Body-focused repetitive behaviors (BFRBs), such as trichotillomania or nail biting, are like a “perfect storm” in which several factors come together. The triggers and causes can be individual and complex. They often include a sensory component (e.g., dry skin can promote picking), a behavioral component (e.g., automatic and ritualized behavior), and a psychological component (e.g., stress, low self-esteem, perfectionism).

BFRBs can be focused, meaning they are intentional behaviors. Common triggers include itchy skin, hangnails, or perhaps a gray or annoying hair. However, for many people, the behavior has a life of its own and happens automatically. This means that the behavior is often performed without conscious awareness.

BFRBs can lead to a number of other psychological and physical problems. Those affected may experience feelings of shame, leading them to withdraw from others due to, for example, bald patches on their head or unsightly fingernails. They may also avoid common social situations like shaking hands.

Skin picking in particular can leave scars, and compulsive nail biting may cause inflammation, which can impair nail growth.

Pulling out one’s hair can lead to problems with regrowth. However, simply knowing about these possible consequences is often not enough for many sufferers to kick their annoying habit. Many people feel they’re at the mercy of their behaviors.

This self-help manual is written for people who suffer from body-related impulse-control disorders, also known as body-focused repetitive behaviors or BFRBs for short.

These behaviors include the compulsive pulling out of one’s hair, for example on the head, pubic area or eyelashes. This is also called trichotillomania (see Figure 1a).

Nail biting and biting the cuticles are also BFRBs (see Figure 1b). Biting one’s lips, tongue, or oral mucosa (the mucous membrane lining the inside of the mouth) is also a common impulse-control disorder.

Many people also tend to scratch or pick at pimples or blemishes on the skin (see Figure 1c). This is called skin picking.
We’ll go over the techniques one by one. In one study, the best results were achieved when participants started with the second technique (decoupling). You are free to use the techniques separately or in combination. Choose what works best for you.

In illustrating the techniques, we focus mainly on hair pulling and nail biting, but these techniques can be very easily adapted—with a little imagination—to other problem areas. Before we describe the three techniques, it’s important that you have a good understanding of the times and situations in which you tend to engage in the unwanted behavior.

**Observing / keeping a log of your unwanted behavior**

Most people with impulse-control disorders don’t execute their behavior 24/7 but instead do so in specific situations, like when they’re stressed, or while reading or answering emails, or when they’re under the covers at night. Often, the behavior tends to occur at specific times of the day. With this in mind, carefully record your behavior for a few days. You can also ask those close to you to give you feedback about when you bite your nails, pull out your hair, pick at your skin, or perform other unwanted behaviors. Make yourself a chart similar to this example for skin picking:

<table>
<thead>
<tr>
<th>Location / Time</th>
<th>Activity</th>
<th>Feeling</th>
<th>Resulting Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desk / 15:00</td>
<td>Checking emails under time pressure</td>
<td>Stressed</td>
<td>More touching of my skin</td>
</tr>
<tr>
<td>Office / 17:30</td>
<td>Phone call with Mom</td>
<td>Annoyed</td>
<td>Increased rubbing of certain areas of my skin</td>
</tr>
<tr>
<td>Living room / evening</td>
<td>Watching TV alone on couch</td>
<td>Bored</td>
<td>Picking at my skin more due to boredom or because I feel alone</td>
</tr>
<tr>
<td><strong>....</strong></td>
<td><strong>....</strong></td>
<td><strong>....</strong></td>
<td><strong>....</strong></td>
</tr>
</tbody>
</table>

Record specific situations in the table, taking note of the time of day. Also indicate which problem behavior you engaged in. Don’t actively intervene yet; just try to observe your actions as neutrally as possible.

**Habit reversal training**

We’ll start with habit reversal training. Many scientific studies have shown that this technique is very effective.

The goal of habit reversal training is to replace the old automatic behavior with a rigid and incompatible response. In other words, the new behavior blocks the old behavior (“freezing”). Use the instructions that follow as a guide. This will help you to learn and easily apply the instructions to your own problem behavior.

Through your behavioral observations recorded in your log, you’ll have likely learned to be more aware of and attentive to your problem behavior. If you notice that you’re picking, squeezing, scratching, biting, or tearing at your skin, or if you feel the urge to do so, then immediately interrupt it by switching to a fixed response (see Figures 2a–2d for examples).

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**Figure 2a:** The new behavior could be, for example, clenching your hands into fists.

**Figure 2b:** It could also be effective to sit on your hands by moving them under your thighs while you’re seated.

**Figure 2c:** Another possibility is clasping your hands together.

**Figure 2d:** If you tend to bite your mouth or lip, try pressing your tongue against the roof of your mouth.
Decoupling

Now let’s move on now to the second approach, which is called decoupling. Decoupling has also proven to be effective, especially for nail biting and hair pulling. This technique is helpful in cases where the hands, teeth or fingers are beyond your control and seemingly perform the behavior on their own, as if by magic.

Decoupling consists of two steps during which the unwanted behavior is slowly replaced and unlearned. The old problem behavior is essentially overwritten and eventually unlearned. The decoupling approach works by mimicking and redirecting the old movements. The old behavioral pathway is changed so that it leads to a dead end.

Consider the following example, before we go into more detail later. When you experience an urge to bite your nails, move the fingers toward your face—just as you would do when you actually bite your nails—but do not allow them to reach your mouth. Instead, deflect them toward the ear just before contact (see Figure 3, Alternative 1). The fingernails still make contact, but not with your teeth. In this case, contact is made with the earlobe instead. Thus, the stimulus or behavioral urge involving the fingertips or fingers is satisfied but in a way that doesn’t result in injury. The new target movement should be performed with some tension and acceleration to ensure that the old behavioral routine, nail biting in this case, becomes conscious and can be diverted.

Let’s go

The important thing for decoupling to be effective is ensuring that the new replacement behavior is similar to the old behavior. This makes it easier to unlearn or redirect the old behavior. Let’s look at a related example. If you’re doing math out loud, you’re more likely to be disturbed if another person is saying numbers in the background at the same time. This is called interference. If words are being recited in the background instead, it’s much less disturbing.

Since skin picking, trichotillomania, and nail biting are long-term, engrained behavior patterns, you will need to practice the new “decoupled” behavior several times a day with awareness and when in situations that typically promote your behavior.

The new behavior sequence should be performed 10 times in a row each time you do it. Practice this at least three times a day. Ideally, set your smartphone’s alarm (see last page for instructions), preferably for the times of day when you tend to actually perform the old behavior, as noted in your log. Also practice during the critical situations noted in the protocol.

For best results, continue the new behavior for one to three minutes. The examples above (Figures 2a–2d) are just suggestions. You may find that another behavior is more suitable for you. The important thing is that your new response should be as unobtrusive as possible and able to be sustained for one to three minutes.

The more often you use the alternative behavior instead of the old problem behavior during your targeted times and situations, such as while watching TV, the more likely you’ll learn to replace the unwanted behavior with the new response.

This is particularly true if the behavior occurs at specific times of the day. Set a smartphone alarm to help you remember to practice (see last page for instructions).
Remember, it’s important to perform the decoupling movement with a little tension and acceleration — even quickly flicking your hand away from yourself just before it reaches your mouth can be helpful. The accelerated movement will help you disrupt and eventually unlearn the old movement pattern. It is also worth trying to snap your fingers at the end of the movement.

After completing the target movement (the new behavior), simply put your hands back in a neutral position. Initially, choose no more than two movement patterns as the old behavior is most likely to be unlearned or overwritten when strong and similar movement patterns replace it. Also, it’s best not to do the exercises in public as others may perceive them as disturbing or odd.

The third method is a variant of decoupling. *In sensu* means “in the imagination.” This is different from the first two methods suggested above because you do the first part of the exercises only in your mind or imagination. At the moment when the unwanted behavior is about to occur in your imagination, e.g., biting your nail or pulling out a hair, your hand (which you were imagining moving toward your head) now performs the new behavior in reality. For example, first imagine moving your hand toward your mouth but then physically push your hand away from you rapidly and spread your fingers (see Figure 7).

In the *in sensu* method, it’s necessary to practice the new uncoupled behavior with awareness several times a day and during situations when you would typically perform the unwanted behavior. Perform the new behavior sequence five times in a row for at least three minutes each time. Practice several times a day. It’s best to set a smartphone alarm to help you remember to practice (see last page for instructions).

Since this procedure is very similar to decoupling, we’ll only illustrate the technique for nail biting. This technique can be easily adapted for other BFRBs.

If possible, go to the place where you frequently perform the behavior or put yourself in a situation that frequently triggers the behavior, such as watching TV. Rest your hands lightly on your thighs. Now, imagine your fingers moving toward your face in a way that’s characteristic of your nail biting. Immediately before reaching the target (your mouth), forcefully push your hand, which you were previously only imagining, away from you in reality and spread your fingers at the end of the movement. The accelerated movement helps to disrupt and eventually overwrite the old movement pattern. After completing the (jerky) target movement, simply return your hands to the neutral position on your thighs.
Practice this for a bit. Perform the new (sudden) movement exactly the same way each time because the old behavior pattern is more likely to be broken when a strong alternative pattern takes its place. You can use essentially the same technique for skin picking and hair pulling.

But wait a minute!

The methods presented here may seem to be literally replacing one bad behavior with another.

It’s true that one behavior is being substituted for another, but the big difference is that the new behavior won’t result in any negative consequences. There are no skin injuries, missing hair, or jagged fingernails or cuticles.

Finally, please note the following:

1. Do not bite your nails, not even if a nail is broken or damaged.

   Use a nail file instead! Similarly, do not pop pimples and do not pull out gray or split hairs. Always have a little hand cream/cuticle oil available, especially if you’re prone to skin picking, or a file if you tend to bite your nails.

   Also, note that bitter substances available at pharmacies can support the techniques presented here to prevent nail biting.

   Occasional slips aren’t the end of the world! The first step is to reduce the undesired behavior. You have already gained much if you do the old behavior less frequently. One incident of doing the old behavior doesn’t necessarily indicate a relapse. However, don’t consciously allow yourself to bite a few fingernails, pull a few hairs, or pick a small piece of skin.

2. You should continue to practice even after you’ve significantly reduced the old behavior.

   It’s best to practice at specific times and/or whenever the urge sets in. The new behavior must become second nature, like tying your shoes. New behaviors need time to take hold. You will most likely see an effect if you consistently apply the method you’ve chosen on a daily basis.

3. If you find that you’re not making progress on your own despite consistent practice, we recommend that you consider psychotherapy.

4. Body-focused repetitive behaviors are often accompanied by depressive symptoms and low self-esteem.

   We recommend that you download and use an app that has been proven effective in improving mood, self-acceptance, and overall well-being to accompany the application of the method(s) presented in this manual. The app COGITO is available free of charge for Android and iOS at www.uke.de/cogito_app.

Figure 7: Illustration of decoupling in sensu.
Step 1 is executed in the imagination only, while step 2 is performed in reality.

Step 1

**Variant trichotillomania:**
Imagine almost pulling out (a) hair(s). Interrupt the imagined action immediately before performing the undesired behavior.

**Variant nail biting:**
Imagine moving the fingertip(s) to the mouth and almost biting the nails or adjacent skin. Interrupt the imagined action immediately before performing the undesired behavior.

**Variant skin picking:**
Imagine almost picking at or scratching the skin. Interrupt the imagined action immediately before performing the undesired behavior.

Step 2

At the moment when the undesired behavior is almost executed (hand to hair; nail(s) to mouth; fingers touching the skin), quickly push (in reality, not imagined) the arm that was imagined in step 1 forward with the fist clenched ...

... and then spread the fingers of the hand wide.
5. Tips from the "experts from experience":

Below are several techniques that some people with BFRBs have found helpful in reducing their impulse-control disorder symptoms. Because some of these measures can also be regarded as forms of avoidance, we suggest that you pay careful attention to whether your symptoms improve when you use them. If not, try a different technique. Please note that some of the techniques have been mentioned previously.

- Across various types of impulse-control disorders: Keep your hands busy as much as possible to distract yourself (e.g., with "fidget toys," playdough, knitting, or drawing).

- Disorder-specific (please also read www.free-from-bfrb.org/helpful/):
  - **Nail biting:** wrap sticking plasters or athletic tape around your hands or fingers, wear gloves, apply cream to your hands, paint your nails, wear nail polish stickers
  - **Pulling out or plucking hair on your head:** wear a cap or headband (or braid your hair, if possible), do not look at your hair in the mirror (this may increase the urge to pull or pluck your hair)
  - **Mouth or lip biting:** wear a transparent mouth guard / special lip bumper (ask dentist)
  - **Eyebrow or eyelash plucking:** wear sunglasses (if you don’t wear glasses), apply false eyelashes or mascara, rub your eyelashes with Vaseline, do not look at your eyebrows or eyelashes in the mirror (this may increase the urge to pluck them)
  - **Pulling out or plucking body hair and / or skin picking:** wear a full body suit, rub Vaseline into certain areas, cut your nails as short as possible to make picking more difficult

If you have any questions, suggestions, or comments, please feel free to contact Steffen Moritz at moritz@uke.uni-hamburg.de.

Best regards and good luck,

Steffen Moritz & Team
Please donate to improve therapies for body-focused repetitive behaviors!

Unfortunately, BFRBs remain under-diagnosed, under-treated, and under-researched. Public funding is rare. We are one of the few research teams active in this small field and rely on donations to continue our work for you. We would be very grateful if you consider donating to us. To donate, simply follow this secure link or see our banking and PayPal information below. Your donation will be used to expand our self-help website www.free-from-bfrb.org and to support the development of new therapies and research on their effectiveness. Of course, you will receive an official donation receipt from us for the tax office.

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