

Appendix

Online resources are available for download at www.cambridge.org/mansueto

Self-Monitoring Form

Complete this form for each episode of skin picking or hair pulling during the week.

[illegible]

Self-Monitoring Form

Example of a Completed Form

Complete this form for each episode of skin picking or hair pulling during the week.

Date/Time	Location/ Activity	BFRB Behavior	Sensory	Cognitive Thoughts	Affective Emotions	Motor Behaviors	Place	How Long?	Awareness 1-4	Severity 1-4
January 30, 7 a.m.	Bathroom Waiting for shower to heat up	Picking my face	Visual – seeing excoriate Tactile- rubs b etween fingers	Need to fix blemishes, like to see excoriate	Upset at sight of bumps, Satisfied after it is flat	Lean toward mirror, arm bends to touch face	Leaning in close to the mirror	50 minutes	3	3
February 1, 10 p.m.	In bed Watching TV	Picking my legs	Visual – looking for ingrown hair	I need to remove any ingrown hairs	Excited to get them out and felt gratified for my success	Searching with finger tips and visually	Lying in bed	2 hours	3	4
February 2, 7 p.m.	In the bathroom After showering	Picking my back	Looking in the mirror for pimples	I need to get them all or they won't heal	Stressed from work	Sitting on the vanity, looking in the mirror	Looking in my full-length mirror	1.5 hours	4	3
February 4, 8:30 a.m.	In the car, driving to work	Picking my arms	None	Thinking about work and project I have	Nervous	Searching my arms for rough spots	Sitting in the car.	20 minutes	1	2
February 6, 12 p.m.	At work, eating lunch in my office	Picking my cuticles	Feeling for rough, dead skin	Nothing really	Zoned out	Feeling my cuticles, rubbing the skin	Sitting at my desk with the door closed.	45 minutes	1	1

Functional Analysis Form

Complete this form to organize information that is relevant for each high-risk situation.

Situation 1	Situation 2	Situation 3	Situation 4

Functional Analysis Form

Example of a Completed Form

Complete this form to organize information that is relevant for each high-risk situation.

Situation 1	Situation 2	Situation 3	Situation 4
In the bathroom	In bed	In the car	At work
In the evening	Watching TV	On the way to work	lunchtime
Bright lights	Looking for ingrown hairs	Worried	Alone in my office
Before or after showering	Feeling excited about getting them all out	Searching my arms with fingers	Zoned out
In the mirror	Fully aware	Not at all aware	Not aware at all

List of Possible Interventions

Based upon information in the functional analysis, work with your client to help choose targeted and appropriate interventions. Add or modify interventions to assist in their effective use.

Carefully consider each category. The client should start by working with three interventions in one environment.

Sensory Domain

Tactile

Increase sensory input:

Sensory fidgets (spinners, koosh balls, fidget cubes, squishy toys)

Balls with texture (bumpy ball, dryer balls)

Sandpaper

Velcro

Kinetic sand

Putty

Play Dough

Silk or satin swatches

Smooth stones

“Worry” beads

Synthetic hair/doll hair

Makeup brushes to touch or rub on skin/face

Spinner rings or Acupressure rings

Comb hair/head with wide toothed comb

Brush hair/head with hair-brush

Head tingler/massager

Wash face with buff puff or textured sponge

Brush face with make-up brush

Bottle brush

Velcro

Silicone face scrubber

Silicone make-up applicator

Bubble wrap

Moisturize skin with oil or lotion (to increase sensation of smooth/soft skin)

Manicure gloves (To increase sensation of smooth/soft hands)

Reduce sensory triggers:

Cuticle oil/cream (to reduce dry cuticles)

Wash hair (to reduce tacky feeling on hair)

Lip balm to soothe dry, chapped lips

Cover hair or skin to prevent touch cues (hats, bandannas, clothing)

Alter sensory experience:

Put hairspray, oil, or conditioner on hair

Put Vaseline or gel eyedrops on eyelashes and/or brows

Soften scabs with Vaseline or anti-biotic cream

Auditory

Bubble wrap

Toys that click

Velcro

Music (relaxing or upbeat)

Sound machine to create soothing noise

Visual

Art supplies/painting

Child/Adult coloring book

Jigsaw puzzles

Crossword puzzles

Needlepoint

Knitting/crochet

Jewelry making

Crafts

Create surroundings that are consistent with client's sensory preferences

Cover mirrors

Remove magnifying mirrors

Use hats, scarves, clothing, headbands, socks, BandAids, and so on to cover visual triggers.

Olfactory

Scented candles

Incense

Scented bath products

Room spray

Aroma putty

Pleasant smelling hand cream/lotion

Perfume on wrists

Essential oils rubbed under the nose, especially in smelly environments

Oral

Popcorn

Sunflower seeds

Sesame seeds

Nuts

Chewing gum

Hard candy

Poppy seeds

Sesame seeds

Flavored lip balm

Raw spaghetti

Popcorn

Chew drinking straws

Chew a toothpick (if safe for the person's age)

Cognitive Domain

Identify thoughts that facilitate, trigger, support or reinforce the BFRB behavior.

Examples of common thoughts that facilitate, trigger, support, or reinforce BFRBs:

I have to fix my skin and remove that bump.

I want to get to the waxy substance under the skin.

I need to fix the acne by picking it.

I can't resist picking my scabs.

My eyebrows are not even and I can't stand that, so I'll pull some out to even them out.

I need to remove the gray hair.

I have to get the coarse hair.

I can't resist pulling my hair.

I have to see the bulb at the end of the hair.

I can't ever get better.

I don't even know why I try to stop, I just can't.

This is too hard.

I've been doing this so long it will never get better.

People will think I'm weird if I wear bandages on my fingers.

People will ask why I wear a hat so often.

People will think having a fidget in my hand is strange.

Generate alternative healthy thoughts. Work with your therapist to create a robust list:

I can resist my behavior, I've done it before.

Picking my skin does not heal it.

Pulling my hair does not fix the problem, it only creates a new one.

My hair does not have to be perfect.

My skin does not have to be perfect, nobody's is.

I can work with these new ideas and interventions to help me.

Therapy will take time.

Everybody struggles with something; I may not see or know what others are coping with.

I can support and encourage myself as I go through this process.

I don't have to be perfect.

I have done hard things before, I can do this.

Explore some mindfulness exercises:

Practice observing thoughts without judgment or action.

Observe thoughts as if they are clouds without engagement.

Self-compassion exercises to reduce negative self-talk.

Affective Domain

Working with the information from the functional analysis of the BFRB, identify appropriate skills that target the emotions that trigger, sustain, or reinforce the behavior.

Stress/Anxiety/Tension

Work on stress-management.

Practice daily self-care.

Increase pleasurable activities.

Practice relaxation exercises.

Decrease procrastination that may lead to stress.

Address organizational challenges that lead to stress.

Address any relationship issues that may lead to stress.

Practice mindfulness meditation to reduce stress and anxiety.

Practice distress tolerance (holding an ice cube, grounding practices) for general distress.

Practice distress tolerance for BFRB distress, such as seeing a pimple or a hair that looks like it should not be there.

Practice acceptance of BFRB distress and acceptance of BFRB urges (ERP).

Create a coping script.

Arousal

Practice relaxation exercises – deep breathing, progressive muscle relaxation.

Exercise regularly.

Practice mindfulness meditation exercises.

Take a hot bath.

Anger

Keep a journal.

Practice assertive communication skills.

Depression/Sadness

Practice positive self-care activities.

Increase pleasurable activities.

Practice behavioral activation activities.

Practice self-compassion exercises.

Practice mindfulness meditation.

Seek social support.

Seek medication to alleviate depressive symptoms.

Boredom

Engage in pleasant and interesting activities.

Use fidgets.

Make a boredom list to consult when feeling bored.

Hunger

Eat a healthy snack.

Chew gum.

Get active.

Fatigue

Nap.

Take a quick walk.

Exercise.

Take a break from the current task.

Motor Domain

Interfere with the ability to engage in the behavior:

Wear a hat in high-risk areas.

Wear gloves/mittens in high-risk areas.

Wear Band-Aids over fingertips.

Wear rubber fingertips / silicone finger protectors / rubber thimbles (used for clerical workers).

Wear long-sleeved shirts, long pants, and socks.

Wear a hat, scarf, or bandana.

Wear glasses to prevent touching lashes/brows.

Put Vaseline on the lashes/brows.

Wear a headband.

Wear an elbow brace (to make it hard to bend the elbow).

Wear a thumb brace.

Wear a sleep mask to cover eyelashes and eyebrows.

Wear a gel mask to cover eyebrows and provide some sensory input to the site.

Wear a bungee tied to belt and wrist to inhibit being able to move hand close to head.

Make the motor experience different:

Put a bandage on scabs, wounds, or rough patches

Cut fingernails short.

Wear fake nails that are longer than normal.

Put smelly stuff on fingers (to raise awareness and keep fingers away from the mouth and nose).

Cut hair or wear hair in a ponytail.

Wash hair.

Wear long sleeves, long pants, and socks.

Put lotion on the skin.

Change posture.

Place Domain

Alter the environment:

Dim the lights (can put dimmer switches on the lights or tape switches in the down position and put a lamp in the bathroom).

Cover mirrors with butcher paper or newspaper.

Put tape on the floor of the bathroom indicating a “no cross” line to keep a distance from the mirror.

Sit in a different location when doing activities associated with a BFRB (TV, reading, typing).

Use a different bathroom for a while.

Wait outside the bathroom when waiting for the shower water to heat up.

Leave the office door open to limit privacy.

Place reminder notes (to use interventions) in high-risk places such as on the computer or the bathroom mirror.

Place interventions in plain sight in key places.

Limit time in environment:

Set a timer in the bathroom.

Wait outside of the bathroom for water in the shower to heat up.

Only get in bed when it is time to sleep, and allow no other activities in bed.

Eliminate items that facilitate the behavior:

Discard tweezers, magnifying mirrors, pins, and needles.

Ask for help.

Discard magnifying mirrors.

Intervention Use Form

Review the interventions chosen with your client. Encourage use of multiple interventions in each situation as illustrated below. Fill out this form identifying each SCAMP intervention used when in different places and during different activities:

[illegible]

Intervention Use Form

Example of a Completed Form

Review the interventions chosen with your client. Encourage use of multiple interventions in each situation as illustrated below. Fill out this form identifying each SCAMP intervention used when in different places and during different activities:

Date/Time	Place/ Activity	Sensory (Sensations)	Cognitive (Thoughts)	Affective (Feelings)	Motor (Awareness)	Place or activity	How Long?	Severity 1–4
March 5, Sunday, 11 p.m.	Getting ready for bed	Put medicated cream on acne Pop bubble wrap, spray lavender spray on pillow	Repeat: I am taking care of myself and helping my skin. I am following doctor's guidance	Deep breathing	Finger bandages on each thumb	Cover the mirror Dim the lights	8 minutes	1
March 6, Monday, 10 a.m.	At work preparing for a meeting	Rubbed a smooth stone in my hand, put eucalyptus oil under my nose	Told myself: "I can do this." Reminded myself that I am good at my job	Deep breathing	Put tape on my fingertips	Had my interventions out next to my computer	2 minutes	2

The Massachusetts General Hospital (MGH) Hairpulling Scale

Instructions

For each question, pick the one statement in that group which best describes your behaviors and feelings over the past week. If you have been having ups and downs, try to estimate an average for the past week. Be sure to read all the statements in each group before making your choice.

For the next three questions, rate only the urges to pull your hair.

- 1) Frequency of urges. On an average day, how often did you feel the urge to pull your hair?
 - 0 This week I felt no urges to pull my hair.
 - 1 This week I felt an occasional urge to pull my hair.
 - 2 This week I felt an urge to pull my hair often.
 - 3 This week I felt an urge to pull my hair very often.
 - 4 This week I felt near constant urges to pull my hair.
- 2) Intensity of urges. On an average day, how intense or “strong” were the urges to pull your hair?
 - 0 This week I did not feel any urges to pull my hair.
 - 1 This week I felt mild urges to pull my hair.
 - 2 This week I felt moderate urges to pull my hair.
 - 3 This week I felt severe urges to pull my hair.
 - 4 This week I felt extreme urges to pull my hair.
- 3) Ability to control the urges. On an average day, how much control do you have over the urges to pull your hair?
 - 0 This week I could always control the urges, or I did not feel any urges to pull my hair.
 - 1 This week I was always able to distract myself from the urges to pull my hair most of the time.
 - 2 This week I was able to distract myself from the urges to pull my hair some of the time.
 - 3 This week I was able to distract myself from the urges to pull my hair rarely.
 - 4 This week I was never able to distract myself from the urges to pull my hair.

For the next three questions, rate only the actual hairpulling.

- 4) Frequency of hairpulling. On an average day, how often did you actually pull your hair?
 - 0 This week I did not pull my hair.
 - 1 This week I pulled my hair occasionally.
 - 2 This week I pulled my hair often.
 - 3 This week I pulled my hair very often.
 - 4 This week I pulled my hair so often it felt like I was always doing it.
- 5) Attempts to resist hairpulling. On an average day, how often did you make an attempt to stop yourself from actually pulling your hair?
 - 0 This week I felt no urges to pull my hair.
 - 1 This week I tried to resist the urge to pull my hair almost all of the time.
 - 2 This week I tried to resist the urge to pull my hair some of the time.
 - 3 This week I tried to resist the urge to pull my hair rarely.
 - 4 This week I never tried to resist the urge to pull my hair.

- 6) Control over hairpulling. On an average day, how often were you successful at actually stopping yourself from pulling your hair?
- 0 This week I did not pull my hair.
 - 1 This week I was able to resist pulling my hair almost all of the time.
 - 2 This week I was able to resist pulling my hair most of the time.
 - 3 This week I was able to resist pulling my hair some of the time.
 - 4 This week I was rarely able to resist pulling my hair.
- For the last question, rate the consequences of your hairpulling.
- 7) Associated distress. Hairpulling can make some people feel moody, “on edge,” or sad. During the past week, how uncomfortable did your hairpulling make you feel?
- 0 This week I did not feel uncomfortable about my hairpulling.
 - 1 This week I felt vaguely uncomfortable about my hairpulling.
 - 2 This week I felt noticeably uncomfortable about my hairpulling.
 - 3 This week I felt significantly uncomfortable about my hairpulling.
 - 4 This week I felt intensely uncomfortable about my hairpulling.

Scoring the Massachusetts General Hospital (MGH) Hairpulling Scale

In scoring The MGH Hairpulling Scale, each item is scored on a five-point scale from 0 = no symptoms to 4 = severe symptoms. The item scores are summed to produce a total score (range 0 to 28).

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The Skin Picking Scale – Revised (SPS-R)

Instructions

For each item, pick the one answer which best describes the past week. If you have been having ups and downs, try to estimate an average for the past week. Please be sure to read all answers in each group before making your choice.

- 1) How often do you feel the urge to pick your skin?
- 0 No urges
 - 1 Mild, occasionally experience urges to skin pick, less than 1 hr/day
 - 2 Moderate, often experience urges to skin pick, 1–3 hrs/day
 - 3 Severe. Very often experience urges to skin pick, greater than 3 and up to 8 hrs/day.
 - 4 Extreme, constantly or almost always have an urge to skin pick
- 2) How intense or “strong” are the urges to pick your skin?
- 0 Minimal or none

- 1 Mild
 - 2 Moderate
 - 3 Severe
 - 4 Extreme
- 3) How much time do you spend picking your skin per day?
- 0 None.
 - 1 Mild, spend less than 1 hr/day picking my skin, or occasional skin picking.
 - 2 Moderate, spend 1–3 hrs/day picking my skin, or frequent skin picking.
 - 3 Severe, spend more than 3 and up to 8 hrs/day picking my skin, or very frequent skin picking.
 - 4 Extreme, spend more than 8 hrs/day picking my skin, or near constant skin picking.
- 4) How much control do you have over your skin picking? To what degree can you stop yourself from picking?
- 0 Complete control. I am always able to stop myself from picking.
 - 1 Much control. I am usually able to stop myself from picking
 - 2 Some control. I am sometimes able to stop myself from picking.
 - 3 Little control. I am rarely able to stop myself from picking.
 - 4 No control. I am never able to stop myself from picking.
- 5) How much emotional distress (anxiety/worry, frustration, depression, hopelessness, or feelings of low self-esteem) do you experience from your skin picking?
- 0 No emotional distress from picking.
 - 1 Mild, only slight emotional distress from my picking. I occasionally feel emotional distress because of my picking, but only to a small degree.
 - 2 Moderate, a fair amount of emotional distress from my picking. I often feel emotional distress because of my picking.
 - 3 Severe, a large amount of emotional distress. I almost always feel emotional distress because of my picking.
 - 4 Extreme, constant emotional distress. I feel constant emotional distress and see no hope of this changing.
- 6) How much does your skin picking interfere with your social life and work (or role functioning)? (If currently not working, determine how much your performance would be affected if you were employed.)
- 0 None.
 - 1 Mild, slight interference with social or occupational activities but overall performance not impaired.
 - 2 Moderate, definite interference with social or occupational performance, but still manageable.
 - 3 Severe, causes substantial impairment in social or occupational performance.
 - 4 Extreme, incapacitating
- 7) Have you been avoiding doing anything, going any place, or being with anyone because of your skin picking? If yes, then how much do you avoid?
- 0 None.
 - 1 Mild, occasional avoidance in social or work settings.

- 2 Moderate, frequent avoidance in social or work settings.
 - 3 Severe, very frequent avoidance in social or work settings.
 - 4 Extreme, avoid all social and work settings as a result of the skin picking/scratching.
- 8) How much skin damage do you currently have because of your skin picking? Only consider the damage produced by the behavior of picking.
- 0 None (no skin damage from picking).
 - 1 Mild (slight damage in the form of small scabs, sores, scrapes, etc. Damage covers a very small area and no attempts are made to cover or treat the damage.).
 - 2 Moderate (noticeable scars, scabs, or small open sores (<1 cm in diameter). Picking results in attempts to cover or treat the damage with in-home remedies (e.g., bandages, creams, ointments) that do not require the assistance of a physician).
 - 3 Severe (large scars, scabs or open sores (>1 cm in diameter), infected areas and/or noticeably disfigured skin. Picking results in extensive attempts to cover the damage and may require periodic treatment by a medical professional (e.g., prescription antibiotics, dermabrasion, etc.)).
 - 4 Extreme (large open wounds or craters, frequent bleeding, large scarred areas. Damage may require extensive covering and medical intervention (e.g., plastic surgery, stitches, hospitalization, etc.)).

Scoring The Skin Picking Scale – Revised (SPS-R)

In scoring The Skin Picking Scale – Revised (SPS-R), each item is scored on a five-point scale from 0 = no symptoms to 4 = severe symptoms. The item scores are summed to produce a total score (range 0 to 24).

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Sensory Checklist

Sensory over-responsive

Does your child:

- Have have particular or rigid food preferences?
- Dislike getting wet?
- Dislike the beach, particularly the feeling of sand?
- Dislike messy or yucky feeling things?
- Insist on having feet covered or insist on being barefoot?
- Frequently get motion sick?
- Prefer bland foods or dislike anything spicy?
- Become nauseated or gag from certain cooking, cleaning, perfume, or bodily odors?
- Become upset or overstimulated when people come to the house or when in a crowd?
- Dislike noises that other people are not bothered by (clocks, refrigerators, fans, people, talking, blenders, vacuum cleaners, animals, etc.)?
- Dislike patterns, bright colors, or stripes?
- Intolerant of messy environments or insist that things be placed in a certain order?
- Dislike food that is touching together on the same plate?

Sensory under-responsive

Does your child:

- Have a hard time recognizing things that most would find alerting or strong?
- Seem unaware of the smell of foul odors (food that has gone bad, smoke, noxious fumes, or something burning)?
- Eat anything, even things that other children shy away from (strong flavors, spicy foods, foods that have never been tried before)?
- React to pain less intensely than others do?
- Act lethargic?
- Have a hard time noticing when hands or face are dirty?
- Have immediate needs to go to the bathroom?
- Have frequent accidents with toileting?
- Have slow reflexes, e.g., is slow or unable to catch self when falling or protect self from getting hurt?
- Not seem to notice noises that may be bothersome to others?
- Have trouble waking up in the morning, even with an alarm clock?
- Bump into things, move in a clumsy fashion, lack coordination?

Sensory Seeking

Does your child:

- Enjoy touching things and love to be touched?
- Constantly fidget with anything and everything?
- Often touch, twist, or suck on hair (her own or other's)?
- Love fast, spinning or high rides that may be dangerous?
- Often rock or sway body back and forth while seated or standing still?
- Frequently tip chair back on two legs?
- Chew on things?
- Prefer foods with strong tastes and flavors?
- Bite nails, fingers, lips, inside of cheeks?
- Love to sleep under heavy blankets?
- Seek out activities that include a lot of bumping and crashing into things (people and/or furniture)?
- Frequently smell unfamiliar objects?
- Frequently lick or taste objects in the environment that others would not put in the mouth?

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