Treating Trichotillomania

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TREATING TRICHOTILLOMANIA
Cognitive-Behavioral Therapy for Hairpulling and Related Problems

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PREFACE

The first and perhaps most important step in writing a treatment manual for use in clinical practice is to clearly explicate the logic of how the treatment, and hence the book, should be organized. Accordingly, our goal in this section is to lay out the structure of cognitive-behavioral therapy (CBT) for trichotillomania (TTM) and other body-focused impulse control disorders, clearly explaining critical decisions such as the chosen sequence of techniques or whether a given technique is considered a core component or a module to be used in some but not all cases. The structure of this particular book is influenced by the work of experts who have gone before us in pioneering CBT for TTM, and is also informed by over a decade of our own clinical work and research on TTM across the developmental spectrum. We are indebted to those who developed this approach to treatment and also to those who built the extant literature on the psychopathology of TTM and related disorders. These clinicians and researchers did so in order to help alleviate the suffering of those afflicted with these conditions, and we endeavor to follow in their footsteps in continuing this important work.

One of the first decisions we needed to make about the book's emphasis was whether to create a treatment guide that focused primarily on the treatment of adult TTM with a separate chapter on developmental adjustments needed to conduct CBT with children and adolescents. We chose not to do this for several reasons: 1) much of our work with TTM in the last decade has been with youth, and we felt that our experiences with this population warranted more discussion than was feasible in a single chapter; 2) although there is a clear need to adapt treatment to the developmental level of the patient, the underlying core principles cut across the developmental spectrum and hence were more efficiently considered together; and 3) TTM is typically a pediatric onset disorder, and thus its treatment should be given equal weight compared to the treatment of adults. We encourage therapists with an interest in CBT for TTM but have worked primarily with adults to consider seeking additional training, supervision, and clinical experience in

treating youth: there is a serious problem with treatment access for TTM in general, but this problem is particularly pronounced for families seeking help for their children.

The book is organized into four subsections: 1) Overview and Assessment; 2) Treatment: Core Elements; 3) Treatment: Adjunctive Modules; and 4) Resources for Clinicians, Patients, and Families. We encourage readers to delve into the descriptive details of TTM presented in the first section, before attempting to use the core treatment techniques, since TTM is a heterogeneous disorder in which one clinical presentation does not necessarily inform the clinician about the particulars of the next case. It is also clear that initial assessments with TTM patients are much more likely to go smoothly if the therapist demonstrates comprehensive knowledge of the ins and outs of TTM, such as the common behavioral, environmental, and affective antecedents to pulling, likely pulling sites, and the presence of post-pulling behaviors such as rolling the pulled hair between the thumb and index finger, chewing the root, and visually inspecting the hair, to name but a few. It is often reassuring to patients and families when the therapist demonstrates this kind of ready familiarity with TTM – many of our own patients and their families have reported that they themselves had to educate prior medical and mental health professionals with whom they had contact about the nature of TTM, and thus it is comforting to meet a therapist with extensive knowledge about TTM. Full awareness about the details of TTM is also critically important in devising a treatment plan that is properly tailored. Here again, detailed knowledge about the nature of TTM, which is emphasized in the first section of the book, will likely come in handy in formulating questions to elicit the necessary information about the specifics of a given patient's pulling behavior. We recommend against the use of this (or any other) treatment manual as a "cookbook," in which specific interventions are selected based solely on the patient's diagnosis; rather, think of this manual as an aid to designing your own treatments, tailored to meet the needs of each individual patient.

The book's second section describes what we consider to be the core elements of CBT for TTM, and these chapters are presented in the order in which we typically present the techniques in clinical practice and in our recently completed CBT development project for pediatric TTM which was funded by the National Institute of Mental Health (NIMH). The presentation of maintenance techniques following the implementation of the treatment procedures requires no further explanation, and it is similarly clear that awareness training is needed up front to identify the high-risk situations and affective states that prompt pulling; without this information, implementation of stimulus control and competing response techniques would likely prove unhelpful. The ordering of stimulus control and habit reversal requires more consideration, however. We typically find that more information is needed about the function of pulling in order to properly select competing responses tailored to the specific needs of a given patient,

whereas stimulus control methods primarily require knowledge of high-risk situations, information that is more readily available from the initial intake and from early self-monitoring efforts, and thus we recommend that stimulus control methods be taught and implemented before beginning competing response training.

In the third section of the book we include several modules that can be used on an "as needed" basis, and within those chapters we endeavor to describe in great detail what kinds of clinical situations may warrant their inclusion. Notably, many prior CBT books (including our own) had included relaxation and cognitive restructuring techniques as part of the core treatment to be implemented with every patient, but data from our CBT development project as well as observations of other experts suggested that they may not be necessary for everyone. We conducted pilot CBT study for pediatric TTM as part of the NIMH project in which we did just that, but we also collected data about utilization of techniques and patient satisfaction with specific techniques. With our colleague Gretchen Diefenbach, we conducted similar data with adults receiving CBT. These data and our clinical impressions from treating numerous children, adolescents, and adults suggested that patients did not appear to like or use relaxation and cognitive restructuring very much, whereas the other techniques of awareness training, stimulus control, and competing response training were received more favorably and used more often (Brady, Diefenbach, Tolin, Hannan & Crocetto, 2005; Tolin, Franklin, & Diefenbach, 2002). We removed these techniques from the core protocol for the subsequent randomized controlled trial that was conducted as part of the NIMH pediatric project, and results with the more streamlined protocol were very promising (Franklin, Roth Ledley, Cardona, Anderson, & Hajcak, 2005). Thus, we encourage therapists to take this same approach, and we make specific recommendations in the chapter about when to consider adding these particular modules. We also chose to include modules on managing psychiatric comorbidity, family problems, and motivational enhancement, each of which can pose significant challenges to successful implementation of the core treatment. We also included a module on group-based approaches, which may prove especially helpful in situations where professional resources are limited.

The book's final section includes information about resources available to therapists, patients, and families alike, and hopefully continuing progress in the field will assure that our collection of such materials will be rendered incomplete in due time. One particularly helpful resource is the Trichotillomania Learning Center, an organization that has been in the vanguard when it comes to informing the lay and professional communities about TTM and its treatment. With her seemingly endless supply of enthusiasm and caring, TLC's Executive Director, Christina Pearson, has assured the continuing relevance of TLC in the struggle to improve the lives of those who have TTM themselves or have a loved one with the disorder. Christina has been a major inspiration to this project and, indeed, for much of our work in TTM.

Finally, we wish to emphasize that truly informed treatment development requires input from the clinical researchers who develop the protocols, patients, and family members, as well as the front-line clinicians who implement the treatments in clinical contexts where most families can access care. We therefore encourage mental health professionals who purchase this guide and begin to use it in clinical practice to contact us with their comments, critiques, and suggestions (marty@mail.med.upenn.edu and dtolin@harthosp.org). The book, as well as our conceptual understanding of TTM and its treatment more broadly, are very much works in progress, and accordingly we seek as much help with understanding the strengths and limitations of this book as we can get. Both of the authors are notable for the thickness of their skin, and are therefore likely to carefully consider feedback regardless of its valence.

ACKNOWLEDGEMENTS

We began treating individuals with trichotilllomania (TTM) at the Medical College of Pennsylvania's Center for the Treatment and Study of Anxiety (CTSA), which later moved to the University of Pennsylvania School of Medicine. We both learned a tremendous amount from our CTSA colleagues, and want to acknowledge them all for their willingness to help us better understand TTM and its impact—in particular, the CTSA's Director, Edna Foa. Many colleagues were exceptionally helpful in our TTM research projects, and although there is not enough space to acknowledge them all by name, we do want to thank Donald Bux, Shawn Cahill, Kelly Chrestman, Gretchen Diefenbach, Michael Kozak, Deborah Roth Ledley, Suzanne Meunier, Kim Treadwell, Elna Yadin, and Lori Zoellner, who greatly informed and shaped our thinking about TTM and related disorders. We also wish to acknowledge the efforts of Sharon Panulla and Marty Antony, our editor and the series editor, respectively. They encouraged us, supported us, and kept us on task; their wise counsel and boundless patience allowed us to create a book that we hope bridges the gap between science and clinical practice.

We would also like to acknowledge the tremendous support given to us by the Trichotillomania Learning Center (TLC) and its Director, Christina Pearson. Our involvement with TLC and with Christina has enriched us both professionally and personally. Through our affiliation with TLC we have also had the great fortune of developing collaborative relationships with many of the leaders in the field of TTM clinical and research, including Doug Woods, Nancy Keuthen, Charlie Mansueto, Suzanne Mouton-Odum, Fred Penzel, John Piacentini, and others. We have learned much of what we now know about TTM and its treatment from the experts we've met through TLC, and their influence can be seen throughout this volume. And, of course, we thank the many adults, adolescents and children with TTM and related disorders who have participated in our

research projects, come to our clinics, or talked to us at meetings and conferences. They have been our very best teachers, and this book is dedicated to them.

MEF and DFT

Ten years ago I had barely heard of trichotillomania (TTM). As a new clinician and researcher, my interests at that time lay in the area of obsessive-compulsive disorder (OCD) and other anxiety-related conditions. I started working with a new colleague named Marty Franklin, who not only helped shape my thinking about OCD, but also shared with me his interest in TTM. Needless to say, he got my attention, and I'm glad he did. It's been a pleasure and privilege to learn about, study, and treat adults and adolescents struggling with this disorder. My graduate school mentors, Jeff Lohr and Ron Kleinknecht, helped set me on the path that eventually led to this project. I am grateful to the Institute of Living for supporting my work, and particularly to my colleagues at the Anxiety Disorders Center for all of their hard work and enthusiasm. And to Fiona, James, and Catherine—thanks for your love and patience.

DFT

I have been incredibly fortunate in that I have received great mentorship throughout my academic pursuits, including Fr. Charles Lemkuhl, S.J., Douglas Klieger, Trish Morokoff, and Jim Curran during my undergraduate and graduate school years, and Edna Foa, Michael Kozak, and John March since then. I am also eternally grateful for the enthusiastic support of my sisters Margaret, Marie, and Maud, who vigorously encourage me to take risks such as book writing, and to our parents Domnick and Kay Franklin for the many sacrifices they have made on our behalf. Finally I wish to thank my wife Marlene Gawarkiewicz, who had faith in me long before I did and has provided boundless support, friendship, and love for the last two decades – I am truly the luckiest man on the face of the earth. I also want to thank our three children, Gwendolyn (10), Delia (7), and Teddy (2), who at times have had to tolerate my long hours at the expense of a game of catch, reading a fun book, or watching a movie as a family. In fact, Delia's cogent comment on the penultimate draft of this manuscript helped hasten its completion: "Daddy, haven't you written enough words *yet*?" Hopefully by now we have, and hopefully these words will prove useful to you in your own work with individuals with TTM.

MEF

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