

FACTS *for* FAMILIES

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HAIR PULLING (TRICHOTILLOMANIA)

It is common for children and adolescents to play with their hair. However, frequent or obsessive hair pulling can lead to serious problems. The medical term for severe hair pulling is trichotillomania.

People with trichotillomania pull hair on various parts of their bodies, including the scalp, face, arms, legs and pubic areas. They may not notice the hair pulling until they need to cover up bald patches with hair clips, a hat, wig or scarf. People with trichotillomania are not able stop pulling their hair.

As many as 1 person in 100 has the following signs and symptoms of trichotillomania:

- recurrent hair pulling resulting in noticeable hair loss, unrelated to baldness or alopecia
- pleasure, excitement, or relief when pulling out hair
- embarrassment or shame resulting from hair loss
- problems at home, school or work

The cause of trichotillomania is not known. For some children, trichotillomania becomes damaging and very difficult to control. Hair pulling can occur anytime but may become worse in stressful situations.

Most children with trichotillomania feel shame, embarrassment or guilt about their hair loss. Younger children may not notice or be bothered by hair loss. Older children and adolescents may be teased, have low self esteem, anxiety or depression.

Parents can become frustrated, as it is very difficult to understand that children with trichotillomania can't simply stop pulling their hair. Neither parents nor children are to blame for the hair pulling behavior. Punishing children for pulling hair is unlikely to decrease the behavior and can lead to problems with self-esteem. In order to avoid punishment or embarrassment, children try to hide or deny they are pulling their hair.

Frequently used treatments for trichotillomania include:

- cognitive behavioral therapy (CBT) is a specialized form of behavior therapy. It involves helping a child recognize thoughts, feelings and behaviors associated with hair pulling. The goal of this therapy is to increase the awareness of hair pulling and replace it with alternative behaviors

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- medication therapy is also used to decrease the anxiety, depression and obsessive compulsive symptoms that accompany trichotillomania

Family therapies and support groups are also available. Children with trichotillomania should be evaluated by a trained and qualified mental health professional. Treatment is most effective when it is comprehensive and individualized to the needs of the child and family.

See Trichotillomania Organization Web site, www.Trich.org.

For additional information, see *Facts for Families*:

#21 Psychiatric Medication for Children

#24 When to Seek Help for Your Child

#47 The Anxious Child

#60 OCD

#66 Helping Teenagers With Stress

#86 Psychotherapies for Children and Adolescents

See also: *Your Child* (1998 Harper Collins) / *Your Adolescent* (1999 Harper Collins)

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