

# BFRB Sensory Modalities: Identifying Triggers for Hair Pulling & Skin Picking

Use this worksheet to map the sensory and environmental patterns that keep pulling/picking going. The goal is not shame or “more willpower.” The goal is pattern detection → strategic replacement → freedom.

What this is: A practical trigger map based on evidence-based BFRB approaches (Habit Reversal Training and the Comprehensive Behavioral model).

Who it is for: Anyone dealing with hair pulling (trichotillomania) or skin picking (excoriation disorder) who wants a clear, non-mystical way to understand the habit loop.

Core idea: Urges are information. Pulling/picking usually happens because it solves a short-term problem (sensory, emotional, cognitive, or situational). When we identify the “job” the behavior is doing, we can build a replacement that actually works.

## Why it’s not “just stress” (and why that matters)

Stress can be a trigger, but most BFRBs are multi-trigger habits. People often pull/pick when they are bored, focused, overstimulated, under-stimulated, or even calm. If you assume it’s only stress, you will miss the real drivers.

- BFRBs are learned habit loops that get reinforced by relief, sensory satisfaction, or “fixing” feelings of imperfection.
- Your brain repeats what works in the short-term, even if it costs you in the long-term.
- The target is the pattern: triggers → urge → behavior → payoff.

## Sensory modalities that commonly trigger pulling/picking

Many people have one or two dominant sensory pathways that “light up” the urge. Check the ones that fit and add your specifics. (Yes, your brain can be weirdly specific.)

Modality	Common examples (what your brain is reacting to)
Tactile / texture (touch)	Feeling a coarse hair, a bump, a scab edge, dry skin, “not smooth,” or an uneven spot that demands correction.
Visual (seeing)	Noticing asymmetry, discoloration, pores, flakes, ingrown hairs, “imperfections,” or one hair that looks “wrong.”
Interoceptive (body sensations)	Tension, itch, tingling, “pressure” under the skin, crawling sensations, or the feeling that something is “stuck.”
Auditory (sound)	The snap of a hair, the scrape, the “pop,” or subtle sounds that make the behavior feel complete.

Olfactory / taste	Smelling skin/hair products, blood, or using taste/smell as part of the ritual (less common, but real).
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### **Your sensory profile (circle or mark your top drivers)**

- Primary: Touch / Visual / Body sensations / Sound / Smell-Taste
- Secondary: Touch / Visual / Body sensations / Sound / Smell-Taste
- Notes: Specific textures, spots, tools, or rituals that matter for you.

### **Environmental triggers (the “place + context” layer)**

Environment matters because it changes access, attention, and friction. Many people have location-specific pulling/picking without realizing it.

- Lighting: bright bathroom lights, vanity mirrors, phone flashlight, sunlight by a window
- Mirrors & magnification: close mirrors, magnifying mirrors, camera zoom, selfies
- Time of day: evenings, bedtime wind-down, mornings while getting ready, late-night scrolling
- Activities: driving, studying, working at a desk, watching TV, gaming, lying in bed
- Tools & access: tweezers, needles, nail clippers, mirrors, lotions, exfoliants, nail edges
- Clothing/skin states: sleeves off, bare legs, dry skin after shower, makeup removal, beard stubble
- Privacy: being alone, doors locked, “no one can see me,” long bathroom time

# Trigger Mapping Worksheet

Pick ONE recent episode (or a common pattern) and map it precisely. Specific beats vague every time.

Question	Your notes
1. Where were you (location)?	
2. What were you doing (activity)?	
3. Time of day?	
4. Internal state (choose): bored / stressed / tired / focused / anxious / numb /	
5. Sensory cue "stressy zone" (touch/visual/body sensation/sound/smell):	
6. Thought/story (e.g., "I need to fix this," "Just one," "This isn't right"):	
7. Urge intensity (0-10):	
8. Payoff (what did you get in the moment?) relief / satisfaction / "smooth" / focus /	
9. Cost (what did it cost later?) numbing / control time / skin damage / shame / avoidance / inflammation / scarring	

## Pattern scan (check all that apply)

- I pull/pick most when I'm alone.
- It clusters around mirrors or bright lighting.
- It happens during high focus (work, study, TV, driving).
- It's linked to skin/hair texture (bumpy, coarse, uneven).
- It's linked to itch/tingle/pressure sensations.
- It increases when I'm tired or overstimulated.
- It increases when I'm understimulated/bored.
- I use tools (tweezers, needles, magnification).
- Once I start, it becomes a trance or time loss state.

# Breaking the Loop: Sensory + Environmental Strategies That Actually Work

The goal is to reduce automatic access and add a replacement that meets the same need with less damage. That’s behavior science, not moral virtue.

## 1) Stimulus control (environment design)

Stimulus control means changing the environment so the habit is less likely to start, or easier to interrupt. This is not “avoidance.” It’s smart friction.

- Reduce mirror time: set a 2-minute timer for bathroom routines; step back from the mirror.
- Change lighting: dim harsh vanity bulbs; avoid phone flashlight scanning.
- Remove tools: put tweezers/needles in a hard-to-reach spot or lockbox; keep only what you need for hygiene.
- Create barriers: bandages on high-risk fingers, gloves at night, fidget ring, sleeves, hydrocolloid patches for healing spots.
- Design “safe zones”: no picking in bed; keep hands occupied during TV/scrolling.

## 2) Habit Reversal / ComB-style replacement (competing response)

A competing response is a behavior you can do with the same body parts that makes pulling/picking physically difficult for 1-3 minutes. The key is matching the replacement to the sensory job your BFRB is doing.

Trigger type	Possible “matched” replacements (choose 1-2)
Touch/texture urges	Rub a smooth worry stone; put lotion on hands; use a textured fidget; hold a cold can; knit/crochet; finger presses into palm.
Visual scanning	Cover mirrors; move 3 feet back; set a timer; redirect to a “scan list” (3 things you see, 2 you hear, 1 you feel) then leave.
Itch/tingle/pressure	Press a cold pack to the area; gentle massage around (not on) the spot; moisturize; use a silicone brush; short paced walk.
Need for “fixing” imperfections	Apply hydrocolloid patch; write “not today” on a sticky note; put barrier cream; switch to a 60-second grooming rule then stop.

Trance/time loss	Stand up; change rooms; drink water; set a 5-minute timer; do a brief grounding drill (name 5-4-3-2-1 senses).
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### 3) ERP-style practice (urge surfing + response prevention)

ERP for BFRBs means practicing the urge without completing the ritual. You are training your brain that the urge can rise, crest, and fall without the behavior.

- Pick one trigger (e.g., sitting on the couch at night).
- Set a short timer (2-5 minutes).
- Allow the urge (rate it 0-10) and keep hands in the competing response.
- Ride the wave: focus on the body sensations like a scientist, not a judge.
- Repeat daily; increase difficulty gradually (longer time, stronger triggers, more realistic contexts).

### 4) ACT add-on (make room + choose values)

ACT helps when the urge is driven by perfectionism, shame, or the “I can’t stand this feeling” rule.

- Name it: “I’m having the urge to pick.”
- Defuse: “Thanks mind, that’s the fixing story again.”
- Choose: “What do I want my hands to be used for today?”
- Take a 30-second values step (text a friend, wash face gently, step outside, finish a task).

### Quick nervous system skill: Cold water face reset (dive reflex)

This is a short-term arousal reducer. Use it to drop intensity so you can do the real work (replacement + response prevention). Do not use it as a ritual to “make the urge go away.”

Option A: Cold pack to cheeks/around eyes (often safest)

Place a cold gel pack on the upper cheeks/around the eyes for 20-30 seconds, remove for 30-60 seconds, repeat 3-5 rounds.

Option B: Cold water face splash

Splash cold water onto your face for 15-30 seconds, then step away and breathe with a longer exhale (inhale 4, exhale 6-8) for 1-2 minutes.

### Precautions (skip cold-water methods if any apply)

- Heart rhythm issues, heart disease, history of heart attack, uncontrolled high blood pressure
- History of fainting/syncope, seizures, or severe dizziness episodes
- Raynaud’s phenomenon or cold-triggered breathing problems

- Any medical condition where sudden cold exposure is risky
- Do not do this standing in the shower (fall risk). Sit down.

If you feel chest pain, severe shortness of breath, or faintness: stop and seek medical care.

