

# Part I

.....

## Preparation, Gaining Perspective, and Heightening Awareness of Your BFRB

# 1



## Getting Started on Your BFRB Journey

### Introduction to This Workbook

Congratulations on beginning your journey toward overcoming your body focused repetitive behavior. Choosing to explore this book is a step toward gaining freedom not only from the behavior itself, but from the problems that BFRBs often cause. This workbook can be used as a stand-alone manual or can also be used while you work with a therapist. We designed it as a companion to the *Comprehensive Behavioral (ComB) Treatment of Body Focused Repetitive Behaviors: A Clinical Guide* (Mansueto, Mouton-Odum, & Golomb, 2023) that we have also published to provide guidance for therapists in treating BFRBs. Regardless of whether you are working on this book alone or in conjunction with a therapist, this workbook will guide you as you strive to overcome your BFRB. It will help you understand the nature of BFRBs and hopefully put your BFRB into perspective as simply one aspect of you, but not one that defines you. How will you do this? Through gaining important awareness into your behavior (becoming very aware of all aspects of your BFRB), you will increase your knowledge about how your BFRB fits

## 4

## Preparation, Gaining Perspective, and Heightening Awareness of Your BFRB

into the bigger picture of your life's activities and functions. Awareness also includes key pieces of information about the situational factors that make your BFRB more likely to occur. During this process you will come to understand how your BFRB operates in your life by identifying information about when, where, and why you engage in your BFRB. In other words, you will better understand how your behavior serves a function in your life. With this knowledge, you will be able to select and implement relevant strategies and interventions to help you in these specific situations that are difficult for you. Ultimately, we want you to find other, healthier ways to serve these important functions. Finally, as you gain momentum and begin to gain control over your BFRB, the action items here will help you to stay consistent and maintain those improvements over time, without falling back into old, unhelpful habits.

## How to Use This Workbook

Think about recovery as a destination that you would like to reach or, as we present it in this workbook, a once-in-a-lifetime trip that you want to take. This book is a road map to help you navigate your journey to that place. As with any road map, there are multiple routes to get to a destination, some might take longer than others, while some might be more direct, but more challenging because of obstacles in your path (e.g., hills, traffic, steep mountains). We want you to see your journey as a process within your control, in which you decide how to proceed. As in any lengthy journey, you might want to get to the destination as soon as possible, but fatigue may set in and require some adjustments. There may be times when you change course due to adverse conditions or unforeseen obstacles that appear along the way.

This workbook is designed to be a comprehensive guide to managing BFRBs of all kinds. It provides information to help you understand BFRBs and how they work, as well as many exercises which we are calling *action items*, to help you with a multitude of different aspects of recovery. It is highly recommended that you engage in the **action items** that are presented to help you get the most out of this workbook. Simply reading about the **action items**, but not doing them, is like reading about healthy eating and exercise, without actually changing your diet and activity level. The

targeted changes that you make along the way, consistently and carefully, will help ensure that you ultimately accomplish your goals. The key to improvement and actual, lasting behavior change is to commit to the process in a thoughtful and meaningful way. Know that this journey is not an easy one, and you will face many challenges along the way that can undermine confidence and threaten success. However, overcoming obstacles and setbacks fosters resilience and well-earned confidence and satisfaction. Approach this journey with an open heart and fire in your belly. While it is not an easy path, it is one worth facing bravely.

## Overview of the Chapters

This workbook is divided into three parts. Part I (Chapters 1–3) focuses on preparation, including an emphasis on awareness of the obvious components of your BFRB as well as the more subtle ones. Part II (Chapters 4–8) focuses on specific, individualized interventions designed to help you reduce your BFRB and to provide you with guidance on how to address BFRBs from a broader, holistic perspective. Part III (Chapters 9–10) focuses on important lifestyle changes and successful maintenance of your recovery for the long haul.

### Part I Preparation and Gaining Awareness of Your BFRB

Following this introduction, the remainder of Chapter 1 provides useful information about BFRBs: What are they? Why do people pull hair and pick skin? How many people have a BFRB? This information will help you better understand your BFRB and will set the stage for your effort using the Comprehensive Behavioral (ComB) approach. This chapter will also address the personal toll of your BFRB, including the shame and negative self-concept that often accompanies these behaviors. **Action items** are aimed at preparing you for the journey ahead. We have found that preparation is, in many ways, the most important part of this process and one that is often overlooked. Consider packing for a trip. You would likely spend some time in preparation by gathering information about the weather and envisioning activities you plan to do when you arrive at your destination. Only after some

## 6

## Preparation, Gaining Perspective, and Heightening Awareness of Your BFRB

Careful preparation are you able to pack the right clothing and supplies to make the trip enjoyable and successful. In similar ways, we are going to help you gather the information needed to create a packing list, which will make your journey toward recovery both empowering and effective. Chapter 2 will focus on the ComB approach by describing how relevant information about BFRBs are organized into categories or “domains,” and the ways that a number of factors within these domains function to keep your BFRB active and strong. You will identify which domains impact your BFRB and you will understand how important these domains are in promoting BFRB activity. Think of this chapter as your travel plan. Where do you want to go and what do you need to know to get there? Chapter 3 will describe how, believe it or not, your BFRB has understandable functions that it serves in your life. Identifying these functions are important steps as you prepare your trip itinerary. We will also address common roadblocks or diversions that you may encounter as you move forward, as well as how to solve them.

## Part II Interventions and Skill Building: Selecting and Using Interventions

Chapters 4 through 8 will describe each of the BFRB domains separately, help you to decide which ones are relevant to you, and give you specific tools from each domain to navigate your BFRB. The five domains by chapter are: 4 Sensory, 5 Cognitive, 6 Affective, 7 Motor, and 8 Place. It may help you to remember the domains with the acronym *SCAMP*.

**S**ensory: sensations that either cause or are satisfied by the BFRB

**C**ognitive: thoughts or beliefs that either cause or are satisfied by the BFRB

**A**ffective: emotions that either cause or are satisfied by the BFRB

**M**otor: movements or postures that facilitate the BFRB, as well as awareness of the BFRB

**P**lace: environmental cues and external triggers for the BFRB

## Part III Lifestyle Changes and Maintenance of Recovery

Chapter 9 will focus on the positive impact of self-care on BFRBs specifically, as well as on other important aspects of your life. We will suggest an array of

self-care strategies that can make for a more enjoyable and successful journey. Chapter 10 is dedicated to helping you maintain gains and prevent slips and relapse for the long haul.

## Getting Started

Before delving into “what works,” we find that laying the groundwork for change is an important first step. What does this mean? Well, it means a couple of things including providing accurate and detailed information about what BFRBs are, and dispelling some of the common myths that can lead to misunderstandings and confusion about the true nature of BFRBs.

### What You Need to Know

#### BFRBs Defined

So, what do we know about BFRBs? Body focused repetitive behaviors are actions directed toward one’s own body that cause damage to the body’s integrity and, when done to an extreme, can cause physical, emotional, social, and psychological problems. BFRBs include, but are not limited to:

- hair pulling disorder (also known as trichotillomania)
- skin picking disorder (also known as excoriation disorder or dermatillomania), including picking of blemishes, scabs, calluses, and so on
- onychophagia (compulsive nail biting)
- compulsive nose picking
- compulsive biting the inside of the cheek or tongue
- lip biting or picking
- nail/cuticle picking and biting

In the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), fifth edition TR (2022), both hair pulling disorder (HPD) and skin picking disorder (SPD) are included as Obsessive Compulsive and Related Disorders (OCD) and the others are subsumed under the umbrella of Other Obsessive Compulsive and Related Disorders. To be clear, BFRBs are not a form of OCD, but they are classified in the category of OCD and related

## 8

## Preparation, Gaining Perspective, and Heightening Awareness of Your BFRB

disorders. Think of them as a distant cousin of OCD. We prefer the term HPD to the more scientific term, trichotillomania, and SPD to the alternatives, excoriation disorder and the older term dermatillomania, and we will use them throughout this workbook. The techniques described in this workbook are appropriate for all types of BFRBs with minor adjustments to fit specific needs.

**Genetic Basis**

Although research examining the heritability of HPD and SPD is barely underway, there is some preliminary evidence suggesting that BFRBs have a genetic component. For example, researchers reported the incidence of HPD in first-degree family members of subjects with HPD as 10 percent, while it was just 1–2 percent in first-degree relatives of those without HPD. In addition, rates of skin picking and other BFRBs tend to be higher in relatives of people with HPD (Keuthen et al., 2014). Thus, even if a person with HPD does not have a family member who pulls hair, they are more likely to have someone in their family who bites nails, picks cuticles, bites lips or cheeks, or picks at acne or scabs than chance alone would allow. For now, we can say with some certainty that BFRBs tend to run in families. Why is this important? Because people tend to want to blame their environment for their condition, for example, “Hair pulling is the result of bad parenting or a negative event that occurred.” For the most part we know that regardless of the goodness of parenting or the degree of negative life events, hair pulling and skin picking behaviors are likely facilitated by genetics. Now that does not mean that people who experience negative life events, such as chaotic family lives or early trauma, will not have a BFRB, but we believe that the genetic predisposition was already there. Perhaps the negative life event “awakened” the BFRB which otherwise might not have manifested itself. However, we do see many people with a BFRB who report having lovely, happy, uneventful childhoods, free of trauma or serious adversity.

**Age of Onset and Symptom Development**

The average age of onset for BFRBs is around twelve years old, although these behaviors can begin as early as infancy or much deeper into adulthood. It is not known if this onset is related to puberty itself and the hormonal changes

associated with this period of extensive transformation or whether other factors influence this typical age of onset. Perhaps the emotional turmoil that is common in early teen years may play some role in triggering these symptoms. For people who report a later onset, perhaps in their twenties or thirties, many report having experienced other BFRBs earlier in their lives. For example, a woman whose hair pulling began when she was thirty-five years old may also report that in her early adolescence, she bit her nails and picked at her cuticles. So, although the hair pulling did not start until adulthood, her history with BFRBs actually began in early adolescence, which is consistent with current understanding of BFRB onset. Think about your BFRB, have you ever had one of the other varieties and has it changed over time into another form?

### Co-occurring Conditions

Research suggests that depression and anxiety commonly coexist with BFRBs. What we are not always sure of is whether these are contributing causes of BFRBs or whether they are the effects of years of dealing with them. Does your BFRB cause you to be depressed or anxious, or do sadness and anxiety link with your BFRB in some other ways? If feelings of sadness or anxiety impact you more profoundly than your BFRB or if they predated onset of your BFRB, you might consider addressing those other conditions first before you tackle your BFRB. As we will emphasize throughout this workbook, addressing your BFRB will take energy and time. If you are struggling emotionally, to the point that those feelings take up much of your energy and focus, it makes sense to deal with them as a priority, then return to your BFRB when you are feeling better and up to the challenge. This might look like engaging in individual therapy focused on addressing any symptoms of depression, anxiety, or unattended-to trauma from the past. While this is not imperative, it can be helpful to give you the best chance for success along this journey.

### Prevalence

The prevalence of HPD in adults has been estimated to be as low as 2 percent and as high as 5 percent. However, small sample sizes, varied inclusion criteria, and other factors may account for the discrepancies (Mansueto &



Rogers, 2012). For SPD, reported prevalence rates have an even wider range in various studies, but overall, an incidence of about 5 percent in the general population seems plausible (Odlaug & Grant, 2012). Because individuals with these disorders often conceal them from others, it is possible that BFRBs may be underreported in the general population. What seems certain is that BFRBs are *far more common* than was thought only decades ago and that prevalence rates are similar to those of OCD and other anxiety disorders. What this means is that you are not alone – there are millions of other people out there who pull and pick, just like you. One of the hallmark experiences of individuals with BFRBs is how alone they feel. We are here to tell you that you are not, in fact, alone and, to the contrary, these problems are actually quite common.

### What We Do Not Know

Although we believe that BFRBs likely have a genetic contribution, that they probably affect more women than men (although this is debatable as it may be that more women seek treatment while an equal number of men are actually struggling with a BFRB), and that these conditions seem to affect up to 5 percent of the population, the truth is that there is a great deal of uncertainty about even those fundamental points. We do not know, for example, whether or not early childhood pulling and picking is a precursor to the disorder that presents in adolescence or adulthood, or whether it is a self-limiting aspect in the normal development of some infants. Further, we do not know the biochemical underpinnings of BFRBs or of any psychotropic medications that reliably help people who suffer with them. We do not know the relationships that BFRBs have to other psychiatric disorders, or even if there are relationships. We do not know what specific neurological pathways or brain circuitry are involved in BFRBs. These and others are important questions that remain largely unanswered and therefore warrant further research efforts, some of which are underway. Rather than be dismayed by this state of affairs however, it is useful to consider that the scientific investigation of BFRBs is relatively new when compared with most other recognized psychological disorders, and that what we *have* learned about them in the past three decades has provided us with a solid foundation for helping those who suffer their effects.

## How Do BFRBs Begin?

Body focused repetitive behaviors typically begin in adolescence and often they first appear in seemingly benign circumstances that can set off a potentially lifelong problem. Most individuals report that they accidentally “discovered” the effects of BFRB activities during unremarkable moments when their fingers explored their hair or skin. For some, it seems as if ordinary grooming of hair and skin went terribly awry. For many teenagers squeezing pimples is virtually a rite of passage, but among a minority of these, squeezing and picking at blemishes goes far beyond grooming and becomes the focus of much of their distress in life.

Yet BFRBs can begin in a multitude of other ways as well. One adult client who pulled out her eyelashes reported that as a child she had heard that wishes will come true if you pull out an eyelash while making the wish. She quickly realized that it didn’t work in the way she hoped it would, but the “special feeling” she experienced at that first pull led her to continue the practice for over a decade. Another client’s HPD started when she pulled a hair from her scalp to view under a microscope for a high school biology class. These behaviors likely persisted because of a genetic vulnerability interacting with contributing life experiences. In other cases, people reported that they either observed someone else pulling or picking or heard that others did those things, became curious, and tried it themselves. Unfortunately, over time those activities became uncontrollable and hard to stop. It is clear that there is a great deal of variety in the experiences associated with how skin picking and hair pulling initially begin and each person will have a unique story to tell. Regardless of the origin of the behavior for any individual, BFRB practices can become so interwoven with the fabric of one’s life that they feel as natural, automatic, and pervasive as moving one’s body.

## What Are the Secondary Physical, Emotional, and Social Effects of BFRBs?

Listening to individuals with BFRBs describe their experiences provides us with opportunities to understand the deep hurt, damaged relationships, lost opportunities, and other negative impacts on their quality of life, whether as an adult or as a young person who bears this burden. Consistently, people