



Play Therapy based HRT for managing Trichotillomania in Children: A Case Report

Satvinder Singh Saini,¹ Krishan Kumar,^{1*} Shweta Jha,² Rajni Sharma³

¹Department of Psychiatry, ³Advance Pediatric Centre, Post Graduate Inst of Medical Education & Research (PGIMER), Chandigarh. India.
²Amity Institute of Behavioural Health & Allied Sciences, Amity University, New Delhi. India.

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ABSTRACT

Trichotillomania is considered as chronic impulse control Psycho-dermatological disorder, characterized by uncontrollable urge to pull one's own hair and is usually associated with emotional distress and Obsessive-Compulsive Disorder in children. Case Presentation: We report a clinical case study of a six year-old female child, who has currently developed few patches of decreased hair density mostly over the right side of her scalp. As reported by parents; behavior of repeated touching of hair, playing with them and rarely plucking them was noticed in the child since she was three and a half year of age; the behavior were exhibited mostly when she would be alone, playing or watching television and has gradually increased leading to present alarming condition for entire family. Intervention: Ten session of Play therapy incorporated with habit reversal therapy (HRT) was planned for the child as she had difficulty comprehending and processing the conceptual understanding of formal Habit Reversal Therapy techniques; e.g. Awareness Training. During sessions she was made to address her urges and based on same; she was taught competing response of habit reversal through play based techniques. The child responded positively and effectively towards the play therapy based HRT. Discussion: Combination of Play therapy techniques and HRT has been found efficacious in our study however; more studies need to be conducted for the establishment of play based HRT (behavioral techniques) as treatment of Trichotillomania in children.

Keywords: Trichotillomania, Play Therapy, HRT, Children

Introduction

Trichotillomania is a chronic impulse control disorder characterized by repetitive hair-pulling resulting in alopecia (Tolin et al., 2008). According to current DSM V classification, it is recognized as one of the Obsessive Compulsion Disorder (American Psychiatric Association, 2013). The clinic prevalence rate of Trichotillomania in children is around 1.24% (Malhotra et al., 2008). Play therapy is an effective means of responding to the mental health needs of young children and is widely accepted as a valuable and developmentally appropriate intervention (Homeyer & Morrison, 2008).

Cognitive-behavioral play therapy (CBPT) is designed to be developmentally appropriate for preschool and early school-age children. It was developed by adapting empirically proven supported methods for use in a play setting with young children. Designed specifically for 3 to 8 year-old-children,

CBPT emphasizes the child's involvement in the therapy process (Knell, 2015). Cognitive Behavioral Therapy (CBT) has been the treatment of choice for children and found efficacious (Franklin et al., 2010). Particularly several components of CBT like Awareness Training, Self-Monitoring, Competing Response Training, Habit Reversal Training and Stimulus Control are implemented most commonly (Flessner et al., 2010).

Habit Reversal Therapy (HRT), which is a form of Cognitive Behavioral Therapy (CBT), is the most empirically supported form of treatment (Sarah H et al., 2013). Some other forms of therapies such as Behavior Therapy and simplified HRT also appear promising in children. Although in children below the age of nine years, no definitive conclusions on effectiveness can be drawn (Nguyen & Tharani, 2013). Behavioral treatments for Trichotillomania have usually comprised of three basic elements: one is awareness training, wherein techniques (e.g., self-monitoring) are implemented to improve the patient's awareness of pulling and the patient's awareness of the urge that precedes pulling; two, stimulus control, which comprises of a number of methods that serve as 'speed bumps' to reduce the possibility pulling behavior. And three is the competing response training, where patients are taught at the earliest sign of pulling, or of the urge to pull, to engage in a behavior that is physically incompatible with pulling for a brief period of time until the urge subsides (M. Franklin & Tolin, 2007).

Play therapy appeared equally effective across age, gender, and presenting issue and play using parents in play therapy produced the largest effects (Bratton et al., 2005).

*Corresponding Author: Dr Krishan Kumar, Asst Professor, Dept of Psychiatry, Cobalt Level-III, Nehru Block, Post Graduate Inst of Medical Education & Research (PGIMER), Sec 12 Chandigarh (UT) 160012 INDIA
Email: keshusony@rediffmail.com

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Case Presentation

A six year old female child with normal developmental milestones was presented with several patches of decreased density of hair over the scalp increasing since last two years causing her social embarrassment.

During clinical interviews mother reported that right from early days, child would take a lot of time to adapt to new situation, new places, approach new person or group. She would also feel worried, show concern and feel disturbed while her parents would go away and thus would not leave the sight of them. She would otherwise be unrestricted, play with her sisters, cousins and normalized with well-known persons. In addition, the child was reported to be shy, less confident, less talkative and avoidant in approaching new people and situation.

Mother reported that the habit of pulling hair has been noticed in the child, since she has been three and half years of age. Initially family members noticed that while watching television, playing or alone she would pull her hair, from both her hands; but mostly being right handed the plucks was aggressive on the right side. Even after repeated discouraged for her actions and dealt harshly by parents and other members of family it was noticed that in few months she developed patches of decreased density of hair over her scalps and reasoned or contributed it to having an itchy scalp. This became a subject of concern for the entire family; however, even after being forbidden to do so she seemed to have difficulty in controlling her urges and automatically put her hands on head whenever she felt she is not been observed or noticed. The condition gradually progressed and has today become an issue of social humiliation and questioning.

Mother reported that as a family they tried several measures to help her out of her condition (Sharma, 2019; Rathee, 2019). They started making her wear cap while at home, during school hours, playing and while socializing; so as to help her avoid hair plucking and also avoid the social humiliation being faced. However, mother reported that the incidences of hair plucking has just increased and worsened and thus; she was also taken to several local doctors, including dermatologist. The dermatologist finally diagnosed her to have Trichotillomania and referred her for psychological evaluation and behavioral treatment (Singh 2016). Evaluation of other dermatological conditions to rule out common clinical conditions associated with scalp hair loss such as Alopecia Totalis, Taenia Versicolor, Pressure Induced Alopecia and nutritional deficiency induced hair loss were also done.

Management and Outcome

The initial child evaluation was very difficult with her as she was very shy and did not open up to new environment easily; thus, did not cooperate for any formal psychological evaluation. Hence, to ease her up, form rapport, and inculcate sense of comfort and validation therapist decided and planned play based psychological evaluation and habit reversal therapy. Considering child's age and behavioral pattern; her mother was taken as co-therapist after adequate psycho-educational sessions. As a co-therapist mother was part of all sessions conducted and she was the one who was taught primary techniques and its delivery during sessions and the same was also to be followed at home eg. Mother was taught how to distract the child when she scratches on scalp and give her verbal feedback. Parents were at such times.

Child's general behavioral and play behavior were taken as a baseline for assessing and evaluating her for her general fund of knowledge, her attachment pattern and her current impulse control issues. Through detailed undisturbed and non-directive observational sessions and using play techniques for establishing rapport her entire behavior analysis was compiled; analyzing frequency, pattern, counts of hair plucked per minutes and need of her pulling and plucking hair. During these initial three sessions; it was observed that the child had average intelligence as revealed by her play content and age appropriate choice of toys and lack of emotional attachment with anyone except her parents (Wardhani, 2020; Rana, 2019; Rawat, 2019, Chatterjee, 2018) .

While further sessions were delivered it was observed that due to her very young age and temperamental factors she faced difficulty in following the formal therapy techniques of Habit Reversal Therapy such as Awareness Training or self-monitoring, competency behavior etc. thus, as she responded well to techniques of play therapy in initial sessions, therapist planned to continue with; play therapy based HRT was considered and play based sessions were further continued.

In subsequent three sessions through the medium of play awareness training, wherein techniques such as self-monitoring were implemented to improve the child's awareness of pulling and awareness of the urge that preceded pulling. To do this, child was made to sit in play room closed eyed and hear the sounds present in play room like that of fan etc. and report to the therapist and gradually this awareness of sounds was generalized on the sensations of her scalp and she was told to feel and report what she was feeling on her scalp. During play therapy activities and she was given drawings to express her emotions and her efforts were positively appraised to build her confidence.

Following two to three sessions, she had developed an awareness of the habit and often resisted pulling. Awareness about skin sensations provided significant cues for pulling. The child was demonstrated diaphragmatic breathing and was asked to practice it on when she felt it irresistible to control itching on scalp.

Thereafter, three to four sessions were taken for competing response training, in which she was again taught at the earliest sign of pulling, or of the urge to pull, to engage in a behavior that is physically incompatible with pulling for a brief period of time until the urge subsides. In this she was taught to close the fists and resist pulling hair when feel itchy.

Play therapy sessions helped the child not only to overcome her shy nature but also to gain self-confidence. The hair pulling behavior gradually reduced, and the child improved although not completely within one month. Even during follow-ups the further improvement was evident in the child. The patches of hair loss were completely vanished.

Discussion

In the index case, the child had difficulty understanding the concepts of formal Habit Reversal Therapy (HRT) e.g. Awareness Training. Hence play based HRT was planned and significant improvement was found within one month of intervention, which was maintained for over follow-ups. The treatment package was a combination of Play therapy and HRT. There are few reported cases in the Indian context in which used play therapy in Trichotillomania management and found significant improvement (Chavan et al., 2005). Play

therapy was found to be promising in case of seven year old (Okamoto & Nishimura, 2002) in which she underwent play therapy once a week and expressed conflict concerning her mother's love and expressed aggression during therapy. She had traumatic experience at the time of her younger sister's birth and when bullied by her friends.



Figure 1. Drawings of the Child during play therapy sessions

In another case study a three year old boy was successfully treated by his mother after she was trained to reinforce appropriate play behavior and ignore hair-pulling. After Seventeen days hair-pulling behavior was stopped when the mother terminated treatment and hair-pulling returned to baseline levels and the treatment was again resumed leading to improvement in Trichotillomania symptoms (Massong et al., 1980). However there is no consensus for the treatment of Trichotillomania in children and adolescents (Bruce et al., 2005; M. E. Franklin et al., 2011) yet a combination approach of play therapy based HRT can give promising results especially in young children.

Conclusion

This case highlights the effectiveness of combined approach of habit reversal training with play therapy in treatment of Trichotillomania in children. The index child showed a good clinical response to played based HRT techniques and improved speedily. More studies need to be conducted for the establishment of play therapy based HRT as treatment of Trichotillomania in children.

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