

# Contextual variables unique to the patient and college environment are important in treating trichotillomania in college students, as illustrated by the case of “Allison”

## ACT-Enhanced Behavior Therapy (AEBT-T) in the Treatment of Trichotillomania: A Case Study

### INTRO

- AEBT-T conceptualizes hair-pulling behavior as caused and maintained by environmental antecedents and consequences (Woods & Twohig, 2008).
- This case describes treatment of “Allison,” a 20-year-old college woman over 14 months.

### METHODS

Progress was measured by:

- minutes spent weekly pulling hair
- DASS-21
- QQ 45.2
- MGH Hair-Pulling Scale

Woods, D. W., & Twohig, M. P. (2008) Trichotillomania: An ACT-enhanced behavior therapy approach therapist guide. New York, NY: Oxford Press.

### RESULTS

“Allison” reported:

- a 75% decrease in time spent pulling hair.
- Improved functional outcomes.
- Decreased distress.

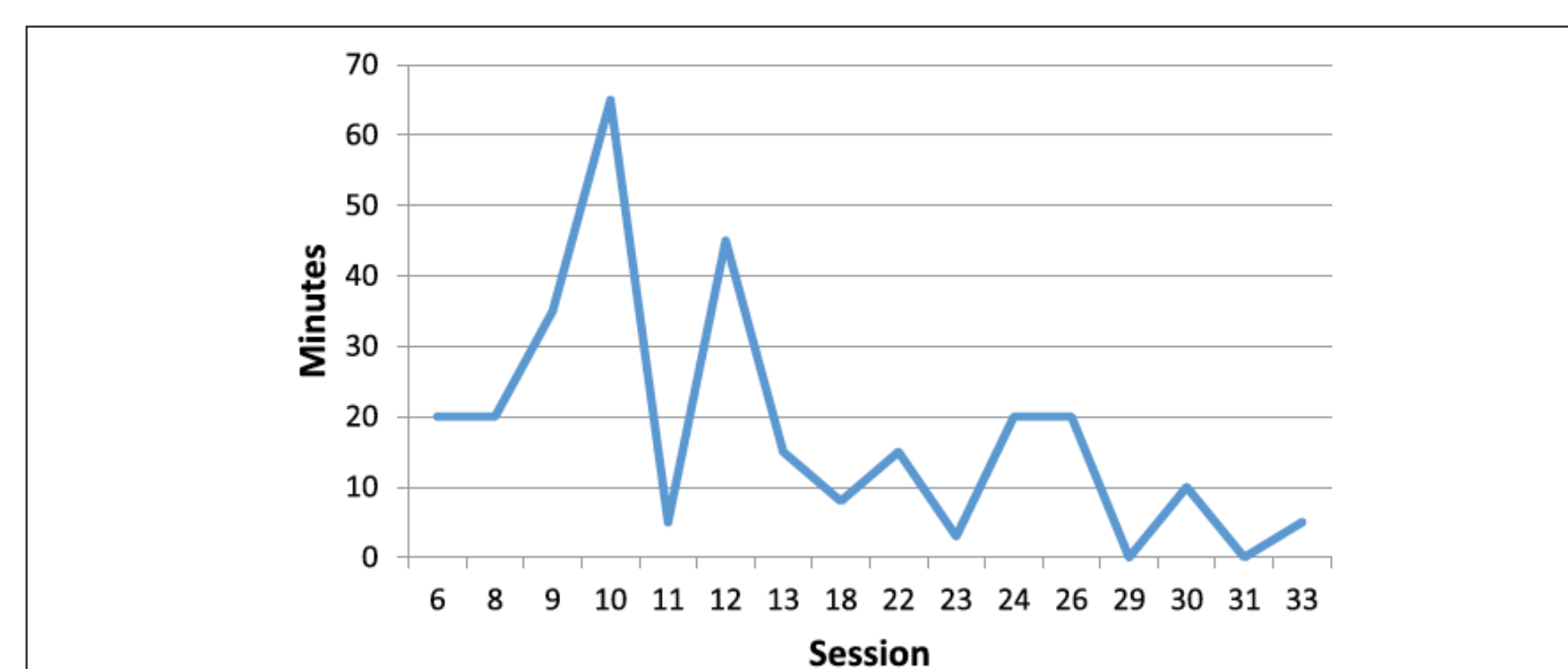


Figure 1. Minutes spent pulling as measured by client's self-report.

### DISCUSSION

Individualizing treatment and anticipating stressors related to prolonged breaks and other factors in the college environment are important in treating trichotillomania in a college population.

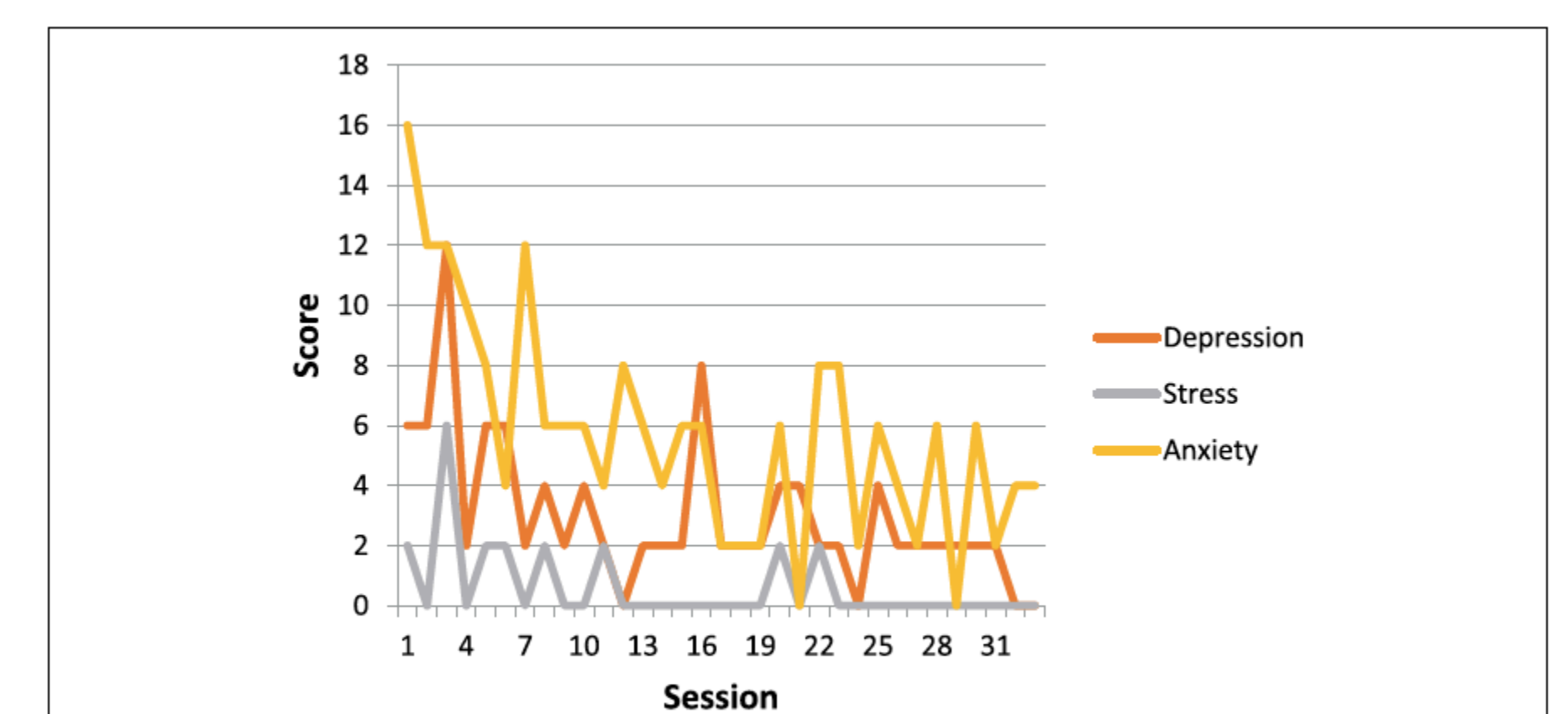


Figure 2. DASS-21 scores by session. Note. DASS-21 = Depression Anxiety and Stress Scale.

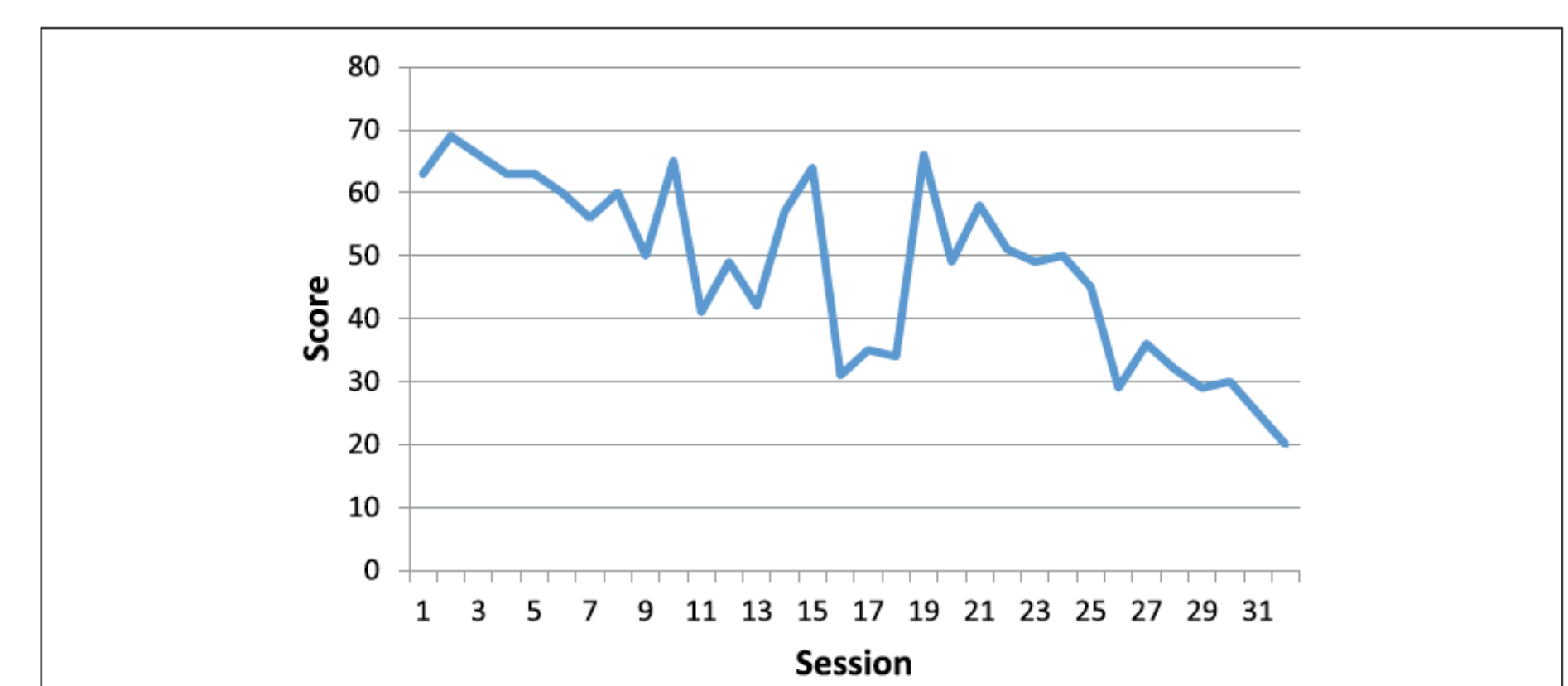


Figure 3. OQ 45.2 scores by session. Note. OQ = Outcome Questionnaire.

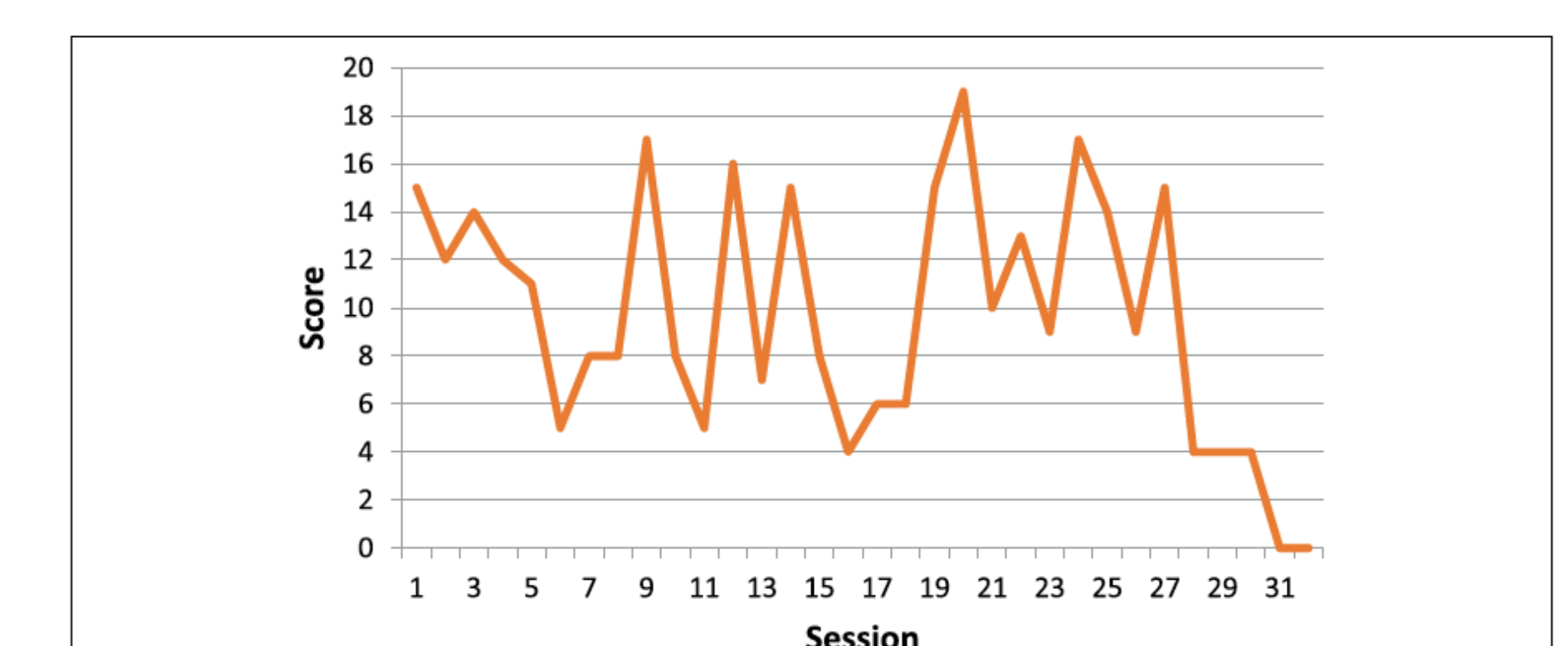
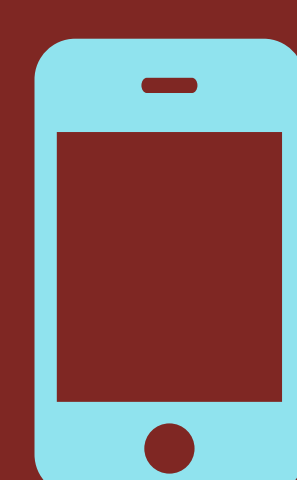


Figure 4. MGH scores by session. Note. MGH = Massachusetts General Hospital.



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