Habit Reversal Therapy for Skin Picking Disorder

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Skin picking disorder is a challenging disease at the intersection of psychiatry and dermatology. Cognitive behavioral therapy (CBT) techniques have been proven to benefit patients with skin picking disorder. However, because patients with skin picking disorder may decline referral to a mental health professional, dermatologists should be aware of techniques based on CBT, such as habit reversal therapy (HRT), and be prepared to implement them in clinical practice to decrease the burden of disease in affected patients.

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Practice Gap

Skin picking disorder is characterized by repetitive deliberate manipulation of the skin that causes noticeable tissue damage. It affects approximately 1.6% of adults in the United States and is associated with marked distress as well as a psychosocial impact.[1] Complications of skin picking disorder can include ulceration, infection, scarring, and disfigurement.

Cognitive behavioral therapy (CBT) techniques have been established to be effective in treating skin picking disorder.[2] Although referral to a mental health professional is appropriate for patients with skin picking disorder, many of them may not be interested. Cognitive behavioral therapy for diseases at the intersection of psychiatry and dermatology typically is not included in dermatology curricula. Therefore, dermatologists should be aware of CBT techniques that can mitigate the impact of skin picking disorder for patients who decline referral to a mental health professional.

The Technique

Cognitive behavioral therapy is one of the more effective forms of psychotherapy for the treatment of skin picking disorder. Consistent utilization of CBT techniques can achieve relatively permanent change in brain function and contribute to long-term treatment outcomes. A particularly useful CBT technique for skin picking disorder is habit reversal therapy (HRT)(Table). Studies have shown that HRT techniques have demonstrated efficacy in skin picking disorder with sustained impact.[3] Patients treated with HRT have reported a greater decrease in skin picking compared with controls after only 3 sessions ($P<.01$).[4] There are 3 elements to HRT:

1. **Sensitization and awareness training:** This facet of HRT involves helping the patient become attuned to warning signals, or feelings, that precede their skin picking, as skin picking often occurs automatically without the patient noticing. Such feelings can include tingling of the skin, tension, and a feeling of being overwhelmed.[5] Ideally, the physician works with the patient to identify 2 or 3 warning signals that precede skin picking behavior.
2. **Competing response training:** The patient is encouraged to substitute skin picking with a preventive behavior—for example, crossing the arms and gently

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Guide for Using Habit Reversal Therapy in Patients With Skin Picking Disorder

Component of HRT	Strategy
Sensitization and awareness training	Help the patient become attuned to warning signals, or feelings, that precede their skin picking
Competing response training	Encourage the patient to substitute skin picking with a preventive behavior that is incompatible with skin picking, which should be performed for at least 1 min as soon as a warning signal appears or skin picking behavior starts
Social support	Identify a close social contact of the patient (eg, relative, friend, partner) to help the patient increase their awareness of skin picking behavior and encourage them to perform the preventive behavior

Abbreviation: HRT, habit reversal therapy.

squeezing the fists—that is incompatible with skin picking. The preventive behavior should be performed for at least 1 minute as soon as a warning signal appears or skin picking behavior starts. After 1 minute, if the urge for skin picking recurs, then the patient should repeat the preventive behavior.[5] It can be helpful to practice the preventive behavior with the patient once in the clinic.

3. **Social support:** This technique involves identifying a close social contact of the patient (eg, relative, friend, partner) to help the patient increase their awareness of skin picking behavior and encourage them to perform the preventive behavior.[5] The purpose of identifying a close social contact is to ensure accountability for the patient in their day-to-day life, given the limited scope of the relationship between the patient and the dermatologist.

Other practical solutions to skin picking include advising patients to cut their nails short; using finger cots to cover the nails and thus lessen the potential for skin injury; and using a sensory toy, such as a fidget spinner, to distract or occupy the patient when they feel the urge for skin picking.

Practice Implications

Although skin picking disorder is a challenging condition to manage, there are proven techniques for treatment. Techniques drawn from HRT are quite practical and can be implemented by dermatologists for patients with skin picking disorder to reduce the burden of their disease.

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