

Treatment of Hair Pulling and Hair Manipulation Maintained by Digital-Tactile Stimulation

JOHN T. RAPP

University of Florida

RAYMOND G. MILTENBERGER

TAMI L. GALENSKY

SHERRY A. ELLINGSON

JASON STRICKER

MATTHEW GARLINGHOUSE

North Dakota State University

ETHAN S. LONG

West Virginia University

Treatment was provided for the hair pulling and hair manipulation of a 19-year-old woman (Kris) diagnosed with mental retardation across multiple settings in her home. Treatment probes conducted prior to our formal treatment evaluation indicated that hair pulling was suppressed when Kris wore either a 2.5-lb wrist weight or a golf glove. However, these interventions did not produce sustained reductions of hair pulling during the treatment evaluation. Therefore, a procedure involving response interruption and differential reinforcement for the absence of hair pulling and hair manipulation was implemented, which produced near-zero levels of hair pulling. The results of this intervention were socially validated and recommendations for further research are provided.

Trichotillomania (or chronic hair pulling) is characterized by the pulling of one's own hair which produces noticeable hair loss (most often to the scalp). Pulling of hairs is believed to be associated with a variety of subjective experiences such as gratification, pleasure, or sense of relief (American Psychiatric Association, 1994). Although the product of an individual's chronic pulling is often evident (i.e., hair loss), a majority of studies reports that individuals,

Address correspondence to Raymond Miltenberger, Ph.D., Department of Psychology, North Dakota State University, P.O. Box 5075, Fargo, ND 58105-5075; e-mail: miltenbe@badlands.nodak.edu.

regardless of age or level of intellectual functioning, engage in the behavior primarily when they are alone (e.g., Christenson, Mackenzie, & Mitchell, 1991; Miltenberger, Long, Rapp, Lumley, & Elliot, 1998; Rapp, Miltenberger, Long, Elliot, & Lumley, 1998; Stanley, Borden, Mouton, & Breckenridge, 1995).

Reports of successful treatment of individuals with developmental disabilities and chronic hair pulling are limited (Long & Miltenberger, 1998). This is unfortunate given that a recent study reported that 5.0% of individuals with mental retardation from a sample of group homes engaged in chronic hair pulling that produced noticeable hair loss (Long, Miltenberger, & Rapp, 1998). This finding was slightly higher than the 1.5% to 3.4% estimates obtained with college population samples (Christenson, Pyle, & Mitchell, 1991; Woods, Miltenberger, & Flach, 1996). In addition to noticeable hair loss, hair pulling can be associated with the chewing or ingestion of hairs (trichophagia), which can result in gastrointestinal blockages known as trichobezoars (Muller, 1987).

Reviews of behavioral treatments for trichotillomania (Friman, Finney, & Christophersen, 1984; Long & Miltenberger, 1998) indicate that punishment procedures are the only interventions that have reliably produced reductions in hair pulling for individuals with mental retardation. Corte, Wolfe, and Locke (1971) applied contingent shock to the hair pulling of a young adolescent with profound mental retardation, while Altman, Haavik, and Cook (1978) used contingent inhalation of aromatic ammonia caplets and differential reinforcement of other behaviors to eliminate hair pulling for a 4-year-old with cerebral palsy. Facial screening, a procedure involving the placement of a terry cloth on the individual's head contingent upon hair pulling, was successfully utilized as an intervention for hair pulling exhibited by four children (ages 3, 4, 5, and 9) with mental retardation (Barmann & Vitali, 1982; Gross, Farrar, & Liner, 1982). Overcorrection, a procedure involving manually guided compensatory activities (hair brushing) contingent on hair pulling, has also been used to eliminate hair pulling for a 57-year-old woman (Matson, Stephens, & Smith, 1978) and a 7-year-old girl (Barrett & Shapiro, 1980), both diagnosed with mental retardation.

A recent review of clinical treatment applications for habit disorders (Miltenberger, Fuqua, & Woods, 1998) indicated that very few studies based treatment on the assessed function of the specific habit behavior. In light of the assumption that habit behaviors are often automatically reinforced, Miltenberger et al. emphasized the need for the specific identification of the function of habit behaviors in order to prescribe relevant interventions. Moreover, because reducing habit behaviors, such as hair pulling, in individuals with mental retardation has been more difficult than in those with typical intellectual functioning (e.g., Friman et al., 1984), isolating the stimulus conditions whereby the habit behavior occurs with greatest frequency can increase the probability of deriving an effective intervention.

The purpose of the present investigation was to evaluate functional treatments for the hair pulling and hair manipulation of a young woman, Kris, diagnosed with moderate mental retardation. Functional analysis data obtained

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