The Use of HRT and Mild-Aversion Therapy to Treat Habitual Behaviors

Mary-Jo Waterbury

Eastern Washington University

Follow this and additional works at: https://dc.ewu.edu/srcw_2016

Recommended Citation

https://dc.ewu.edu/srcw_2016/14

This Article is brought to you for free and open access by the EWU Student Research and Creative Works Symposium at EWU Digital Commons. It has been accepted for inclusion in 2016 Symposium by an authorized administrator of EWU Digital Commons. For more information, please contact jotto@ewu.edu.
The Use of Habit Reversal Training and Mild-Aversion Therapy to Treat Chronic Nail Biting

Mary-Jo M. Waterbury, Charalambos C. Cleanthous

Department of Psychology
Cheney, WA

INTRODUCTION

- Chronic nail biting
- Environmental restriction hypothesis (Dufrene, Watson, & Kazemski, 2008)
- Most prevalent in moments of environmental restriction (Pacan, Gczesak, Rech, & Szepeitowski, 2009; Williams, Rose, & Chisholm, 2007)
- Nail biting occurred consistently in the alone condition (Woods & Miltenberger, 2001)
- Mild Aversion Therapy (MAT)
- Identify aversive stimulus and expose person to the aversive stimulus during or after the performance of an undesirable behavior (Miltenberger, 2001)
- Superior to HRT in increasing nail length (Pacan et al., 2009)
- Environmental restriction hypothesis (Dufrene, Watson, & Kazemski, 2008)
- Habit Reversal Training (HRT: Azrin & Nunn, 1973)
- Two components of HRT that are useful in the treatment of habitual disorders (Zawoyski, Bosd, Voller, & Walker, 2014):
  - Awareness training: Person learns to identify their habit behavior (Miltenberger, 2001)
  - Competing response training: Person taught and instructed to use an incompatible behavior with the habit behavior (Miltenberger, 2001)
  - Superior to MAT in reduction of nail-biting behavior (Pacan et al., 2009)

METHODS

Participant
- 19-year-old female
- Met the criteria for chronic nail biting

Intervention 1
- Changing-criterion design
- Target behavior: Eliminate nail biting
- Treatment package: MAT and awareness training
- Nail biting consequence: Punished behavior by wearing latex gloves for 3-minutes
- I self-recorded antecedent stimuli, frequency of nail-biting and weekly nail growth

Intervention 2
- Changing-criterion design using 30-minute interval recording
- Target behaviors: Nail, finger and skin picking
- Treatment package: awareness training and CRT
- Alternative behaviors to nail biting, finger and skin picking consequence introduced
- Folding or sitting on my hands
- I self-recorded nail, finger and skin picking frequency and weekly nail growth

RESULTS

Figure 1: The use of awareness training and mild-aversion treatment as a treatment package to decrease nail biting frequency

- Extinguished nail biting behavior
- 1 mm of average nail growth
- Emergence of other habitual behaviors
  - Nail, finger, and skin picking

Figure 2: The use of awareness and competing response training in a treatment package to decrease nail, finger and skin picking frequency

- Target habitual behavior frequency decreased to less than 2 intervals per day
- My fingernail length averaged 2 mm growth
- My nail biting behavior remained extinguished

CONCLUSION

- Concurring with prior studies:
  - My nail biting behavior occurred most often in moments of environmental restriction
  - Although my nail biting behavior was extinguished, novel habitual behaviors emerged (see Figure 1)
  - Second intervention designed to eliminate the novel behavior
    - Use of CRT was successful in eliminating the novel behavior (see Figure 2)
    - Nail biting remained extinguished throughout the second intervention
  - CRT is necessary for the treatment of habitual behaviors and to prevent the emergence of novel behaviors
  - Maintenance of extinguished nail biting behaviors is being natural reinforcers
  - Healthy aesthetic appearance
  - Heightened self-esteem
  - Limitations
    - Low generalizability
    - Reactivity to self-monitoring
    - Potential errors in data collection

REFERENCES


