



Kicking Old Habits

How a treatment for compulsive hair-pulling and tics can help change bad habits

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Many people can name a habit that they would like to break, but simply saying that they want to stop is not enough to end them. Individuals also often make resolutions, set goals, or use self-help books with variable success to stop their habits. Whether the habit is procrastinating, nail-biting, checking social media, or pressing the snooze button too much in the morning, trying to break an old habit can be difficult and frustrating.

For some people, including children, they can develop different behaviors that are highly ingrained, frequent, and repetitive. Conditions like trichotillomania, where an individual compulsively pulls out their hair, and tic disorders like Tourette's Disorder are examples of highly ingrained behaviors with a neurological basis. However, there are several strategies and methods for successfully relieving even those more severe cases of repetitive behaviors.

Habit Reversal Therapy (HRT) is one type of behavioral treatment that has been found to be effective in reducing the symptoms of trichotillomania and Tourette's Disorder. Developed in the 1970s, HRT is based on the premise that people are often not aware of their repetitive behaviors when they occur, and that those behaviors often serve to relieve urges or feelings of discomfort. HRT focuses on bringing these behaviors into conscious awareness and then replacing them with an incompatible and less bothersome behavior. It additionally incorporates stress reduction techniques to prevent anxiety from increasing any repetitive behaviors.

Before initiating any HRT interventions, the clinician completes a thorough assessment with the patient about the behaviors to better understand their frequency, intensity, and how the environment affects them. The clinician will ask questions about how long the behaviors have occurred, when the behaviors occur, what are the precipitating factors for the behaviors, what happens after they engage in the behaviors, and how often the behaviors occur. This enables the patient and clinician to develop an individualized HRT plan together to best address the particular behaviors.

To gather more detailed information about the behaviors and increase their awareness of them, patients are also encouraged to self-monitor these behaviors. Keeping a log of each time the behavior occurs by recording the place, time of day, and precipitating situation can be helpful. For additional support, many patients will ask family members or trusted friends to help them in recognizing any repetitive behaviors when they are struggling with their awareness of them. Children usually begin with having their parents and/or teachers help point out to them when they engage in the unwanted behavior.

Competing behaviors

Once a patient consistently recognizes the unwanted behavior as it is happening, they can begin the next step—developing a competing response. A competing response is a less bothersome behavior that can be performed in place of the unwanted one and typically makes it impossible to engage in the problem behavior at the same time.

For example, a child with a shoulder shrug tic may use the competing response of lengthening her neck and pushing her shoulder downward. A person who snacks too much may move out of the kitchen and into a different room to perform another activity. If someone bites their nails, they may chew on gum and keep their hands busy instead. Individuals with trichotillomania may keep their hands occupied with putty or string when they feel an urge to pull out hair. Competing responses are done for one minute or until the urge to engage in the behavior fades away, whichever is longer.

For many people, it is helpful to begin practicing their competing responses even when they aren't engaging in the unwanted behavior. That helps people become more comfortable with the desired response. In addition, as it becomes more of routine for them to engage in the competing responses with practice, it also becomes easier for them to initiate using them when they feel the urge to engage in the unwanted behavior.

Relax and unwind

Anxiety and stress often increase the symptoms of tic disorders and trichotillomania, as well as the likelihood of engaging in an old habit. For example, many people who bite their nails report that it happens more when they are stressed. Practicing relaxation techniques, such as diaphragmatic breathing or progressive muscle relaxation, can be helpful, especially when practiced on a daily basis. For children, parents can help by praising their child when they correctly engage in the competing response to build their confidence and also by practicing deep breathing or yoga together.

Habit Reversal Therapy is currently recommended as the first approach to treatment for children and adolescents with mild to moderate tics, as well as for anyone with trichotillomania. People also use it to address bad habits with the support of a therapist. It should be considered as an addition or alternative to medication therapy. As with all approaches, it is important to discuss HRT with a professional who has expertise in this area before beginning therapy.

Michelle Miller, PsyD, is a licensed psychologist in New York and New Jersey who works for NYU Child Study Center in their Hackensack and NYC locations. She specializes in the application of Cognitive Behavioral Therapy (CBT) to Tourette's Disorder, autism spectrum disorders, body focused repetitive behaviors (such as obsessive compulsive disorder, skin picking, and trichotillomania), selective mutism, and eating disorders. Dr. Miller also has expertise in neuropsychological testing, including evaluations for autism spectrum disorders, learning disabilities, ADHD, and gifted children. For further information, please see her website: <https://nyulangone.org/doctors/1033590922/michelle-r-miller>