Effective Interventions for Body Focused Repetitive Disorders

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Learning Objectives

- Define and describe Body-Focused Repetitive Disorder
- Identify and describe the two prevalent types of Body-Focused Repetitive Disorders.
- Describe effective treatment modalities for Body-Focused Repetitive Disorders with specific focus on Habit Reversal Training.
- Identify community resources that specialize in treatment and support of Body –Focused Repetitive Disorders.

What is a Body Focused-Repetitive Disorder (BFRD)?

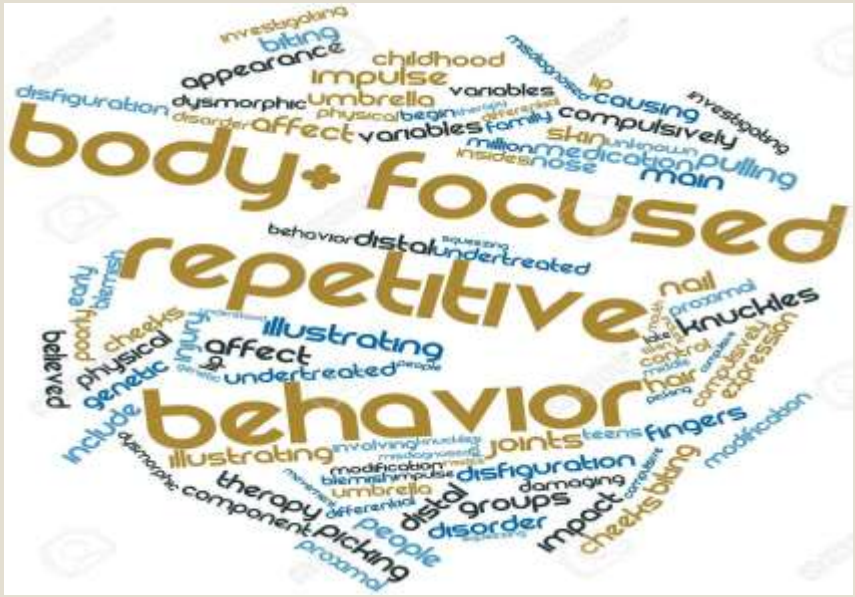
- BFRD were originally diagnosed as being a form of Impulse Control Disorders in the Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition.
- Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition, identifies BFRDs in a subcategory of Obsessive Compulsive and Related Disorders(DSM-5, 300.3).

BFRD Continued

- DSM-IV characterizes BFRDs as any repetitive self-grooming behavior that involves biting, pulling, picking, or scraping one's own hair, skin, or nails that results in damage to the body and have been met with multiple attempts to stop or decrease the behavior. The behavior must cause notable distress or impairment in the individual's daily functioning and cannot be better accounted for by a stereotypic movement disorder or non-suicidal self-injurious behavior.
- Behaviors typically manifest between the ages of 11 to 15, sometimes earlier. Etiology of the disorders are not clear, however research indicates that some people may have an inherited predisposition. Other contributing factors are age of onset, temperament, environment and family stress.
- According to the TLC Foundation, research indicates persons who display BFRD do not necessarily have deeper issues the need to be addressed.

Types of BFRD

- Dermatilomaina (Skin Picking Disorder) was renamed Excoriation Disorder in the DSM-IV
- Trichotillomania (Hair Pulling Disorder)
- Non-Specified BFRD (Nail biting, Lip biting , check and tongue biting).



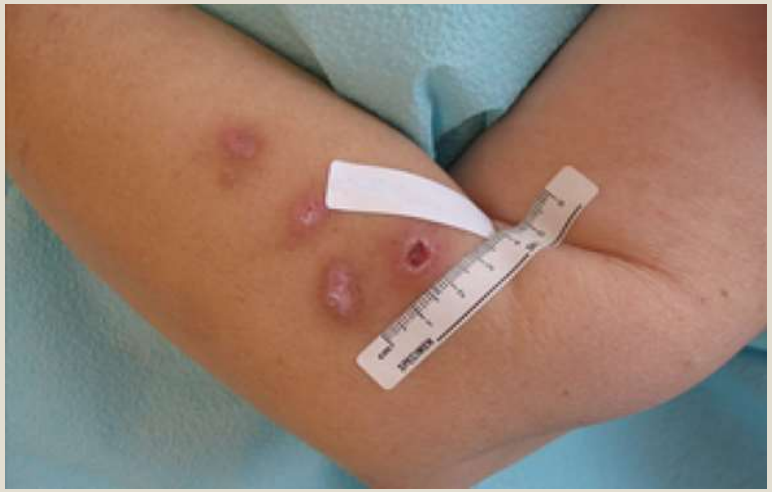
Excoriation (Skin Picking) DSM-IV Diagnostic Criteria

- 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, occupation, or other important areas of functioning.
- The skin picking is not attributable to the psychological effects of a substance (e.g., cocaine) or another medical condition (e.g., scabies).
- The skin picking is not better explained by symptoms of another mental disorder (e.g., delusions or tactile hallucinations in a psychotic disorder, attempts to improve a perceived defect or flaw in appearance in body-dysmorphic disorder, stereotypes in stereotypic movement disorder, or intention to harm oneself in non-suicidal self-injury).

Excoriation

- 1.4 to 5.4 percent of the general population are affected, with greater instances occurring among females and psychiatric patients.
- Spans across many ages, with the most common starting point being puberty.
- The face, arms and hands are often the go-to areas , but the DSM-5 notes that picking can occur anywhere on the body.
- There is a ritualistic nature to skin picking, some have particular kinds of scabs that they search for to pick and after picking, some examine, play with, or mouth or swallow the skin.

Excoriation



- Picking can be focused(conscious effort) or automatic (unconscious behavior) .
- Typically preceded by various emotional states such as boredom or nervousness. There is a degree of anxiety that is felt before, during or while trying to resist the picking, which is alleviated after picking occurs.
- Pleasure and gratification are felt after the behavior often followed by feelings of shame and embarrassment.
- The disorder affects the persons social functioning as they avoid social interactions such as going to school, attending extracurricular activities, or socializing with friends.
- Medical complications such as permeant tissue damage, recurring infection and scaring are common.

Trichotillomania(Hair Pulling) DSM-IV Diagnostic Criteria

- Recurrent pulling out of 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 (e.g., a dermatological condition).
- The hair pulling is not better explained by the symptoms of another mental disorder (e.g., attempts to improve a perceived defect or flaw in appearance in body dysmorphic disorder).

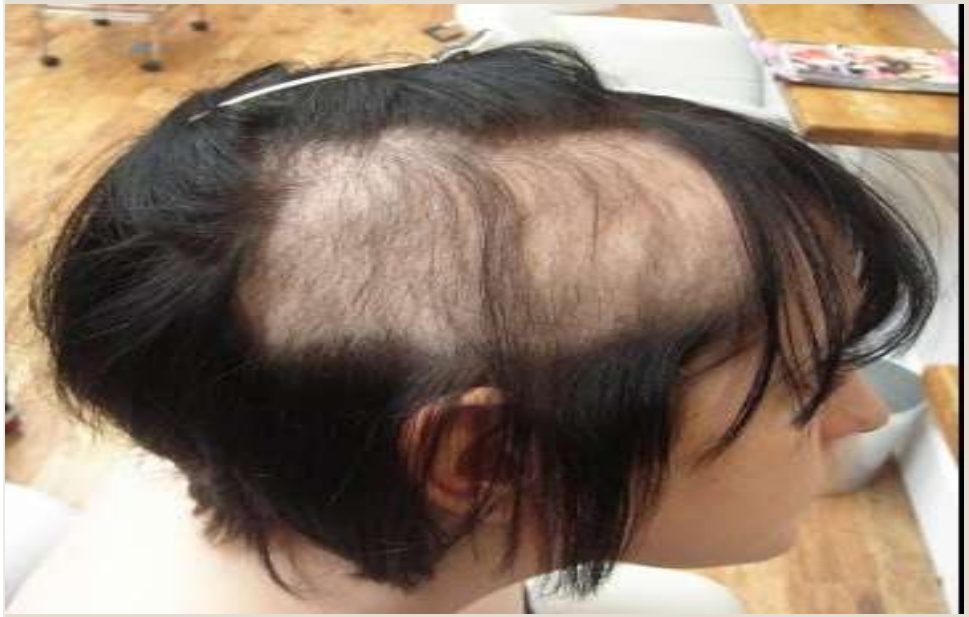
Trichotillomania

- TLC foundation reports 5% of the population will experience Trichotillomania in their lifetime. In childhood it occurs equally in males and females. However 80-90% of reported cases are women.
- Onset of behavior typically occurs in late childhood/early puberty however can begin in early childhood as well.
- Common sites for hair pulling are the scalp, eyelashes and eyebrows. Less common are arms, legs and pubic area.
- Pulling behaviors can be automatic or focused.

Trichotillomania

- There is a typical pattern of feeling nervous and anxious before picking followed by feelings of gratification and relief afterwards.
- Anxiety is also felt when clients attempt to avoid the urge and behavior of picking.
- Feelings of shame and embarrassment come after the relief, which promote secretiveness about the disorder.
- The pattern is atypical in children eight and younger, as they seem to lack feelings of anxiety prior to the behavior. Younger children tend to engage in automatic type of pulling.

Trichotillomania



- Patients' social and psychological functioning is impaired as they are often ashamed and avoid interacting with others for fear of the hair loss being noticed. Causing isolation and poor self-esteem.
- In children and teens, the disorder may spark stress in the family unit.
- Medical complications can include significant hair loss, damage to hair follicles preventing regrowth, Trichobezoar (hair ball) in the digestive system causing blockage.

Personal Experience with Trichotillomania

Autumn's Journey

- My daughter's pulling began when she was six years old and subsided when she was 12.
- She began pulling her eyelashes, then eye brows, eventually she moved onto the front of her head, and had a bare spot that you'll see in the pictures we covered with headband.
- Initially, she was diagnosed with ADHD, and it was assumed the hair pulling was boredom in school.
- After trying medications and individual therapy, she was diagnosed with Trichotillomania.
- I sought out providers who specialized in hair pulling behaviors.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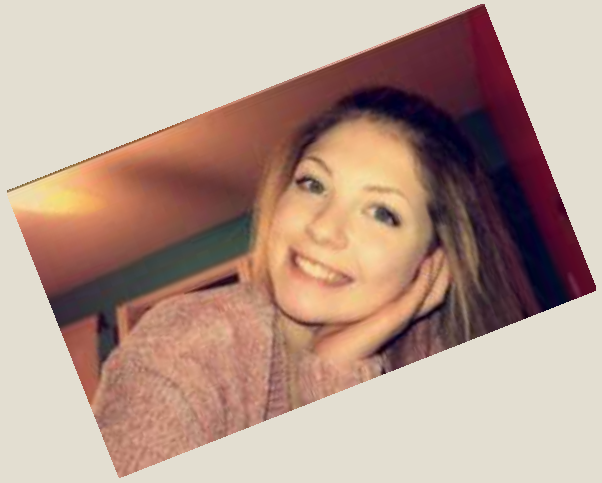

Treatments for Trichotillomania

- Cognitive Behavioral Therapy(CBT) is the treatment of choice of BFRBs. (Expert Consensus Treatment Guidelines Body-Focused Repetitive Behaviors Hair Pulling, Skin Picking, and Related, 2016)
- Existing studies suggest that CBT is superior to medication in treatment outcome. However, some individuals may need medication first or in conjunction with CBT.
- CBT teaches clients to recognize thoughts, feelings and behavioral urges that are problematic for them. Clients are then taught skills to restructure and change the unhelpful thoughts, feelings and urges to gain management skills over undesirable behaviors.
- There are several subtypes of CBT used in treating BFRBs, such as Acceptance Commitment Therapy (ACT), Dialectical Behavior Therapy (DBT) and Habit Reversal Training (HRT)are the most commonly utilized modalities.

Habit Reversal Training(HRT)

- HRT is an early treatment for BFRBs developed in the 1970s by Nathan Azrin and Gregory Nunn.
- HRT is the method that has been examined most in research studies.
- It has three components that are imperative to having positive outcomes are : awareness training, competing response training and social support.
- The research literature is encouraging using HRT for short-term improvement; however, professionals and sufferers have found that when used by itself, achieving long-term improvement in symptoms is much more difficult. (Expert Consensus Treatment Guidelines Body-Focused Repetitive Behaviors Hair Pulling, Skin Picking, and Related, 2016)

Therapeutic Modalities Continued

- DBT was developed by Marsha Linehan, and is another treatment approach that may add to the effectiveness of other learning-based therapies.
- DBT has four modules including mindfulness, interpersonal effectiveness, emotion regulation and distress tolerance. In DBT-enhanced behavior therapy, all of the modules were utilized except for interpersonal effectiveness. These modules are discussed below.
- Mindfulness is bringing awareness of oneself in the moment, this is especially helpful in the awareness training for HRT.

Medication Management

- Medications are often used to lessen feelings or sensations that can increase picking or pulling rather than treat the disorder itself.
- Some research has suggested that taking medications temporarily allows individuals to make better use of behavioral techniques that would otherwise not have been as helpful. Some medications, such as Celexa, work only if taken every day, while others, such as Ativan, may help if taken as needed for certain times of the day or stressful situations.
- Unlike with other psychiatric disorders such as OCD, physicians are less clear about the neurologic system or chemical messengers that are involved with BFRBs, therefore experts are less certain about which medications to prescribe for BFRBs. Glutamate, GABA, serotonin, and dopamine are some chemical messengers or neurotransmitters thought to be involved in BFRBs.
- As of the printing of these guidelines, there has not yet been any single medication or combination of medications approved by the Food and Drug Administration (FDA) for the treatment of BFRBs.

Treatment Effectiveness

- The research on treatment effectiveness on BFRBs is limited. From the limited information available, it seems that HRT have shown positive outcomes in treatment.
- A Meta analyses of existing research studies show that HRT coupled with function based interventions is effective in reducing symptoms of HPD in both children and adults (Bate, Malouff, Thorsteinsson, & Bhullar, 2011; Bloch et al., 2007; McGuire et al., 2015).

Treatment Effectiveness

- DBT was researched by Dr. Nancy Keuthen in conjunction with more traditional habit reversal and stimulus control approaches. A pilot and a randomized controlled study demonstrated the superiority of DBT-enhanced behavior therapy to a minimal attention control condition for TTM. Maintenance of treatment benefit months after treatment termination was demonstrated.
- As with all other approaches discussed earlier, additional research is needed to confirm treatment efficacy and to understand the mechanisms by which they reduce symptoms. This approach has not yet been utilized to treat BFRBs other than hair pulling.
- In some studies, skin picking and hair pulling were shown to improve moderately with the use of medications, but these results are not compelling enough to suggest that any one medication is the single best choice for BFRBs

Community Resources

- The TLC Foundation: https://www.bfrb.org/index.php
- Trichstop: https://www.trichstop.com/providers/directory
- St. Louis Behavioral Institute: https://www.slbmi.com/complete-list-of-conditions-treated-at-st-louis-behavioral-medicine-institute/body-focused-disorders
- The Center for Mindfulness and CBT: https://mindfulstl.com/laura-chackes-psy-d/

References

- American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. 5th ed. Washington, DC: American Psychiatric Association; 2013:251-4.
- Expert Consensus Treatment Guidelines Body-Focused Repetitive Behaviors Hair Pulling, Skin Picking, and Related Disorders; Ruth Golomb, LCPC Martin Franklin, PhD Jon E. Grant, JD, MD, MPH Nancy J. Keuthen, PhD Charles S. Mansueto, PhD Suzanne Mouton-Odum, PhD Carol Novak, MD Douglas Woods, PhD; 2016 The TLC Foundation for BFRBs. All Rights Reserved.
- Pathologic Skin Picking; Brian L. Odlaug, B.A. and Jon E. Grant, J.D., M.D., MPH; The American Journal of Drug and Alcohol Abuse, 36:296–303, 2010 Copyright © Informa Healthcare USA, Inc.
- The Hair Pulling Habit and You How to Solve the Trichotillomania Puzzle; Golomb, Ruth, Vavrichek, Sherrie; 2000
- Treating Trichotillomania(Hair-Pulling Disorder)in a Child; Ivar Snorrason, MichaelR. Walther, T.DavidElkin,1andDouglasW.Woods; Journal of Clinical Psychology: Vol.72(11),1200–1208(2016) , 2016WileyPeriodicals,Inc.


Thank You!