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Trichotillomania: Compulsive Hair Pulling

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-  Individual Therapy
-  Facilitated Support Groups
-  "Lunch 'n' Learn Support Group for Moms of Trichsters

WHAT IS IT?

Trichotillomania is compulsive hair-pulling which results in significant hair loss. People with trichotillomania, also called "trich" (pronounced TRICK), or TTM generally pull hair from their heads, eyelashes, or eyebrows. Some people pull from their legs, arms, or pubic areas. Many people "play" with hair after it has been pulled. They may, for example, roll it between their fingertips, rub or touch it against their face or skin, or look at it very closely. Other people bite or swallow the hair. A person may do one, two, or all of these things once hair has been pulled.

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WHAT CAUSES TRICHOTILLOMANIA?

No systematic scientific evidence has been found to suggest that either family dynamics or early trauma is critical in the development of trichotillomania. It is likely that a variety of factors are responsible for trichotillomania in an individual. Trich has been considered a habit, like nail-biting. It has also been viewed as a form of obsessive compulsive disorder (OCD) because pulling is repetitive and seemingly compulsive. However, there are significant differences between OCD and trich. It has been suggested that trich is an uncontrollable response to an irresistible sensation much like motor tics in Tourette's disorder. Currently trichotillomania is categorized as an impulse control disorder. The hair pulling is thought to relieve an increasing sense of tension.

WHAT TRIGGERS "TRICH?"

Emotions like anxiety, tension, anger and sadness may increase the tendency to pull hair. However, hair pulling more often occurs during absentmindedly while someone is doing something else – like watching TV, reading, or doing homework. Many children pull in the evening when they are trying to fall asleep. Some individuals report stressful events before the first occurrence of hair pulling and pulling may increase under both positive and negative stress. However, to say that trich is a reaction to stress is an oversimplification of the problem. Learning to handle stressful situations may reduce episodes of hair pulling, but is not likely to end hair pulling completely.

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WHAT ROLE DOES THE FAMILY PLAY?

Family members can be considerably upset by a child's hair pulling. It is not unusual for one or both parents to become deeply enmeshed in their child's problem. These parents are likely to need guidance and support from the therapist to be effective in collaborating in the treatment. With younger children, parents may be directly involved in the implementation of treatment. With older children and adolescents, it is generally advisable for parents to be more supportive than directive in the therapy.

WHAT TREATMENTS ARE AVAILABLE?

Evaluation for trichotillomania should assess the impact on the family and on social and academic functioning. "Trich" should be considered a problem if an individual is:

- Hurting him/herself or visibly changing the way they look;
- They spend so much time pulling that it interferes with other activities
- It causes embarrassment or worry
- It creates tension or arguments in the family.

The search for a reliable and effective treatment for "trich" is still underway. Information available suggests that behavior therapy and certain medications can be successful in reducing and possibly stopping hair pulling. Individual therapy is helpful in addressing issues of self-esteem, social relationships, and family interactions resulting from "trich."

Early intervention can be successful in reducing or eliminating hair pulling and its emotional side effects. For infants and preschoolers who pull their hair, family education and monitoring can be preferable to direct treatment.

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Intervention should begin with education about trichotillomania and treatment options. Education may be extended to family members, teachers, other relatives, and even other mental health professionals.

ARE SUPPORT GROUPS USEFUL?

Yes. Individuals with trichotillomania often feel isolated and alone. Trichotillomania is more common than previously thought, but it is also frequently hidden from others and seldom discussed. Many “trichsters” report that participation in either therapist-facilitated or peer support groups helps improve self-image and may help to reduce hair pulling. Parents often experience feelings of frustration or guilt about trichotillomania and benefit from communicating with other parents who share their experience.

TRICHOTILLOMANIA LEARNING CENTER

The Trichotillomania Learning Center (TLC) provides information about local support groups and will help individuals start their own support groups. There are also support resources available on the internet, including bulletin boards and chat rooms. TLC helps members learn about “trich” and find treatment resources in their area. It also updates members about the latest research and treatment developments. Contact information:

Trichotillomania Learning Center, Inc. (TLC)
303 Potrero St., Suite 51
Santa Cruz, CA 95060
www.trich.org

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Resources:

Trichotillomania edited by Dan Stein, Gary Christenson and Eric

Hollander. Published by the American Psychiatric Press,
Washington DC, 1999.

The Hair Pulling Habit and You by Ruth Goldfinger Golomb &
Sherrie Mansfield Vavrichek. Published by Writer's Cooperative
of Greater Washington, Silver Spring, MD, 1999