Comprehensive Behavioral (ComB) Treatment of Body-Focused Repetitive Behaviors
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A Clinical Guide

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Every effort has been made in preparing this book to provide accurate and up-to-date information that is in accord with accepted standards and practice at the time of publication. Although case histories are drawn from actual cases, every effort has been made to disguise the identities of the individuals involved. Nevertheless, the authors, editors, and publishers can make no warranties that the information contained herein is totally free from error, not least because clinical standards are constantly changing through research and regulation. The authors, editors, and publishers therefore disclaim all liability for direct or consequential damages resulting from the use of material contained in this book. Readers are strongly advised to pay careful attention to information provided by the manufacturer of any drugs or equipment that they plan to use.
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Foreword

This book is so many things—insightful, scholarly, practical, and engaging. The conceptual and treatment models at the heart of the Comprehensive Behavioral (ComB) Treatment Guide are elegant in both their simplicity and complexity in guiding therapists toward providing optimal care for persons with body-focused repetitive behaviors (BFRBs). The guide focuses primarily on the two most common BFRBs, hair pulling and skin picking, but the model and intervention suggestions are equally applicable to all BFRBs.

BFRBs are common and more complicated than their name suggests. They are not, in fact, “simple” or “single” behaviors but instead comprise intricate chains of behaviors, sensations, thoughts, and feelings that need to be understood and addressed in individual ways to meet the unique needs of each person impacted by them. The ComB conceptual and treatment models elegantly represent an inclusive and person-centered approach that allows a provider to comprehend the huge variation in experiences sufferers report and to address them with a wide range of therapeutic techniques. The guide offers multiple tools to help clinicians gather essential information, minimize the shame often associated with BFRBs, conceptualize the functions of the behaviors, and create and evaluate an individualized treatment plan.

The ComB model is solidly anchored in cognitive behavioral theory (CBT), but it is unique in the vast sea of CBT manuals that offer a more standard, “one-size fits all” approach for using CBT to treat certain disorders. The ComB model offers the clinician and client working collaboratively a way to discover the unique sets of antecedents, behaviors, and consequences that fit each client’s experiences and to set the stage for choosing and evaluating a wide array of potential interventions, many of which will already be familiar to clinicians.

The ComB clinical guide represents a unique blend of science, clinical expertise, empathy for sufferers, and straightforward communication. It is a “must have” for any clinician tasked with helping a person who experiences BFRBs. Given the high prevalence of these behaviors, most clinicians will indeed need this guide at some point in their practice careers. The expertise of the authors is well reflected in the superb blend of theoretical perspectives, practical suggestions, and engaging clinical vignettes that represent their years of experience in treating BFRBs. Clinicians who use this guide will benefit from multiple examples of treatment decision-making and intervention implementation that will assist in their own work.

The ComB model represents more than 30 years of clinical experience and scholarly activity. It includes elements of other, less comprehensive BFRB interventions when they fit the sufferer’s experience. Its therapeutic components are largely drawn from widely used, empirically supported techniques. As with other BFRB treatments however, only a small body of scientific literature supports the ComB model in its entirety. However, as a practicing academic psychologist for many years, I have used and recommended the ComB approach as it is well anchored in theory, in a vast array of clinical experience and in recently emerging empirical support.

No authors or scholars are more qualified to have written this book than Dr. Mansueto, Dr. Mouton-Odum, and Ms. Golomb. They are the leaders in this area—no one knows the
literature or the patient experiences any better, and they are uniquely skilled in both scholarly work and meeting patients where they are to change what has often been years and years of suffering and hiding. I have known these authors since the start of my own career when I also was specializing in the treatment of obsessive compulsive and the “related disorders” that we now call BFRBs. At that time (circa 1990), the world knew very little about these behaviors, but Dr. Mansueto was already a leader in understanding the phenomenology of BFRBs. He first talked and wrote about the ComB model in 1990, and his perspective was influential in my own and others’ research, clinical work, and teaching. Ms. Golomb has been Dr. Mansueto’s colleague for decades, helping to shape the ComB model and our understanding of BFRBs over the past thirty-plus years. She has a highly sophisticated knowledge of theory and practice that is reflected in this important clinical guide. Dr. Mouton-Odum has built a unique clinical and scholarly career focusing on BFRBs and related disorders – she and her practice are a stellar model of how to integrate science and effective practice for people who suffer from behaviors that most clinicians are ill-equipped to treat. If a member of my family needed care, I would want one of these fine people to help them.

This book reflects a personal, not just a professional endeavor, for these three talented authors/scholars/practitioners. The guide was written not for their own edification and prestige but to help make life better for people with BFRBs. The authors have spent years developing an excellent clinical product, and they want to share it. The world will be a better place with this book in the hands of clinicians who see people who struggle with BFRBs.

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