TRICHOTILLOMANIA

The Greek words *thrix* (hair) and *tillein* (to pull) name an impulse disorder in which people feel mounting tension that can be relieved only by pulling out their hair. Many people with trichotillomania (TTM) also bite nails, suck their thumb, chew their tongue, pick scabs, cut themselves, or bang their head. People with TTM can have obsessive-compulsive disorder or have relatives with OCD. Both conditions may be related to problems with the neurotransmitter serotonin. Although stress can aggravate or cause the first onset of hair pulling, TTM is most likely a biochemical, inherited disorder. The following questionnaire supplies information needed prior to starting treatment for this problem.[1]

HAIR PULLING QUESTIONNAIRE

1. Why is hair pulling a problem for you:
   - How much time do you spend pulling hair per day?
   - What changes have you had to make in your hairstyles because of hair pulling?
   - What do you avoid because of hair pulling? Does it cause you to be dishonest?
   - How does it affect your relationships with family, friends, and coworkers? How do others react to your hair pulling?
2. What "risky" activities are likely to lead to hair pulling:

   ___ Watching TV ___ Reading ___ Studying ___ Talking on the phone
   ___ Class Work ___ Falling asleep ___ Driving ___ Other:
3. What behaviors or feelings come just before you start to pull your hair:

   ___ Touching your face ___ Looking in the mirror
   ___ Propping your head on your hand ___ Touching/stroking hair
   ___ Other behavior or feelings:
4. What behaviors would make hair pulling more difficult or impossible:

   ___ Doing a craft or playing with clay, Koosh balls, Velcro, or velvet, etc. during risky times.
   ___ During class, holding a pen in one hand and a notebook in the other.
   ___ Reading a book until falling asleep.
   ___ Wearing gauze gloves, acrylic nails, or putting gel on affected areas.
   ___ Making tight fists or snapping a rubber band on your wrist until the urge to pull has passed.
   ___ Brushing hair when scalp tingles.
   ___ Other:
5. What rewards can you give yourself for days or hours when you resist urges to pull?

   ___ Going out to dinner or the movies ___ Taking a bubble bath
   ___ Buying myself a gift ___ Eating a mint
   ___ Adding to my collection of stones, CDs ___ Other:

TREATMENT PROGRAM

Behavior therapy can be very effective in eliminating hair pulling. Antidepressant medications that increase serotonin levels may first be needed if depression, panic disorder, or OCD accompanies TTM. This helps people gain the motivation and focus needed for behavior treatment. Beware of tranquilizers and sedatives that can prevent practicing or learning the following urge-reducing strategies:

[1] Ideas for the questionnaire and the treatment program are adapted from Trichotillomania: *A Behavioral Approach Video and Manual* by Carol Novak (Pioneer Clinic, 1995) and *Trichotillomania: A Guide* by Anders and Jefferson (Dean Foundation, 1994).

1. Awareness training:
   - Record incidents of hair pulling on a chart prior to starting and throughout treatment to increase awareness of behavior and progress being made.
   - Observe hair plucking in a mirror or on videotape to monitor movements involved. Describe out loud exactly what you are doing.
   - Practice positive grooming after any incidents of pulling: brushing hair, repairing eye makeup, or scalp massage.
2. Relaxation training. Practice each of the following and decide which is most useful:
   - Take three calming breaths by breathing in through your nose to the count of three and exhaling through your mouth to the count of six.
   - Imagine a safe place (the beach, woods) or enjoyable activity (swimming, dancing) during your calming breaths. Notice what you would see, hear, smell, and feel in each situation to switch from thinking to observing.
   - Focus on a spot and observe signs of relaxation: becoming still, jaw and shoulders dropping, eyes blinking, muscles relaxing, and heavy eyelids.
   - Repeat a comforting word or phrase during calming breaths, imagery, or staring to block thinking that interferes with the (peaceful) state of observation.
   - Roll your eyes from the floor to the ceiling by holding your head still and looking down until your lids are almost shut. Slowly roll your eyes up toward your eyebrows. When it is too tiring to look up anymore, allow your lids to flutter closed. Take calming breaths, imagine a safe place, or repeat a comforting word.
3. Competing response (imagery) training: Choose a behavior from #4 on the Hair Pulling Questionnaire to substitute for hair pulling. Imagine being in a situation in which hair pulling occurs and see yourself practicing a competing behavior.
4. Exposure training to high-risk situations: Practice substituting a competing response (#4 on questionnaire) through imagery and then expose yourself to the actual situation. Give yourself a reward if you are able to resist any urges to pull. Continue to practice deliberate exposure in various situations until urges to pull are absent or reduced. Use relapses to clarify high-risk situations and practice exposure.

HELPING CHILDREN

When hair pulling starts before the age of 4, it is often outgrown. Parents need only use simple interventions such as rewards for not pulling and distractions (competing responses) described above and on the questionnaire. TTM that starts at 13 or older may need intense intervention as described above. When young children are still pulling hair by age 6, they may have the later-onset type of TTM that requires behavior treatment.

RESOURCES

- TTM Learning Center, 1215 Mission St., Suite 2, Santa Cruz, CA 95060, trichster@aol.com.
- Pioneer Clinic, 2550 University Ave., St. Paul, MN 55114.