

What are Body-Focused Repetitive Behaviors?

BFRBs

- Repetitive self-grooming behaviors in which pulling, picking, biting or scraping of the hair, skin or nails result in damage to the body
- Common BFRB behaviors include skin picking (of scabs, acne, or other skin imperfections, for example), cuticle or nail biting or picking, and lip or cheek biting

OC&R and BFRBs

- Two of the OC&R disorders are also BFRBs
 - Trichotillomania (hair-pulling disorder)
 - Excoriation (skin-picking disorder)
- Distinct from OCD and not the result of some “deeper” disorder or trauma

Symptoms of BFRBs

- Pulling/picking most often occur when sedentary
 - Lying in bed, reading, listening to a lecture or in class, riding in or driving a car, using the bathroom, talking on the phone, using the computer or sitting at a desk at work
- Can be planned or accidental

Symptoms of BFRBs

- Some have sensations that “pull” fingers to the sites, some do not
- Many report they are search for “wrong” hairs or skin in order to remove/fix the perceived problem
- For many, these searching behaviors are part of the process

Etiology

- Typically begin around puberty
 - Can be seen among infants, but is less likely to develop into a long-term problem behavior
- Some evidence for genetic or epigenetic component
- Strong environmental influence (family stress, in particular)

What is Trichotillomania
(Hair-Pulling Disorder)?

Operational Definition

- A. Recurrent pulling of one's hair, resulting in hair loss
- B. Repeated attempts to decrease or stop hair pulling
- C. The hair pulling causes clinically significant distress in social, occupational, or other important areas of functioning

Operational Definition

- D. The hair pulling or hair loss is not attributable to another medical condition
- E. The hair pulling is not better explained by symptoms of another mental disorder

TTM Prevalence

- 1-2% in adolescents and adults
- Females outnumber males 10:1 in adult samples
- Equal number of males and females in childhood

What is Excoriation (Skin-Picking) Disorder?

Operational Definition

- Recurrent skin picking resulting in skin lesions
- Repeated attempts to decrease or stop skin picking
- The skin picking causes clinically significant distress in social, occupational, or other important areas of functioning

Operational Definition

- D. The skin picking is not attributable to the physiological effects of a substance another medical condition
- E. The skin picking is not better explained by symptoms of another mental disorder

Excoriation Prevalence

- Rates of 1-2% in adults, with at least half of cases starting in childhood
- 3:1 female to male ratio

Treatment for BFRBs

Pharmacology for BFRBs

- No FDA approved meds, scant research
- TCAs (clomipramine) and SSRIs (fluoxetine) are most studied, tend to see small decreases that may only last a few months
- Naltrexone has mixed research results (1+, 1-), neuroleptics have almost no research

Behavioral Therapy

- Several different therapeutic approaches have been used with BFRBs, all variations of CBT
- Habit Reversal Training, Comprehensive Behavioral Treatment, Acceptance & Commitment Therapy, and Dialectical Behavior Therapy have all been used
- HRT and ComB are more well studied, ACT and DBT are considered adjunctive

FLOW CHART FOR TRICHOTILLOMANIA TREATMENT

PHASE 1: ASSESSMENT AND FUNCTIONAL ANALYSIS

Decision to target pulling and orientation of client
Identification of functional components
Begin self-monitoring

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PHASE 2: IDENTIFY AND TARGET MODALITIES

Identification of potential modalities to be targeted
Selection of target modalities

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PHASE 3: IDENTIFY AND IMPLEMENT STRATEGIES

Identify potential treatment strategies within the targeted modalities
Identify the specific strategies most likely to be used by the client
Train client in the use of strategies/implement for at least 1 week

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PHASE 4: EVALUATION AND MODIFICATION

Evaluate effectiveness of the strategy
Select and implement next step in treatment

Habit Reversal Training

- Most well-researched method to date
- Three critical components
 - Awareness training
 - Competing response training
 - Social support

Awareness Training

- Involves making clients more aware of when and where the pulling/picking is most likely to occur
- First step is a complete operational definition of the BFRBs
 - Describe where it occurs, which hand(s) are used, typical location(s), typical mood state(s)

Awareness Training

- Then, any environmental functions of the behavior need to be identified
 - Socially mediated positive reinforcement
 - Gaining attention
 - Socially mediated negative reinforcement
 - Escaping from unwanted situations/actions
 - Automatic reinforcement
 - Physical/emotional changes that happen from behavior

Awareness Training

- For homework, clients are to keep an ongoing log of all pulling/picking episodes
- Typically includes severity, duration, triggers, emotions, sensations, thoughts, location

Date	Time Began	Location (Where were you?)	Activity (What were you doing?)	Strength of Urges (0-10)	Degree of Awareness (0-10)	Notable Feelings	Notable Thoughts	Notable Sensations	Site S=Scalp B=Brows L=Lashes P=Public O=Other	Strength of Effort to Resist (0-10)	No. Pulled

Competing Response Training

- In this phase, you teach and practice doing behaviors that are physically incompatible with the picking/pulling behavior
- Ultimate goal is to desensitize client to the “urges” that often occur, as well as continue to raise awareness

Competing Response Training

- CRT is very similar to doing EX/RP for OCD – it's all about prevention of typical responses and letting discomfort naturally dissipate
- May need to get highly creative to develop appropriate competing responses

Competing Response Training

- Typically begins by doing "practice" phase where spend 30 minutes a day practicing pulling and doing CRs
- Identify the most problematic behavior and resultant picking/pulling site to target first

Competing Response Practice

- 1) Based on prior operational definitions, you begin the picking/pulling behavior
- 2) Start the behavior, but do not complete it
- 3) Do CR immediately
- 4) Hold the CR for 1 minute or until urge goes away, whichever is longer
- 5) Rinse and repeat

Social Support

- Involves bringing loved ones and family members into the therapy process to:
 - Provide positive feedback when the individual engages in competing responses
 - Cue the person to employ these strategies
 - Provide encouragement and reminders when the individual is in a “trigger” situation

Session Breakdown for HRT

- Session 1 - Interview
- Session 2 - Awareness training
- Session 3 – Competing Response Training
- Session 4 – CR Generalization

Session 1 - Interview

- Functional assessment of BFRBs
- Assessment of comorbid issues
- Establish ongoing assessment plan
- Discuss treatment outline

Instruct: On each item, tick the most answer which best describes the past week, if you have been having any and always, try to estimate an average for the past week. Please be sure to read all answers in each group before making your choice.

<p>(1) How often do you feel the urge to pick your skin?</p> <p>0 No urges</p> <p>1 Mild, occasionally experience urges to skin pick, less than 1 today</p> <p>2 Moderate, often experience urges to skin pick, 1-3 today</p> <p>3 Severe, very often experience urges to skin pick, greater than 3 and up to a today.</p> <p>4 Extreme, constantly or almost always have an urge to skin pick.</p>	
<p>(2) How intense or "strong" are the urges to pick your skin?</p> <p>0 Minimal or none</p> <p>1 Mild</p> <p>2 Moderate</p> <p>3 Severe</p> <p>4 Extreme</p>	
<p>(3) How much time do you spend picking your skin on any day?</p> <p>0 None</p> <p>1 Mild, spend less than 1 today picking my skin, or occasional skin picking.</p> <p>2 Moderate, spend 1-3 today picking my skin, or frequent skin picking.</p> <p>3 Severe, spend more than 3 today picking my skin, or very frequent skin picking.</p> <p>4 Extreme, spend more than 8 today picking my skin, or near constant skin picking.</p>	
<p>(4) How much control do you have over your skin picking? To what degree can you stop yourself from picking?</p> <p>0 Complete control, I am always able to stop myself from picking.</p> <p>1 Some control, I am usually able to stop myself from picking.</p> <p>2 Some control, I am sometimes able to stop myself from picking.</p> <p>3 Little control, I am rarely able to stop myself from picking.</p> <p>4 No control, I am never able to stop myself from picking.</p>	
<p>(5) How much emotional distress (anxiety/depression, frustration, hopelessness, or feelings of low self-esteem) do you experience from your skin picking?</p> <p>0 None, I feel no distress from my picking</p> <p>1 Mild, only slight emotional distress from my picking, I occasionally feel emotional distress because of my picking, but only to a small degree.</p> <p>2 Moderate, a fair amount of emotional distress from my picking, I often feel emotional distress because of my picking.</p> <p>3 Severe, a large amount of emotional distress, I almost always feel emotional distress because of my picking.</p> <p>4 Extreme, constant emotional distress, I feel constant emotional distress and am so high of this I am changing.</p>	
<p>(6) How much does your skin picking interfere with your social, work (or school functioning)? If currently not working, determine how much your performance would be affected if you were employed?</p> <p>0 None</p> <p>1 Mild, slight interference with social or occupational activities but overall performance not impaired</p> <p>2 Moderate, definite interference with social or occupational performance, but still manageable</p> <p>3 Severe, serious substantial impairment in social or occupational performance.</p> <p>4 Extreme, incapacitating</p>	
<p>(7) Have you been avoiding anything, going any place, or being with anyone because of your skin picking? If yes, then how much do you avoid?</p> <p>0 None</p> <p>1 Mild, occasional avoidance in social or work settings</p> <p>2 Moderate, frequent avoidance in social or work settings</p> <p>3 Severe, very frequent avoidance in social or work settings.</p> <p>4 Extreme, avoid all social and work settings as a result of the skin picking/scratching.</p>	
<p>(8) How much skin damage do you currently have because of your skin picking? Only consider the damage produced by the behavior of picking.</p> <p>0 None (no skin damage from picking)</p> <p>1 Mild (slight damage to the form of small scabs, sores, scrapes etc). Damage covers a very small area and no attempts are made to cover or treat the damage.</p> <p>2 Moderate (noticeable skin sores, or small open sores) - 1 cm in diameter). Picking results in attempts to cover the damage with tape to better resemble (e.g., bandages, creams, etc.) sores that do not require the assistance of a physician.</p> <p>3 Severe (large skin sores, scabs or open sores) - 1 cm in diameter), infirmed areas and/or noticeably disfigured skin. Picking results in extensive attempts to cover the damage and may require periodic treatment by a medical professional (i.e., prescription antibiotics, dressings, etc.).</p> <p>4 Extreme (large open wounds or ulcers, frequent bleeding, large scabred sores). Damage may require extensive medical and medical intervention (e.g., plastic surgery, skin grafts, hospitalization, etc.).</p>	

<h2>Session 2 - Awareness training</h2> <ul style="list-style-type: none"> • Provide rationale for awareness training • Get detailed description of pulling/picking • Discuss “warning signs” of pulling, establish 1-3 • Therapist simulates pulling, client has acknowledge BFRBs 	
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<p>Session 2 - Awareness training</p> <ul style="list-style-type: none">• Repeat process with warning signs• Homework is to do self-monitoring of pulling/picking behavior for the next week	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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Session 3 – Competing Response Training

- Review monitoring HW
- Choose a competing response
- Clinician models CR
- Address concerns about CR
 - Situations it will not possible, worries about it feeling uncomfortable

Session 3 – Competing Response Training

- Teach client the CR
- Social support training
 - Identify support person
 - Have client demonstrate CR
 - Have support person praise (based on therapist modeling)
- Homework is to practice CR for 20-30 minutes daily and continue self-monitoring

Session 4 – CR Generalization

- Review HW, troubleshoot as needed
- Assess self-monitoring data
- Review CR to ensure it's being done correctly
- Ask support person about any problems

Session 4 – CR Generalization

- Introduce use of CR outside of practice
- Determine how support person(s) will let client know when to do the CR (if they don't catch it themselves)
- Practice in session
- Homework – continue self-monitoring and practice, implement general CR use

Sessions 5+

- Review and troubleshoot progress using CR and practicing
- Repeat awareness and CR process for other BFRBs
- Space sessions out to provide contact as needed

Comprehensive Behavioral Treatment

- ComB was developed to individualize BFRB treatment
- Combines HRT with other CBT techniques to maximize generalizability
- Differs from HRT in that uses not just CRs, but also sensory substitutes

ComB Sensory Substitutes

- All about finding items that achieve the sensation desired when engaging in BFRBs
- If itching at picking/pulling area, use wide tooth comb to provide relief but not have fingers touch skin/hair
- If searching for coarse hair to pull, might roll twine between fingers

ComB Other Aspects

- Cognitive restructuring and correcting faulty thinking
- Interpersonal work due to shame, isolation, and low self-esteem that is often seen in people with BFRBs

Media Critique #5



Reflection Paper

due Monday at 9 am
