be used
- Instruct them to practice for at least a week before making any judgements
PHASE 4: EVALUATION AND MODIFICATION

- Evaluate the effectiveness of the strategies employed

- Further refinements
  - Maintaining some of the selected interventions
  - Modify interventions before replacing them
  - Include others that had been previously discussed
Is Comb empirically supported?

- Not tested in its entirety. Small uncontrolled study by Falkenstein et al (2016) created a manual and a therapist adherence measure. Results demonstrated efficacy. Will be used for future randomized controlled studies.

- Expected to be successful, because it’s just taking HRT and expanding it to be more comprehensive.
Other Treatment Options

- **Medication:**
  - No medications are FDA approved for BFRB’s
  - **Most Commonly Used**
    - SSRI’s: can be helpful sometimes
    - SNRI’s: can increase pulling in some people
    - Clomipramine (Tricyclic): good drug, several side effects
    - Lithium has been used for impulsivity
    - Naltrexone is showing some early success, needs more study (commonly used to treat addiction).
    - Riluzole works on glutamate some early promise (typically used to treat ALS/Lou Gehrig’s Disease).

- Meta-analysis of 11 studies revealed no evidence that SSRI’s were superior to placebo.
- Only behavioral interventions demonstrated significant benefits compared with inactive control groups.
Other Treatment Options

- Inositol: considered a B vitamin
- N-Acetylcysteine (NAC): a nutraceutical that modulates the amino acid glutamate in the body or brain. Some uncontrolled studies to support its effectiveness in treating BRFB’s. Lochner et al (2017)
Other Treatment Options cont’d

- Research is inconsistent; some demonstrate effectiveness, some don’t.

- CBT/HRT demonstrated better than medication in a number of studies Schumer et al (2016)

- Conclusion: if even medication is effective, some form of CBT is necessary for lasting results.


Resources

The TLC Foundation for BFRB’s

www.bfrb.org

International Obsessive Compulsive Foundation

www.iocdf.org