



*Archways Centre for CBT is a private clinic of psychologists dedicated to helping individuals improve their lives.*

*We offer evidence-based therapy for adults, children and adolescents.*



## Body Focused Repetitive Behaviours

In the last two years there has been much talk about Body Focused Repetitive Behaviours (BFRBs), especially via social media. Affecting 2-5% of the general population, it is highly likely that you have come across these ego dystonic behaviours in your office, and you might have started hearing the new buzzword "BFRB".

### Definition of BFRB

BFRBs are characterized by excessive and repetitive self-grooming behaviours in which physical injury occurs through pulling, picking, biting or scraping. The most common BFRBs we see at Archways Centre for CBT are Trichotillomania (Hair-Pulling Disorder) and Excoriation (Skin-Picking) Disorder. Trichotillomania is the recurrent pulling of one's own hair, whereas Skin Picking is the recurrent picking at one's own skin.

### History of BFRBs

Prior to DSM 5, Trichotillomania (TTM) was classified as an Impulse Control Disorder (along with gambling, kleptomania, pyromania etc). Skin picking (SP) was diagnosed as an Impulse Control Disorder NOS. Research and clinical practice supported the idea that TTM and SP were more akin to obsessive compulsive disorder (OCD) based on excessive preoccupation and compulsive behaviour, and so DSM 5 includes a new category of disorders called "Obsessive-Compulsive and Related Disorders".

### Obsessive-Compulsive and Related Disorders

- Obsessive-Compulsive Disorder
- Body Dysmorphic Disorder
- Hoarding Disorder
- Trichotillomania (Hair-Pulling Disorder)
- Excoriation (Skin-Picking) Disorder

Despite the new and improved diagnostic category, there is growing opinion that TTM and SP are quite different from OCD and should be in a category of their own. Perhaps Body Focused Repetitive Behaviours?

### Treatment Options

Bottom line: If your patient pulls or picks to the point of noticeable hair loss or skin damage, or to the degree of impairment (including avoidance), there are two evidence-based treatment options available.

Cognitive behaviour therapy (CBT) - specifically "Habit Reversal Training" - consists of a number of strategies to interrupt behavioural patterns, improve tolerance of discomfort (urges) and shift sabotaging thoughts. A recent meta-analysis has supported CBT as first-line treatment for TTM and SP.<sup>1</sup>

Pharmacotherapy is another option. Although there are currently no FDA-approved medications for TTM and SP, there have been 15 double-blind, placebo-controlled studies which have led to some informed pharmacotherapy recommendations. (See Opinion Statement overleaf).<sup>2</sup>

1. McGuire, JF, Ung D, Selles RR, Rachman O, Lewin AB, Murphy TK & Storch EA. Treating trichotillomania: a meta-analysis of treatment effects and moderators for behavior therapy and serotonin reuptake inhibitors. *J Psychiatr Res.* 2014; 58:76-83
2. Grant JE. Review of Psychopharmacological Approaches for trichotillomania and other body-focused behaviors. *Curr Treat Options Psychiatry.* 2015;2(4):422-431.

### NEW — BFRB Treatment Group

We are currently accepting new patients to enroll in a CBT group to treat BFRBs (trichotillomania, skin picking, nail biting etc.). Sessions involve 9 weekly 2 hour sessions with psychologists trained in habit reversal training. The group is anticipated to start in Spring 2016.

For more information visit [www.archways.ca](http://www.archways.ca) or call **519.472.6612**.

### Online resources for BFRBs

#### Trichotillomania Learning Centre

- [www.trich.org](http://www.trich.org)
- [www.facebook.com/trich.org](https://www.facebook.com/trich.org)
- [www.twitter.com/tlcBFRB](https://www.twitter.com/tlcBFRB)

#### Canadian BFRB Support Network

- [www.canadianbfrb.org](http://www.canadianbfrb.org)
- [www.facebook.com/Canadianbfrb](https://www.facebook.com/Canadianbfrb)
- [www.twitter.com/CanadianBFRB](https://www.twitter.com/CanadianBFRB)

## Meet our Psychologists



**Joanna C. McBride, M.A.**  
Clinical Psychologist, Director



**Dr. Chris Watson**  
Clinical Psychologist



**Tatiana Zdyb, Ph.D., M.A.**  
Clinical Psychologist



**Dr. Brendan Guyitt**  
Clinical Psychologist



**Sabrina Chiarella, M.A., Ph.D.**  
Psychometrist



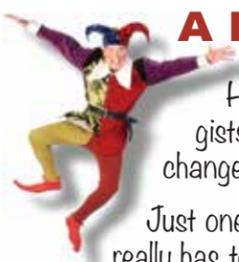
**Dr. Vanessa Huyder**  
Clinical Psychologist (Supervised Practice)

### Opinion Statement: Pharmacotherapy Approaches for Trichotillomania and other BFRBs

By Jon E. Grant, J.D., M.D., M.P.H.

N-acetyl cysteine (NAC) is a safe, generally well-tolerated option for these disorders, and so I usually suggest a trial of NAC. If after 3 months and no response, I consider other options. If the person has urges to pull or pick and they have first-degree relatives with addictions, then I suggest a trial of naltrexone. If they have significant anxiety or depression co-occurring with the pulling, I often suggest clomipramine as a possible treatment for both conditions. In the case of skin picking with co-occurring depression or anxiety, I recommend a selective serotonin reuptake inhibitor (SSRI). Although we only have open-label data to support its use, I often use dronabinol in individuals who pick or pull most of the time unconsciously. Finally, I might suggest an antipsychotic for some people who have failed all else. Due to the side effects of antipsychotic medications, I use these only as a last resort.

*Grant JE. Review of Psychopharmacological Approaches for trichotillomania and other body-focused behaviors. Curr Treat Options Psychiatry. 2015;2(4):422-431.*



### A Funny!

How many psychologists does it take to change a light bulb?

Just one, but the light bulb really has to want to change.

### Did You Know?

*Trichotillomania (trick-o-til-o-MAY-nee-uh) is also referred to a Trich (trick)*

### Self or physician referrals:

Tel. 519.472.6612  
Fax. 519.472.3489  
[info@archways.ca](mailto:info@archways.ca)



Check out our new and improved website at [www.archways.ca](http://www.archways.ca)