COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES
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HABIT REVERSAL

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Definition: Therapy to reduce distressing or impairing behaviors e.g. hair pulling, skin picking, nail biting, motor and vocal tics, by clients increasing self-awareness, using alternative responses that compete with the targeted undesired behavior, and practising general relaxation.

Elements: *Train awareness* of when the target behaviors are imminent or occurring and of the cues that trigger and maintain them. Work out a hierarchy of triggers and behaviors from the least to the most distressing. Patients then watch the therapist model their target undesired behaviors, lift a finger each time they see these, and, between sessions, record on a monitoring form the frequencies of those behaviors over 30-minute intervals.
Train a competing response: Use alternative socially-appropriate behavior to compete with the target one until the urge to carry out the latter has subsided for about 60 seconds. Example: counter a habit of pulling out eyebrow hair by keeping one's hands in one's pockets for 60 seconds throughout any urge to pull; counter a tic of twisting one's torso to the right by slightly twisting one's torso to the left whenever the urge arises. Intermediate alternative behaviors can be introduced, in steps, to reduce target behaviors that are complex or sequential e.g. to eliminate a tic of saluting at the forehead, as an intermediate step first practise brushing back one's hair whenever an urge to salute comes on.
Train relaxation: Practise slow deep breathing and progressive muscle relaxation in session to lower general tension which can resemble or exacerbate urges preceding the target behaviors.
Further elements: Educate patients about their targeted behaviors e.g. tics, and their treatment. Raise treatment motivation e.g. design self-rewards for completion of treatment exercises. Review how the habit causes distress or inconvenience. Train generalization e.g. rehearse during sessions the competing responses to be performed whenever tics occur outside sessions. Do homework practice of self-awareness and competing responses. Recruit a relative as a supportive cotherapist. Teach relapse prevention e.g. monitor for new target behaviors starting and previously-treated behaviors worsening, and design appropriate competing responses. Continue general relaxation exercises.

Related procedures: Behavior rehearsal, breathing exercises, competing responses, contingency management, functional analysis, homework, monitoring, relapse prevention, relaxation, ritual prevention, shaping

Application: To improve nail biting, hair pulling, skin picking, and tics including those of Tourette's Syndrome, habit reversal can be guided individually and by suitable self-help books and interactive internet sites.

1st use? Azrin & Nunn (1973)

References:
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Case Illustration (Chasson and Wilhelm)

Jane, a 25-year-old massage therapist with Tourette's syndrome, sought help for multiple tics ranging from complex neck and mouth movements to simple throat clearing. Habit reversal therapy took 11 sessions. Each lasted 60 minutes except the first two which took 90 minutes, when she was educated about Tourette's and ranked a hierarchy of seven of her tics from the most to the least distressing ones.

Jane first targeted her distressing tic of jerking her neck to the left. On a tic-monitoring form she tallied that tic's frequency in 30-minute intervals at home and found it became more severe in her husband's presence – it annoyed him greatly. Monitoring helped Jane identify, just before each tic, a premonitory tingling urge where her left collar bone meets her neck. In session, she practised a competing response of tensing her neck muscles and turning her head to the right whenever she felt that urge. Her husband was invited to attend session 2. He learned about his impact on Jane's tics and how to help by praising her when she used her competing response and by indicating her tics with a subtle finger signal instead of showing anger. This helped reduce the frequency of her neck tic.

Jane then monitored her distressing tic of humming. She found it was preceded by a humming feeling in her throat getting louder. She practised, in and between sessions as soon as she noticed the throat feeling or actual humming, a competing response of keeping her lips tightly closed and breathing through her nose for 60 seconds until the urge passed. In sessions the therapist also trained Jane in progressive muscle relaxation with slow deep breathing.

Treatment required much effort, so whenever Jane felt less motivated she reminded herself of all the inconveniences her tics had caused e.g. having to hide her tics at work, and feeling embarrassed with strangers. In sessions 10 and 11 she rehearsed her new skills to prevent relapse by: 1. monitoring current tics with the tic-monitoring form; 2. with help from her husband, practising the slow deep breathing she'd learned to reduce overall tension; 3. devising and practising competing responses which could counter future tics. After treatment ended Jane had follow-up sessions monthly for 3 months to troubleshoot her difficulty in developing a competing response for a flexing tic that had developed. The therapist helped her devise a competing response of straightening her arm whenever she felt a premonitory urge to flex it.