DSM 5 212.39 Trichotillomania

A. Recurrent pulling out of one's hair, resulting in hair loss
B. Repeated attempts to decrease or stop hair pulling
C. The hair pulling causes clinically significant distress or impairment in social, occupational, or other important areas of functioning
D. The hair pulling or hair loss is not attributable to another medical condition (e.g. a dermatological condition)
E. The hair pulling is not better explained by the symptoms of another mental disorder (e.g. attempts to improve a perceived defect or flaw in appearance in body dysmorphic disorder)

- Most are automatic pullers—not conscious of pulling
- Occurs anytime, most common in downtimes-sit, read, watch TV
- Young adults/adults–co-occurring disorders, depression OCD, excoriation [No FDA approved meds for pulling]
- Girls and boys equally affected, young adult/adults more females
- Physician and dermatologist to rule out medical or mental conditions
- Medical complications: ingesting hair, skin infections, irreversible hair damage)
- Emotional/psychological issues:
  anxiety, depression; teasing, bullying; school absence/refusal
  isolation, avoiding friends, social events; stress increases pulling

http://www.bfrb.org/learn-about-bfrbs/tools-a-info-for/for-parents

HEALTH	Dermatologist, medical/psycho/education, nurse, hair stylist
EMOTIONS	Secretive, embarrassed, needs nonjudgmental support, reduce/cope with stress; relaxation, self-monitoring, bored, depressed
LEARNING	Teacher/parent cues, reduce academic load & stress
PEOPLE	Parents, peers, public, teachers, perceptions
"I"	Not alone, support group, I am not my urges, 2 sided journal
NEED TO KNOW	Normalize slips, CBT, faulty thinking, "I'll never stop"
GOOD DECISIONS	Collaborative team, self monitoring, healthy choices, steps

HABIT REVERSAL TRAINING

--Awareness of triggers and competing response
--Feeling of tension just before pulling or resisting pulling
--Using hands for incompatible behaviors
--Stress increases hair pulling
--Phone apps or charts for self monitoring
--Awareness of distress and interference in school, home

Used in Acceptance and Commitment Therapy and CBT

Tips for Parents and School Counselors

- As soon as you see hair pulling, seek expert medical help
- Be compassionate – child cannot "just stop"
- Don't nag or be confrontational – ask your child how they want you to respond to them
- Help your child deal with stress and reduce academic load if needed
- Immediately address/report any bullying or teasing.
- Find someone for them to talk to e.g. professional, support group, online
- Prepare your child before going to a professional "You are not bad"
- Involve/consult with child in an intervention—Child decides whether to share with class
- Be an advocate – educate yourself and others, share info, let school counselor and nurse know
- Use an expert to speak to I&RS, nurse, teachers, students
- Help avoid embarrassment. Support child's decisions:
  --may not want to disclose
  --may choose to reveal to others or class
  --may camouflage with hair piece, new hair style, wig, scarf
  --may need a face-saving story, e.g. alopecia or an allergy causing hair loss
- Be careful not to overinvest as a counselor; use self care– let it go

HELPFUL RESOURCES

- Mouton-Odom & Golomb (2013). *Parent Guide to Hair Pulling Disorder. Effective Parenting Strategies for Children with Trichotillomania*.
- Zasio (2009). *Trichotillomania Fact Sheet*. Boston, MA: International OCD Foundation.
- Trichotillomania Learning Center. Trich.org. or brfb.org
- Woods & Twohig,(2008). *Trichotillomania: An ACT-enhanced Behavior Therapy Approach Workbook* and Therapists Guide.

Intermittent Explosive Disorder 312.34 (F63.81)

- Disruptive, Impulse-Control, and Conduct Disorders – DSM 5
- Recurrent behavioral outbursts, failure to control aggressive impulses
  - Verbal aggression: temper tantrums, tirades, arguments, fights
  - Physical aggression: no property damage or injury
  - On average 2X weekly over 3 months, no destruction of property or physical injury (high frequency, low intensity)
  - 3 behavioral outbursts, injury or destruction in 1 year (high intensity, low frequency)
- Not premeditated, grossly out of proportion to stressors or provocations
- 6 years or older

- May experience tension or mood changes before outburst
- Brief episode, < 30 minutes
- Not part of Adjustment Disorder
- May be followed by sense of relief, pleasure, or remorse
- Impulsive
- Causes marked distress, impairment, negative consequences'
- Blinding rage, out of control

I&RS PLAN

- Time out, positive behavior support
- Remove from class when spiraling up
- Isolate him during outbursts or remove students from class for safety
- Meet with counselor as needed
- Likes to color, draw, squeeze balls, games, sports

- Suspend for behavior
- CST evaluation reconsidered
- Supportive day program

TREATMENT
- CBT
- Recognize impulses to achieve awareness and control
- Treat/process emotional stress of episode
- Supportive counseling
- Medication
- Cognitive Relaxation and Coping Therapy: Relaxation, cognitive restructuring, exposure therapy, resisting aggressive urges, prevention
- Consultation with previous school (open CPS case)
- Drawing