

# 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

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

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

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

with BFRBs report experiencing a life marred by shame, embarrassment, and isolation as a result of the BFRB. People often wonder “Why me?” “Am I the only one?” or “What is wrong with me?” In addition to the obvious, physical impacts of BFRBs, many report negative effects on their educational or career pursuits, while others report family conflict and other interpersonal problems stemming from their BFRB (Woods et al., 2006). Research often does not include these nearly universal emotional and interpersonal symptoms of BFRBs, but treatment cannot ignore those factors and, as a result, they will be addressed directly in this workbook.

Many people with BFRBs carry a profound degree of shame, often compounded by a history of feeling blamed and experiencing social rejection, teasing, nagging, and isolation from others. Sometimes parents do not understand these behaviors and, with good intentions, may get upset or punish their child for pulling or picking. Peers may tease, say unkind things, or be downright abusive and, as a result, people may pull away from others to avoid teasing or negative comments. All of these negative responses from others can cause a person to feel different or somehow broken. In addition, shame also arises because of the self-inflicted nature of BFRBs and the physical damage that is potentially observable to others. This combination of ingredients can take huge personal and interpersonal tolls. Self-imposed social isolation and avoidance of day-to-day life experiences and relationships with others is common for people who strive to hide their BFRB from others, sometimes even from those closest to them. People with BFRBs often fear that they will be judged harshly for their behavior, and some may have actually experienced hurtful reactions from others. In severe cases, people may choose to avoid many social opportunities and intimate relationships to keep their secret safely hidden (Stemberger et al., 2000). Others spend so much time engaging in their BFRB (or in the activities needed to cover up the damage caused by it), that it prevents them from spending that time with the people they love. Think for a minute about the many ways your BFRB(s) have impacted you over the years (action item 1.1).

## Identify the various ways your BFRB(s) has had an impact on your life

How has your BFRB(s) impacted you? Check off any ways that you or your life have been impacted by the results of your BFRB. Add any impacts that may not be listed here.

### Physical:

- ☐ hair loss
- ☐ baldness
- ☐ uneven hair line
- ☐ hair not regrowing
- ☐ scarring
- ☐ frequent scabs
- ☐ discoloration of the skin
- ☐ other: \_\_\_\_\_

### Medical:

- ☐ infections
- ☐ stomach problems, excessive stomach pain, gas, bloating, hair in stool or trichobezoars (i.e., hair that accumulates in the stomach or intestine that sometimes requires surgical intervention)
- ☐ repetitive movement problems, carpal tunnel syndrome
- ☐ dental problems
- ☐ alopecia
- ☐ permanent damage to the body, deformities
- ☐ loss of fingernails/toenails
- ☐ need for surgery or other medical procedures
- ☐ avoidance of medical exams
- ☐ eye problems as a result of lash pulling
- ☐ other: \_\_\_\_\_

### Social:

- ☐ avoidance of social activities where BFRB damage might be revealed (e.g., swimming, wearing shorts/bathing suits, windy environment)
- ☐ avoidance of romantic relationships
- ☐ interference with friendships
- ☐ problematic behavioral/emotional displays in adolescence/childhood
- ☐ family conflicts
- ☐ social isolation
- ☐ time spent engaging in the BFRB interferes with social time
- ☐ other: \_\_\_\_\_

### Academic:

- ☐ lower grades (due to distraction or time spent engaging in a BFRB and not studying)
- ☐ reduced academic expectations for oneself or by others
- ☐ avoidance of higher education
- ☐ other: \_\_\_\_\_

### Emotional/Psychological:

- ☐ feelings of shame
- ☐ feelings of isolation
- ☐ negative reactions of others
- ☐ being bullied
- ☐ low self-esteem/self-concept

- ☐ feeling blamed for the BFRB
- ☐ feelings of sadness
- ☐ feelings of guilt
- ☐ anger at oneself for the BFRB
- ☐ other: \_\_\_\_\_

**Financial:**

- ☐ money spent on wigs, doctors, treatments, and so on
- ☐ loss of time that could have been spent working
- ☐ loss of a job
- ☐ avoidance of seeking a job due to fear of being found out
- ☐ avoiding work
- ☐ other: \_\_\_\_\_

What feelings arise as you take note of the ways your BFRB has impacted you? It is important to understand the wider effects of your BFRB because taking stock of these can help to increase your motivation to change your behavior – that is the goal.

### **Addressing Shame**

Shame is perhaps the most profound emotion associated with BFRBs and is experienced almost universally by people who struggle with these disorders. We have found that it is important to address feelings of shame early on in efforts to overcome BFRBs, to promote greater success on a multitude of levels. The following exercise will help you to identify your “BFRB story” and begin the process of undoing shame about your BFRB. In order to recover from the impact of challenging events in life, it helps to put words to them (action item 1.2).

**Capture your “BFRB story” in your own words as a step toward reducing shame and increasing empowerment**

Write a story about your journey with your BFRB. How did it begin? How has it changed over the course of your life? In other words, if you were telling a close friend about your experience living with a BFRB, how would you tell that story?

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

What feelings did you experience when writing your story? What is the story that you tell yourself regarding your BFRB? What story do you tell others? Is your narrative accurate and helpful? Are there words in your story that are negative or judgmental such as “hate,” “failure,” or “ugly?”

Now, if you were to write the “rest of the story,” what would it be and how would it end? Take a moment to think about what a reasonable path to recovery would look like, where would your story go from here? Imagine yourself walking down the beach wearing whatever you want, with no care about covering up a bald spot or scars from picking. What are your dreams, your fantasies about what life with a managed BFRB would be? It’s tempting to wish to simply stop pulling or picking and never give it a second thought. However, that wish may be a bit unrealistic given that this has been a part of your life for as long as it has. Would it be possible to reduce the behavior, the urge, or both? What might managing your behavior look like? What could you do then that you cannot or will not do now? Do you have any beliefs about whether or not this is possible? It is possible! Think about what the ending to your story might be (action item 1.3).

## Envision the end of your story

This exercise should help you to clarify your goals – what would be different if you were successful? Try to refrain from using black and white language such as “I will stop completely” or “I will never pick again.” Instead consider “If I have an urge or I do pick, I know what I need to do” or “When there is a big change or transition in my life, I will take these steps proactively to help myself with my BFRB.” Write your idea of what the next few weeks, months, and years might look like, if things were to go well during this process. Think about how your story will end – how do you want it to end? What activities will you be able to do? Remember to be realistic and specific in your responses.

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There are no vertical margin lines, text, or other markings on the page.



How was that? Were you surprised at how you want your story to end? When you think about your story ending in this way, how does it make you feel?

### Why Do People Engage in BFRBs, and Why Do You?

Understanding why you engage in a BFRB is fundamental for recovery from your BFRB. The short answer though is simple – because it feels right to do it. You engage in your BFRB because it helps you in some way to get your needs met. In other words, it is *functional*. How does your BFRB work for you? How would you feel if you suddenly were not able to pull or pick? As humans, at times we engage in behaviors that are not good for us, even when we are aware that we are engaging in them. For example, people might be aware that they are eating a certain food that is not a “great choice” for them (e.g., a hamburger and french fries, chocolate cake, potato chips, etc.), especially if they are trying to eat healthfully – but they eat it anyway. We have all make poor food choices because in that moment, the moment when considering the options, we choose what we *want*, not *what’s best for us*, because experiences lead us to believe that it will satisfy us to do so. There are probably times when you are well aware that you want to pull or pick, and you know that you probably “should not,” but you do it anyway. Why is this? As humans, we are constantly in the service of our own satisfaction and pleasure, even when that pleasure comes at a cost to our long-term goals or desires.

Despite the reality that hair pulling and skin picking lead to unwanted and sometimes awful outcomes, at the same time they provide some comfort or benefit in the moment they occur. Most people with BFRBs report that they feel guilty, angry, frustrated, or sad after an episode of pulling or picking – is this true for you? Such feelings can lead to self-recrimination and feelings of worthlessness, powerlessness, and even self-loathing. When short-term results are positive, behavior is very reinforcing, even when the long-term results are negative. If hangovers occurred the minute a person had a sip of alcohol, few people would likely drink. The short-term rewards for drinking alcohol override the negative effects that come later, up to a point. BFRBs work the same way. These short-term desirable effects of BFRBs are what is reinforcing, even if they are fleeting. The long-term results are negative and could possibly even lead to more pulling and picking. A powerful way to change this “short-term versus long-term gratification cycle” is to learn to

respond to yourself with tenderness and compassion – to talk to yourself like you would talk to your best friend or some other loved one. Self-compassion is not simply telling yourself “You are great!” or “Your BFRB is no big deal,” but something much more profound. Self-compassion is not self-reassurance or denial, but kind words when you are suffering (e.g., facing an urge to pull or pick). Self-compassion is meeting yourself with tenderness and love, without judgment or harsh words. We will talk more deeply about self-compassion in Chapter 9, but for now, try this next exercise to get a feel for what self-compassion would look like for you (action item 1.4).

## Identify and heal negativity by encouraging you to develop more compassion for yourself – exploring “best friend thoughts”

Imagine that your best friend, someone you feel very close to, had the exact BFRB problem that you have. How would you speak to this person? What would you say to them in difficult situations?

Situation 1: What would you say to them when they wanted to pull/pick?

**Example:** This must be so hard. I am so sorry that you are going through this. What can I do to help?

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Situation 2: What would you say to them when they had just had a pulling/picking episode and they were feeling bad about it?

**Example:** I know this is hard, but you can get back on track. Everyone disappoints themselves at times. You are no different from the rest of us.

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Situation 3: What would you say to someone who was upset about their appearance and did not want to go out?

**Example:** You are a beautiful person! Having sores or bald spots doesn't change that.

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Situation 4: What would you say to a friend who feels frustrated with the thoughtless things some people say about their BFRB?

**Example:** These people have no idea about what it's really like having a BFRB.

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Situation 5: What would you say to a friend who just had a big pulling/picking setback?

Example: Oh honey, this is so hard! I am so sorry that you are struggling, and I am here for you.

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How did that feel? Did it feel weird or fake to think about saying supportive words to yourself? If so, this is completely normal. It is important to try it anyway. Even when it feels like you are lying to yourself, practice using “best friend thoughts” until they start to feel normal and natural.

## A Word About Urges

Throughout this book we will refer to sensations that encourage you to engage in your BFRB as “urges.” What really are urges though? The word ‘urge’ is often defined as a strong desire or impulse. When we refer to urges, we are talking about a variety of experiences that may be described differently by different people. Some people describe an urge as a sensation on the skin, while others describe them as more emotionally based. Still other people describe urges as more cognitively based, rather than physically. Regardless of how you experience urges, we know that for many people the feeling of an urge is tremendously powerful and can seem impossible to tolerate without performing some action to reduce it. We will address the concept of urges throughout this workbook and, with time, you will learn to respond differently to them. While we cannot reduce or eliminate urges for you, we can teach you how to respond to them utilizing tools to help you take care of yourself in those moments of suffering. Next, we thought it might be helpful to dispel some common misunderstandings about BFRBs.

## Myths and Misconceptions About BFRBs

Myth 1: *BFRBs are the result of childhood sexual abuse or some other traumatic event.* One common misconception is that BFRBs are the result of prior childhood sexual abuse. This belief is probably based on some early speculation in the professional literature in the absence of reliable data. In reality, there is little to suggest that BFRB sufferers have experienced any more childhood sexual abuse than that found in the general population (Lochner, 2002). Furthermore, only about half of people with a BFRB report any notable life stressors occurring just before or at the time their BFRB started. When such stressors are reported, they tend to be more typical life events such as family stress, the death of a pet, or changing schools. As stated earlier in this chapter, there is little evidence that traumatic events consistently preceded or have a direct impact in causing these disorders, because they most likely result from an interaction between biological

factors and varieties of life experiences, most of which are not traumatic. Many people with a BFRB report *no* history of significant trauma at all. That is not to say that a person with a BFRB could not have experienced significant traumatic events in their life, because sometimes they have, and we do not want in any way to discount these painful events. What we are saying is simply that trauma is not the usual cause of BFRBs, nor is it essential for the development of these problems. The truth is negative events such as trauma can bring about a host of psychological disruptions and can make already existing problems even worse. If trauma is something that you struggle with, you might consider addressing that experience in therapy with an appropriately trained clinician which would help to set a firm foundation for progress in overcoming your BFRB.

*Myth 2: BFRBs are the result of some underlying issue that needs to be resolved, because once the “root cause” of the hair pulling or skin picking is uncovered and addressed, the behavior will disappear.* This misconception is, in part, born out of psychodynamic perspectives and will likely lead people with a BFRB toward frustration. This idea that a BFRB is a sign of some deeper disturbance or a symptom of some hidden conflict, implies that a person has more serious issues to resolve. This is not true in the vast majority of cases, and this assumption can cause people to believe that there is something inherently wrong with them. Many people with a BFRB have no more deeper issues to resolve than any other person apart from their BFRB. Put simply, there is no compelling empirical basis to support the view that therapy focused on gaining insight into otherwise unresolved, underlying issues has any impact on helping to mitigate BFRBs.

*Myth 3: BFRBs are a form of intentional self-harm or a desire to be unattractive.* While on the surface it may look like the systematic removal of one's hair (particularly in more severe cases) is a form of self-mutilation, or that creating lesions in one's skin is a form of self-harm akin to self-inflicted cutting or burning of the skin, this is simply not the case. People with BFRBs pull their hair and pick their skin because it helps to achieve some desirable outcome, but self-damage is not typically the objective. The driving force for the BFRB is not “to destroy myself” or “to be unattractive,” but rather to somehow “feel better.” We find it more helpful to view BFRBs as ways to self-regulate, whether it be emotional, sensory, physical, neurological, or otherwise. We will talk more about these important factors in Chapters 4–8, but for now

know that BFRBs help you to self-regulate, not self-mutilate. We will discuss self-regulation more in Chapter 9, but for now know that BFRBs are often a way for you to regulate some aspect of your experience, to improve whatever it is that you are experiencing.

**Myth 4:** *Willpower is the key to success in ending a BFRB.* This widely held belief holds that hair pulling and skin picking are mere habits that can easily be changed if a person has the desire and/or willpower to do so. Quite the contrary! BFRBs are more accurately viewed as strongly ingrained, complex phenomena resulting from a mixture of psychological and neurological factors. Over time, BFRBs become associated with a variety of triggers and reinforcing sensations that encourage their continuation. Assuming that BFRBs are “simply habits” implies that they are easily changed by trying harder. Such assumptions often result in frustration and self-blame when change does not happen easily or reliably. Not only are BFRBs not easily changed, but they are also typically accompanied by ambivalence – a feeling of wanting to stop but still driven to pull or pick. In fact, ambivalence about giving up a BFRB tends to be the rule with very few exceptions and is *not* an indication of the potential or lack of potential for change. Remember that hair pulling and skin picking can provide a wide range of positive experiences for you, ones that might be difficult to give up. Mixed feelings about giving up these satisfying but unhealthy experiences, despite their negative, longer-term consequences, is a challenge for every human being and it certainly is not unique to you.

## Readiness for Change: Motivation versus Readiness

Did you know that you can want to change your behaviors, but not yet be ready to take steps to accomplish that? Have you ever committed yourself to getting more exercise, signed up for a gym membership, or bought some athletic equipment and found that you were still unable to reach your goals? Most people have had the common experience of *wanting* something to change, but for whatever reason not taking the necessary steps to make change happen. Because you are reading this workbook, we can assume that you *want* to change your behavior, you *are* motivated, but it is possible that you are not yet ready to do the things necessary to achieve your goals. However, maybe you *are* at a place of readiness, and you are perfectly poised to take the necessary steps to change.

Assess your readiness for the effort required to overcome your BFRB

The Scales of Readiness

List on either side of the scale your reasons to or not to work on changing your BFRB. For example, “It will take too much effort,” or “I don’t have the time” might be reasons not to work toward change, whereas “I would be able to enjoy not wearing a wig” or “I would feel so much more confident” might be reasons to work toward change. Be honest as it only helps you to identify any ambivalence early on in this process.



Reasons to change my BFRB:	Reasons not to change my BFRB:



Which side of your scale is more heavily weighted? What does this suggest about your readiness to change? Have you been completely honest about what you might miss if you stopped engaging in your BFRB? If not, go back and modify your responses. Use this exercise to help you identify things that might get in the way of your progress, things that you are reluctant to give up, and therefore might hold you back. Behavior change is *hard*, and we forget that often we have good reasons for continuing our problem behaviors. In working through this book, we will ask you to do hard things – we will ask you to forgo your BFRB for other behaviors. This is going to be hard! We want you to be prepared to do hard things, because it is worth it to do them. Anything done in life that is worthwhile was likely hard to achieve and often includes forward and backward movement in the process. It is important to address any roadblocks now, as well as along the way, so that they do not become obstacles that could deter you from success in your BFRB journey.

One important point to keep in mind is that ambivalence is normal, expected, and can be overcome. This means that your responses to the “Scales of Readiness” exercise (action item 1.5) are expected to show some level of ambivalence about change. In order to make changes, you need to be aware of your ambivalence and be committed to accomplishing your goals. Identifying obstacles and effectively addressing them are necessary steps toward successful completion of your journey. How do you address ambivalence? The answer is through problem-solving. For example, if one of your “reasons not to change my BFRB” is that “it helps me to relax after a long day,” you would want to find some other methods for relaxation in the evening hours. Review your list of “reasons not to change” and begin to problem-solve how to address these issues.

## Expectations and Goal Setting

It is time to think about setting some goals for your journey's end. Many people will say that their goal is to never pick or pull again. This type of “all or nothing” goal can pose some problems that we should look at closely. If I set a goal of “never eating junk food again,” I will, at some point in my life, fail. So, we do not want you to set yourself up for failure, we want you to set yourself up for success. We know that slips are inevitable and will happen, what we do not want is for that slip (pulling ten hairs) to turn into a complete

relapse (pulling 500 hairs because those ten hairs represented a complete failure). Outside of an episode one can see that pulling ten hairs is much less of a setback than pulling 500 hairs, but in that moment, when frustration and self-condemnation set in, one can feel defeated and like giving up. You must remember that *slips happen* and can be managed through problem-solving and good judgment, to prevent the slip from becoming a total relapse.

In our clinical work, we have seen that setting realistic, manageable goals that focus on “doing” rather than “not doing” is a productive and ultimately more successful approach than “all or nothing” goals. Consider the junk food example, a better goal would be: “I will eat 4 servings of fruits and vegetables a day.” This is a “doing” goal and though it might not be the complete answer, it will be a step toward having a healthier diet and limiting intake of junk food. An example that relates to BFRBs might be setting a goal of “taking my toothbrush to the kitchen sink to brush my teeth (doing), as opposed to “not picking in the bathroom after having brushed my teeth (not doing)” (action item 1.6).

## Set realistic and achievable goals to keep you on the road to success

Check all that apply to you and your life.

- ☐ I would like to go places and not worry about hiding my BFRB.
- ☐ I would like to grow my hair back to the point that I do not worry about people noticing.
- ☐ I would like to allow my skin to heal and stay healed.
- ☐ I would like to pull/pick so minimally that it does not bother me at all.
- ☐ I would like to love myself, even though I have a BFRB.
- ☐ I would like to feel good about myself.
- ☐ I would like to view my BFRB as a small part of who I am, not my sole identity.
- ☐ I would like to accept myself as I am.
- ☐ I would like to be able to talk about my BFRB without feeling ashamed.
- ☐ I would like to be able to participate in activities like swimming, wearing shorts/bathing suits, going out on a windy day, and so on, without worrying about people noticing.
- ☐ I would like to see myself as a healed person, not a broken one.
- ☐ I would like to have more time in my life to do what I love to do.
- ☐ I would like to save money that I spend on my BFRB or spend it on other things.
- ☐ I would like to feel confident in my success and in my life.
- ☐ I would like to accept myself as I am, a nonperfect person who is doing their best.
- ☐ I would like to get curious about my BFRB and be interested rather than ashamed of it.
- ☐ I would like to be compassionate about lapses and know that a lapse is not a failure, but just a bump along the road.
- ☐ I would like to “live well” with my BFRB, potentially using what I learn to help others feel less shame.
- ☐ I would like to \_\_\_\_\_
- ☐ I would like to \_\_\_\_\_
- ☐ I would like to \_\_\_\_\_
- ☐ I would like to \_\_\_\_\_
- ☐ I would like to \_\_\_\_\_
- ☐ I would like to \_\_\_\_\_

Do you notice how goals can be about improving your *life*, not just about reducing, or managing your BFRB? Return to this page frequently to add more goals as they develop. In fact, you might add your goals on your smart phone home page, tape them to your bathroom mirror, or place them in some other spot that you look at frequently. You will want to keep your goals in mind throughout this process. If, when traveling to an unfamiliar city you desire to see the local attractions, you would want to keep that goal front and center so that other distractions do not keep you from missing out on that. Keeping your goals realistic, positive, and in the forefront is an important part of staying on course. Think about all of the things that you would like to be doing instead of engaging in your BFRB – spending time with loved ones, exercising, engaging in hobbies, learning something new, doing things that you typically avoid due to your BFRB. Remember to add these things to your goals list to help see the *value* in changing your behavior. We want you to see that managing your BFRB is not about taking away the thing you enjoy but rather opens up so many things for you in your future. Reducing your BFRB actually *increases* your options in life.

## Behavior Change Is Not a Light Switch

If we could comfortably teleport ourselves to our travel destinations, we would do it, but that is not yet possible. To get to your final destination, you might have to get into a cab to take you to the airport, go through security, wait for your plane, board your plane, fly on the plane, wait for your bags, take a train to a town, and possibly partake of more steps! Any journey has a series of important requirements along the way, and no trip is perfect. You might have flight delays due to weather, cabs get stuck in traffic, flights get cancelled, all of which are beyond your control. More than likely, there will be hitches along the way on this BFRB journey. The goal is to be as flexible as possible and to tolerate any unfortunate frustrations with grace and acceptance, as well as the resolve to keep moving forward. Developing better coping skills to manage these inevitable “hiccups” along the way is key. Recognize that most hitches are beyond our control, but a part of the change process. When flights get cancelled it makes little sense to spend all of your time bemoaning how upset you are that the flight was cancelled, and more sense to work toward rerouting yourself on another flight or finding something fun to do while you are delayed. For example, I might leave for the

airport with plenty of time, but a traffic accident that slows me down is far beyond my control. Getting mad at the people who caused the accident does not allow me to move any faster, it just adds to my frustration. Using that time to breathe and listen to a favorite playlist or podcast is a better use of time. Know that there will be setbacks along the way on this journey, and that is normal and expected. In fact, it would be miraculous if you did not experience some setbacks in your BFRB journey. Setbacks might occur where you struggle with recurring urges or succumb to a disheartening episode of BFRB activity after doing well for some period of time. A setback might occur after some identifiable stressor that is beyond your control, or lapses may happen seemingly for no reason at all. The important thing is to predict that setbacks *will* occur. Be prepared for them, and *do not judge yourself harshly* when they occur. The absolute best thing that you can do when a setback occurs is to *learn from it* and use that information in the future. Be prepared to ask yourself “What could I have done differently instead of pulling/picking?” or “How could I have managed that situation more effectively, knowing what I now know?” Use your “best friend” thinking when dealing with setbacks to avoid negative self-talk and harsh emotions. You have to be your own cheerleader through this process.

## Timing Is Everything

One thing that can make it difficult to manage a BFRB, even when motivation and readiness are there, is poor timing. For example, few people would be likely to plan a hiking trip during their recovery from major foot surgery. This would not be the best timing for the trip. With this in mind, make sure that now is a good time to focus on your BFRB. Changing a well-entrenched behavior, no matter what it is, takes time and effort each day to be successful. Attempting this at a time when there is too much on your plate or you are under a great deal of stress will only cause you to feel like a failure, to feel defeated. We do not want you to feel defeated, we want you to feel empowered – we want you to be successful on your journey! We also understand that this is your journey, and you should ultimately make the decision about what is best for you. We are just asking you to evaluate what is on your plate right now and to think about whether or not you currently have the bandwidth to take on this challenge. Doing this exercise might cause you to set some limits in areas of your life to free up some space for this work as well (action item 1.7).

Determine if now is a good time to start your journey, or if staying in preparation for a little while longer makes sense, until the time is right

Take a minute to take stock of all of the obligations you have in your life right now. We will break them down into categories to help you think about how much mental and emotional energy you have available to you for your journey. Just like taking a trip, you want, if possible, to be rested and ready for travel. No trip is easy if you begin tired and overwhelmed. As fun as travel is, it can also be tiring. Below you will find scales that will help you to rate your stress in different areas of your life. “Work” might be a big project that you just took on, “School” might involve academic stress, “Family” might be marital stress or having young children, “Social” might be interpersonal distress with a friend, and “Emotional” might be a co-occurring disorder such as depression or anxiety. Rate each area of your life from 0–5 and then add up your scores to get a total from 0–25. If you scored above a 16, perhaps consider waiting until things have calmed down. Again, this is completely up to you. In the meantime, you could focus your efforts on self-care and self-compassion (see Chapter 9), to help better prepare you for this journey. If you have a great deal of stress in your life *and* you still want to embark on this journey, that is okay too. Please understand that we are only trying to help you see what challenges lie ahead and to best prepare for them.

	No problem!	Minor	Some stress	Moderate stress	Heavy stress	Severe
Work	0	1	2	3	4	5
School	0	1	2	3	4	5
Family	0	1	2	3	4	5
Social/ relationships	0	1	2	3	4	5
Emotions	0	1	2	3	4	5
Total						

Total: \_\_\_\_\_

After looking at all of the areas in your life that are needing your attention and your energy, how do you feel about starting this journey now, at this point in time? Are you in a good place in terms of having the time and the mental, physical, and emotional energy to get started? If you are, that is great! If you are not, that is good to know – you may just want to hit the pause button and skip to Chapter 9 where we focus on self-care. A dedicated focus on self-care until the “storm has passed” allows you to be refreshed and prepared for your BFRB journey. For those of you ready to get started, let us think about what your life might be like should you overcome your BFRB.

## **What Would Life Be like with You Managing Your BFRB?**

Just as when you plan a vacation, you will have to plan for the journey ahead. When traveling you will have to answer questions about: Where you will stay? What will you eat? What attractions you will see? Planning your BFRB journey will require similar considerations: How will your life be different without your BFRB? How will you manage your stress? How will you engage in activities of daily life without it? Can you envision yourself as a person who does not engage in their BFRB on a regular basis? What would that person be like? How would they manage situations that typically bring on the BFRB? How would they manage life differently without pulling or picking?

So, at this point, how are you feeling about setting off on your BFRB journey? Are you feeling like now is the right time? Do you feel like you are willing to make changes as well as a willingness to do some hard things and persevere in the process? If so, let us continue on to Chapter 2. If not, we recommend you jump to Chapter 9 and explore self-care now. A focus on addressing your broader personal needs may help you improve your readiness to encourage the many specific changes required to make your amazing journey a successful one. In addition, self-care oftentimes improves self-confidence, happiness, and a general sense of well-being, all of which will serve you well as you embark on this journey.

## Chapter Summary and Roadmap

In this chapter you have learned many things about BFRBs, including who has them, what they entail, and the myths and misconceptions about them. You also began to look at your BFRB story – what the story has been in the past and how you want it to end. You also learned how you can be a support to yourself, as you would to a friend. Imagine being that support to yourself by showing yourself understanding, compassion, and encouragement as you might provide to a best friend in need. You set realistic goals, took a look at any ambivalence that you may have about changing your BFRB, and discovered what might hold you back from reaching your goals. Finally, you have looked at timing to determine if now is a good time to approach this important behavior change.



## Understand what your BFRB journey will look like

Why I want to change my BFRB:

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My goals for this BFRB journey:

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Visualizing my life without struggling with my BFRB:

I am \_\_\_\_\_

I will be able to \_\_\_\_\_

I will take care of myself by \_\_\_\_\_

I will let go of \_\_\_\_\_

I will learn to \_\_\_\_\_

I will lovingly tell myself that \_\_\_\_\_

I will support myself by \_\_\_\_\_

I will show love to myself by \_\_\_\_\_

Each day I will:

- ☐ use my “best friend thoughts” when I am struggling
- ☐ review my reasons to change my BFRB
- ☐ review my BFRB journey goals