

339. Body Focused Repetitive Behaviors with Marla Deibler and Renae Reinardy

Dr. Marla Deibler: [00:00:00] oftentimes BFRBs come with tremendous shame and embarrassment of the behavior and great efforts to try to hide those behaviors from other people and those behaviors and those emotions can really lead to a great deal of emotional suffering.

Dr. Renae Reinardy: I think many of us have engaged in body focused repetitive behaviors to varying degrees. And when we notice that it crosses that line, and it really impacts us in a powerful way. That's where it's important to pause to really look at this to say, you know what, this is more than just a bad habit. This is something that I really have to understand at another level in order to understand it better, treat it better and really develop more self compassion

Michael Herold: That was Dr. Marla Deibler and Dr. Renée Renardy on Psychologists of the Clock. [00:01:00] We are four experts in psychology here to bring you cutting edge and science based ideas from psychology to help you flourish in your relationships, work, and health.

Debbie Sorensen: I'm Dr. Debbie Sorensen, a clinical psychologist practicing in Mile High, Denver, Colorado, and author of Act for Burnout, Act Daily Journal, and the Act Daily Card Deck.

Emily Edlynn: From America's Heartland, I'm Dr. Emily Edlynn a clinical psychologist based in Chicago, Illinois, and author of Autonomy Supportive Parenting.

Michael Herold: Calling in from Vienna, Austria. I'm Michael Herold, ACT coach, confidence trainer, and author of an upcoming book on being a better conversationalist and making friends.

Jill Stoddard: And from coastal New England, I'm Dr. Jill Stoddard, author of Be Mighty, The Big Book of Act Metaphors, and Impostor No More.

Emily Edlynn: We hope you take what you learned here to build a rich and meaningful life.

Michael Herold: Thank you for listening to Psychologists Off The Clock.

Hello everyone, [00:02:00] I am here with my favorite Debbie to talk about my interview with Dr. Deibler and Dr. Rinaldi. Debbie, what were your thoughts on the interview?

Debbie Sorensen: Well, I think this was a really interesting interview for a number of reasons. I think you talk in the interview about body focused repetitive behaviors, which you get to in the, conversation, get to what is that and what are those types of behaviors that, people might be doing. And as a psychologist, it's not something that I ever specialized in.

But I do see it sometimes in my clinical practice, and of course, subclinically, I myself, I mean, I think we all have moments where we might pick on our skin or chew on our nails or something like that, and so we can all probably relate to this behavior to a degree, but it is something that I actually learned about over the years a little bit more than I expected to because I've seen it.

I've had it. Multiple clients that I've worked with where this was something that they were [00:03:00] struggling with. And so, I think it's really important to spread the word on this particular set of behaviors and how sometimes for some people it can lead to some suffering.

Michael Herold: Yeah, exactly. like These body focused repetitive behaviors, they're on such a grand spectrum from, you know, every once in a while, there's a hangnail or something I'm going to pick on and, and then there's the full blown, like, this is the center of my life. And it's just my entire like, focus is around this one thing that's not right.

So what I found so interesting about the conversation was how these body focused repetitive behaviors are lying on such a grand spectrum from, Oh, you know, I'm doing this like every couple of weeks and it's absolutely not a problem to full blown, this is the center of my universe and this one thing that's not right about my body, whether it's a hair or a nail or piece of skin like that is the center of my universe and I need to fix this. And [00:04:00] I find that somehow my own story with nail biting, which is something I've been struggling with since I was a kid, and I share that story in the interview as well, was that it started with my dad, who is not suffering from this at all.

He just had a habit of every once in a while biting his nail and then Michael picked it up and for me, it has become, uh, still subclinical, I would say, but it's been with me for many, many years and my big, uh Insight from this interview

was how they explain that, um, this is very often misunderstood as something that just requires willpower.

It just is a bad habit and you just need to get over it. What's wrong with you? And, and reading that, no. Um, this is not it, like this is a big misunderstanding. This is just a challenge that lies on, on many, many, many different levels. And um, my, my guests are giving a lot of examples on [00:05:00] how we can work with that. What we can do to either stop, uh, before we even start like working on the antecedents or, um, Um, working on the behavior and interrupting that. And I feel we've just touched the tip of the iceberg when we talk about the interventions and what can be done because their book is so full of so many great pieces of advice from CBT, ACT, DBT, like across the board.

Debbie Sorensen: Yeah, I mean, I think what you're saying earlier about, this idea of willpower and what's wrong with me, why can't I just stop? I've seen that before in my work because I think often people are almost embarrassed to even talk about it. Maybe they've been a little bit Shamed or punished for it, and you talk about shame in this episode. And I think that sometimes even that first step of talking to someone about it or acknowledging it to yourself and kind of getting out of that shame spiral and taking a different perspective on it.

First of all, that it's [00:06:00] probably more common than you think, as you also talk about in this episode. Um, that is probably more prevalent than you think that it might be, and I don't know why people feel that sense of embarrassment about it.

It's because it's body related, sometimes because you can see indicators of it, skin or hair or nails or something like that, but for whatever reason it is, I think sometimes the first thing we need to do is Be a little bit less harsh on ourselves for it. And I actually think that as people listen to this interview they might feel a little bit of that sense of, you know, I'm not alone with this.

This isn't that unusual of a behavior, and I think that really kind of helps free people up to try something a little bit different.

Michael Herold: I hope so. I hope so. I was certainly very relieved when I saw the BFRB workbook come out, uh, because I've certainly, uh, been waiting for that for, for quite a while and I'm, I'm glad it's out there now. [00:07:00] So I hope that you all enjoy the interview with Dr. Deibler and Dr. Reinardy on body focused repetitive behaviors.

Dr. Rene Reinardy is a licensed clinical psychologist and the founder and director of the Lakeside Center for Behavioral Change. She is the program developer of CourageCritters.com, a skills focused online and plush animal system to help children effectively cope with fear, anxiety, and unwanted behaviors.

Dr. Reinardy specializes in the treatment of body focused repetitive behaviors, BFRBs, obsessive compulsive disorder. OCD, phobias, hoarding disorder, Tourette's syndrome, and related conditions.

Dr. Marla Dibler is a licensed medical psychologist and board certified in behavioral and cognitive psychology, and she's the CEO of the Center for Emotional Health of Greater Philadelphia. She is a nationally recognized expert in anxiety disorders and [00:08:00] obsessive compulsive and related disorders.

Together, they wrote the BFRB Recovery Workbook, Effective Recovery from Hair Pulling, Skin Picking, Nail Biting, and Other Body Focused Repetitive Behaviors. Welcome to the show. I am so excited to have you two with me for the next hour or so.

Dr. Renae Reinardy: Well, thank you. We're so excited to be here. Um, so talking about one of our favorite topics.

Michael Herold: yeah, so, so here's, the thing, the, title of your book, of course, hints at what we're going to discuss today, BFRBs or body focused repetitive behavior. So maybe, uh, let's start off with some groundwork and get our listeners on, on the same page. Could you explain what BFRBs are?

Dr. Marla Deibler: Sure. Body focused repetitive behaviors, also known as BFRBs, are, uh, self grooming behaviors, essentially, that have gone awry and [00:09:00] negatively impact people's lives. So they are behaviors like hair pulling, skin picking, nail biting, and other kinds of behaviors that unintentionally cause damage to the body that have been met with inadequate efforts to stop.

Michael Herold: So you mentioned, um, nail biting, skin picking, hair pulling. There's a whole slew of them. Like this is just a small little subset, right? Apparently, there's a huge variety of them. And, um, I don't know if this would apply to all of the items on the list. And if every BFRB can be treated the same way in that regard, what is causing a behavior like this?

Or, I mean, there's the self grooming, of course, that's, that's obvious, like self grooming seems to be a good idea, but, but dialing this up to like, 13 and really going above and beyond and turning it into a problem.

Dr. Renae Reinardy: Well, Michael, that's really, you know, that's the million dollar question, right? What is the cause? And the truth [00:10:00] is we really don't know for sure. Um, and I don't think that we're going to find a single cause. I don't think that there's going to be just one reason why people engage in body focused repetitive behaviors.

I think that. Um, it, it really is individualized, the function that this behavior serves to different individuals. And so that's why doing a really, uh, comprehensive functional behavioral analysis to really look at when does this behavior occur? Why, why might it be occurring? What does it look like for this individual?

What are the consequences, both short term and long term for this person? And that's when we start to determine what function this behavior might be serving. Once we know that for each individual client, then we're going to have a better idea of strategies that are more likely to be effective, to be able to manage the behavior, and also understand and accept the [00:11:00] behavior.

Michael Herold: That was a part of the book that I so enjoyed, like this deep dive into, um, watching myself engaging in that behavior. And then for the first, so as a little bit of a background info for the listener, I myself have struggled for 35 years with nail biting. Uh, it's something that has always been the bane of my existence, to quote something out of your book.

And I actually I still remember how this started. I was maybe six or seven years And my dad picked me up, uh, to spend the weekend with him and we were driving in his old Mazda through the forest. I still remember even where we were when, when I saw my dad in the rear view mirror biting his nail. he wasn't like, suffering from a BFRB.

He was, um, just this no nonsense. I don't need nail clippers. Kind of like I have a hangnail. Let me fix that. [00:12:00] But six or seven year old Michael thought, well, this is the coolest thing because my dad is a hero. So if he does that, I'm going to do that too. And here we are, 2024, and I'm still doing that thing and going through that, uh, functional analysis that you describe in the book, and I have so many questions about this as well.

Um, for the first time, I was really like leaning back and getting curious. About this, what, what's going on here? Like, why am I doing this? Why is this happening again? And I think something that this also showed me, and this is something you, you write about in the book very early on, is this idea that for our society, for both the people observing someone doing APFRB or the air quotes sufferer themselves Um, it's the idea that this is just a bad habit in air quotes This is just a bad habit and all you need [00:13:00] is some freaking self control and you'll be good

Dr. Marla Deibler: Yeah, there's a lot of stigma surrounding BFRBs and really a very dismissive sort of attitude toward it, right? This is just a behavior that someone could stop if they really have enough motivation or willpower to do so, but really they can be very problematic and very significantly impact someone's lives.

And most of the time people have put forth extraordinary efforts to try to stop the behavior, at least to prevent the negative consequences that they experience in the longterm of the behavior. The behavior is so self reinforcing. But it's very difficult to do, especially if you don't have the ability to really be mindful of what's happening when it's happening, what those antecedent precursors to the behavior are and how to intervene differently, um, in a way that isn't really caught up in struggling with trying to stop the behavior, but rather try to meet the need that the behavior is serving [00:14:00] differently.

Michael Herold: so you talked about the damage that these behaviors do and again, My even my own inner critic has this belittling it's just a little bit off dot dot dot just a little bit of hair pulling just a little bit off biting your nails skin picking. Um, but looking at this at the bigger picture, like what are the, the pains, the struggles that the damage, if you will, that people describe when they talk about their BFRBs.

Dr. Renae Reinardy: And I think that that's a really important part of the behavioral analysis, too, is to look at the consequences, look at that inner critic, look at, um, physically what's happening to the body, emotionally what's happening to the body, what's happening, uh, other consequences, the impact that it may be having on relationships in one's life, whether that's something that people are holding themselves back out of relationships because they're embarrassed of their BFRB, or if they have a person in their life that [00:15:00] may be well intending, maybe not, um, that, uh, is, is trying to modify that behavior for them to say, well, Stop doing that, right?

So, which by the way, doesn't tend to work, just like telling ourselves that just stop, um, doesn't tend to work. These are multifaceted, uh, behaviors. And it oftentimes does require a more thorough approach to really understand that and from in looking at what our experiences. So it's great to hear you taking a step back and looking at your own behavior.

I think many of us have engaged in body focused repetitive behaviors to varying degrees. And when we notice that it crosses that line, and it really impacts us in a powerful way. That's where it's important to pause to really look at this to say, you know what, this is more than just a bad habit. This is something that I really have to understand at another level in order to understand it better, um, treat it better [00:16:00] and really develop more self compassion for this behavior and understanding.

And I love that you use the word curiosity too, because that's what it's all about. Not judgment, but really looking and attending to ourselves. in an intentional, compassionate way. That's how we're going to be, you know, setting yourself up for success, uh, to live a full life and to work on whatever it is that we want to work on.

Dr. Marla Deibler: Yeah, and I would actually piggyback and add to those really great thoughts by pointing out that oftentimes BFRBs come with tremendous shame and embarrassment of the behavior and great efforts to try to hide those behaviors from other people and those behaviors and those emotions can really lead to a great deal of emotional suffering.

And it's really important to address that in treatment or, you know, when working on it On one's own, because it really takes quite an emotional toll on individuals, and that is often overlooked.

Michael Herold: So, before [00:17:00] we go into the, uh, WTF, what's the function, not what the listener first thought that might stand for, what's the function of, of the B of RB, there's, there's one more question that I have for you to kind of set us up. And that is the, that is the question, how prevalent are, are these conditions in, in the population?

And the, the reason I. The reason, not the reason I asked this, the reason I asked this is that I think the numbers are really interesting, but the big surprise that I had around this is that when I pitched the idea of having you two on the podcast to the team about this topic, I was really surprised about the resonance that's found in the team because every single one on the team had a story about someone they knew that were either struggling with that Right now or they have

struggled with that So I thought is really interesting because I thought here's Michael with this like really novel idea and they're all gonna look at me and be Like hey, Michael, what's a BFRB?

It's like no actually like everyone was like [00:18:00] super super into into the topic. So how prevalent are those? Behaviors out there.

Dr. Renae Reinardy: Well, we, the research shows that depending on the BFRB, somewhere between two and 6 percent of the population struggles with the body focused, repetitive behavior. So we're talking about millions of people here. and really when we look at the data, um the different places that I've run, these studies is prevalence studies show about the same number of people who seem to be impacted by these behaviors.

So it's interesting. Now those are clinical levels. When we look at subclinical levels, people who report the behavior, they report some distress from the behavior, but not. Quite to a clinical level. So we're finding close to 60% of people engage in body focus, repetitive behaviors at a subclinical level.

Um, so, and that gets a little, um, tough sometimes to where do we draw the line between clinical and, subclinical. But I think the [00:19:00] bottom line is just like you found when you pitch this idea to your team, they're common. Right? So we're in good company when we have a body focused repetitive behavior, because when you do open up around the behavior and talk to other people about it, there's a very good chance that they themselves do or have experienced one of these behaviors, or they're going to know somebody who does.

Michael Herold: Okay, so WTF so coming to the, what's the function of this behavior part? And here is a problem that I foresaw coming into this interview. And that is that you'll give so much advice in the book, so many different techniques for people to try out and see what works for them.

And I felt a little bit like a kid in a candy store, like which ones do I take to talk about. So I kind of like leave that up to you, but I know where I want to start. And that is the functional analysis part. That is the, as you call it, the time [00:20:00] snap.

Dr. Marla Deibler: So, to summarize, The conceptualization in, in terms of the function simply, experiential avoidance, right? We develop lots of ways to push away unwanted experiences, whether it's the precursors, right, the antecedents to the behavior like anxiety, for example, or whether it's the behavior itself. right?

Because they're unwanted and experienced as embarrassing or shameful or what have you, consequences or result in hair loss or, or skin lesions, right? And that's unwanted. So when these symptoms arise, when these antecedents arise, we've understandably put forth efforts to avoid, push away, make it stop, right?

In a very sort of acceptance and commitment therapy oriented kind of psychological flexibility model, right? So when these things arise, we exert efforts. To try to manage that, right? It's self regulation. Right. We're doing what we [00:21:00] do as humans to try to make ourselves feel better and bring us back to our comfortable levels of homeostasis.

And so the way that we try to think of this in terms of looking at the breadth of possibilities in terms of our internal discomforts is the times, right? The acronym coined by Russ Harris, thoughts, images, memories, emotions, sensations, these kinds of internal experiences that show up. on the inside that can cause some distress and discomfort that we then attempt to avoid.

And there are contexts in which those internal experiences can arise that are sometimes we call them like the path or on the map. to those times. And they are things like movement and automaticity. That's how aware we are of the behavior or the way that our bodies are positioned or we're moving that makes it more likely kind of sets the stage for us to engage in the behavior or awareness of our vulnerabilities.

So we all [00:22:00] have vulnerabilities to unwanted behaviors, right? So maybe it's being a little extra tired. being hungry. Maybe it's having, uh, maybe it's not feeling well that day, for example. Um, maybe it's, uh, not having exercised when exercise serves as a great way for us to manage our internal states. Um, and then there are the people, places and things in our spaces, um, who and what is around us that sometimes set the stage for those internal discomforts to arise, you know, to which we respond by engaging in the BFRB.

Michael Herold: So, the loop that develops there, and you correct me if my own experience is not, uh, representative of the general population, but the, the loop that seems to reinforce itself there and kind of like an operant conditioning kind of stylus, there's something that annoys me a little bit. Like, let that be a hair, uh, let that be a little bit of a [00:23:00] skin thingy that just doesn't feel right.

So that's my discomfort. If I just pick on that just a little bit, that discomfort goes away. So I'm kind of like rewarding myself for engaging in that behavior.

does the part come in that then makes me overdo that? Why does it not stop with that one hair or that one piece of skin flake that needs to go?

Why is that not enough?

Dr. Renae Reinardy: And I think that's kind of the question too, and Dr. Deibler, I'm sure can add to this. Um, but that's really what we're looking at with these behaviors is, is understanding like why does, and again, where does it go from subclinical to clinical? Why is it difficult to stop to, um, to take our foot off of the gas pedal?

Right. So, and, and put the foot on the break and it's really looking at that reinforcement cycle, I think you're right. What is the function of the behavior? What is it serving, um, to you? And [00:24:00] then oftentimes what happens with these behaviors is it becomes, um, very much a cycle. So that initially it's like, Oh, let me fix that.

Um, and then there's a reward because it's like, Oh, okay. That's more smooth now. Or I got rid of that thing that I didn't like, or that feeling that I didn't like. Temporarily, but now, you know, now my, you know, now I have some pain or bleeding or hair loss or whatever the, the consequences and I'm feeling kind of bad, right?

So, and that's where the BFRB oftentimes will dive in and be like, Hey, I know how to help. right? Like I can help you with that. Um, and then around and around people go. And so it's important to kind of understand, and that's part of the functional behavioral analysis and why Dr. Deibler and I are so generous in the book of giving lots and lots of different strategies and skills. Um, so it, it really is being able to understand like, where does this behavior start? Um, what am I doing [00:25:00] in the behavior? self, and then what are the short term and long term consequences of the behavior. And like Dr. Deibler was saying, having the times map, understanding our thoughts behind that, our emotions behind that, the situation that we're in, our level of awareness, there's a lot of things to look at here.

Again, that's why the just stop method doesn't tend to work, right? And so it's being able to look at How can I better serve my needs here? So, uh, what do I really need? What is my body really craving here? And how can I give that to myself in a more meaningful, lasting kind of way? And that starts with awareness.

And so in having that awareness to really take a step back, I think, um, as humans, we've become so outward focused, uh, that we forget to attend to our own needs. And in the meantime, you know, our body's like, Hey, I need something here. and we're, we're trying, we're just scrambling. We're throwing everything at ourselves, not really knowing what those needs [00:26:00] are. So when we slow down a little bit, we take a look at ourselves with that curiosity, with that compassion, um, taking the time to really understand ourselves, read and develop our own owner's manual. That's where, um. We're gonna feel a lot better, right? Just as a human, in general, being able to attend to our thoughts, attend to our feelings, have all of these different, um, strategies and skills and tools that we can utilize to, to better care for ourselves. That's when we're gonna, Um, first of all, we're, we're going to feel more satisfied, more complete, more at peace. And as a result of that, we're going to be more likely to see a decrease in the body focus repetitive behaviors. So, and when we notice those thoughts of let me fix this, um, that it's like, okay, well I can do that.

Um, but that's where we could use the thanks, but no thanks, which we talk about in the book too. Um, to be like, yeah, I could do that. I could pick at that, bite that, pull that, or I could do this other [00:27:00] thing. Um, Right. So, um, that, that helps me kind of build emotional tolerance. Um, cause sometimes we do, we're not always going to have smooth skin.

We're not always going to have things exactly the way that we want them. So do I really need to chase that? And that's where another strategy comes up that we call urge surfing. Right. So, um, and that can be a really useful strategy to that. We notice that we want it. Um, but can I sit with that feeling?

And that's what Dr. Deibler is talking about with really building this tolerance for being uncomfortable in whatever way that that discomfort may manifest.

Michael Herold: And to, add to that, uh, we're not just applying this time's map to the antecedents. We're taking this like all the way. So first like checking for thoughts, images, memories, um, emotions, sensations, urges, and so on. When the urge comes on, and then again doing the entire scan while we're [00:28:00] engaging sort of in that behavior and doing that.

For me, I'm talking about my own experience here, trying this out, it's like this reality check, this contrast between my brain saying, no, no, no, I need to like, I really need to attend to that right now. And then a minute later, I've been like, okay, so what's so great about this? Now you tell me, please. And then for a third time, doing that check in as, as I've learned to call it for myself, this time snap check in, when I'm confronted with the consequences.

And that oftentimes results then in the questions like, you stupid brain, like, why did you make me do this? Like, this made no sense. Just for the entire cycle to be repeated again, five minutes later. It's like, no brain, let's stop here. I present you with the evidence that is four minutes and 30 seconds old.

And it says like, this is not going to make me feel good. Uh, let's, let's urge surf. Uh this entire thing for a little [00:29:00] bit and or just dial up the the curiosity to get some Relief from from that.

Dr. Marla Deibler: I think you're exactly right. And, you know, if you think about it, we're such amazing, efficient creatures of learning. That's why we repeat all of our patterns, right? Of course, I'm going to be more likely to do something that has worked in the past. But the problem is we get this short term payoff, but long term consequence.

And that consequence, unfortunately, leads to, leads to those antecedents again, which then perpetuate the cycle, right? Because it leads to further discomfort. And then, hey, we know what might. Bring us back down to feeling more comfortable. This behavior is sort of a short circuit to feeling better But the problem right is that in order to overcome that we have to do something differently which means that we have to make space for accepting Those internal discomforts and being able [00:30:00] to sit with that and move forward towards the kind of life that we want to be living in the moment.

Michael Herold: So here is where My brain threw a little bit of a wrench into the gearbox up there um, and let that speak to the fact that I love, uh, bringing world experts on a psychological topic, uh, to my table for that higher purpose of getting an hour of free psychotherapy for myself.

Here is where the functional analysis for me broke down. And that was just automaticity, a very high level of automaticity where I was most of the time already confronting myself with the consequences before I even realized what, what was going on.

Dr. Marla Deibler: Yes, absolutely, and with any kind of behavior that becomes automatic or that is even like neurological in nature, like think about ticks, right? Ticks are sometimes pretty [00:31:00] automatic and people have limited awareness at times of ticks. They don't necessarily experience the premonitory urge, or at least they're not aware of the premonitory urge.

So we have to do some awareness training. And there are a lot of different kinds of ways that we can engage in awareness training, including mindfulness

practices, including devices that bring our attention to, for example, body postures that people, um, position themselves in prior to engaging in the behavior, right?

The more we can bring attention to the behavior, the more likely we are to become aware of the pattern. It's sort of like, um, you know, back in elementary school when our science teachers told us if you keep a notebook by the side of your bed and you write down your dreams and you remember them when you wake up, you'll become more aware of the dreams that you're having, right?

The more we pay attention to something, the more we're able to pay attention to it, the more we notice it. And when we look at interventions, If we have limited awareness and most people [00:32:00] are engaging in these behaviors in both a self directed manner and outside of their awareness. So that's very common to engage in these behaviors automatically without Attention to it the more we practice engaging in awareness strategies or or monitoring, for example, or interventions when we notice it, even if it's after we've been engaging in the behavior for a few minutes, the more we will be able to realize earlier in the chain of events when we are engaging in that sequence right .So it might start off with noticing the consequences like oh man. I just my fingers are sore I've been I've been biting my nails for the last five minutes and I didn't even notice because I'm paying attention to this movie I'm watching for example, but the more we intervene and notice and attend to that experience The more we will notice sooner In the chain.

So maybe it's sitting down to watch a movie and you notice that you're [00:33:00] kind of getting, uh, feeling like you're on the edge of your seat and a little nervous because you're watching something that's bringing about those emotions and those emotions perhaps those emotions bring about, uh, the behavior for you.

And so you notice those emotions and then you can intervene sooner or maybe. If you know that you're more likely to do it when you're zoning out watching TV at the end of the day, because of the chain of events, perhaps then when you sit down to watch TV, that's the time to engage in intervention. So the sooner you can notice in the process, the more mindful you become of the entire sequence, not just mindless ways that we engage in these kinds of behaviors.

Michael Herold: That is also a part of the chain analysis that you talk about towards the end of the book where this stuff like gets really written out line by line. It's like, here's what happened leading up to the BFRB event.

Um, so here's a quote that I really [00:34:00] liked I just wish that this had been printed on cereal boxes when I was a kid. The quote is, it is important to think about change as a process rather than a final outcome. Like, I felt so much weight lifted off my shoulders when I, when I read that. It's like, this is not like 30 years away. Like, this is, this is, this is a process. This is a, uh, accomplished here in the moment already. And at the same time, never accomplished, even if I get to live to 300 years old.

Dr. Renae Reinardy: I'm really glad you brought that up because that's something too that I find for myself and in working with my clients too that really is liberating to be able to, uh, accept ourselves and to know that we're never fully cooked. Um, we're always still developing and learning and we can approach that with, uh, curiosity and acceptance and have some fun with ourselves, right?

So, [00:35:00] uh, another thing that I like to remind myself of is that we're all just experiencers experiencing experience. Uh, and that gives us a little bit of distance. You know, we can see ourselves a little bit differently. We don't have to wait to have fun, enjoy our lives, go on vacation, have a relationship, you know, do whatever it is that we're waiting to do.

But to see things as a process is such a, a great way to approach this. Hu. And I think that's a really important part of the human existence that we have because every day is going to be different. It's, it's never linear. There's ups and downs where we're one big scatterplot, right? And, and whenever we think that we're going to reach something, whenever we think we're going to get all of our ducks in a row, another one of the ducks we weren't even attending to falls out of line, right? And we're just going to continue to juggle and juggle and be frustrated our whole lives unless we view it as a process, unless to accept that, you know, it is [00:36:00] this process of development. Um, and we're always going to want to learn and grow and, uh, and keep moving along and having this openness and this willingness, uh, to ourselves and to our experience really is a game changer.

Michael Herold: That is something that I'm only now that I hear you speak about ducks and ducks falling off the row, which also reminds me to get more ducks. But this is something that when I work with my clients around building their confidence or working on their limiting beliefs, there's always this, uh, almost a fallacy of thinking that once I am confident, I can do all of those things when I'm once I'm rid of this limiting belief, I can do all of those things. And I tell them like, No, actually, like this, welcome, like this journey starts now, and

it's never going to end. And it seems like I have to take some of my own medicine when it comes to BFRBs.

And, and yeah, but again, like, so liberating to think about this entire thing is a lifelong process [00:37:00] that's, at best, even supposed to be, um, fun if possible at all.

Dr. Marla Deibler: is. We thought it was really important to begin the book by really kind of setting the stage for looking at one's expectations, right? Because we have clients who come in to us for help and you ask, you know, what brings you in today? And they say, you know, I have a BFRB and I want to stop, right? At what point? you done? Oh, you're cured. We're done now. It's not, it's not, no psychological problem works like that really, right? If you have an anxious temperament, for example, and you suffer from an anxiety disorder, we can't eliminate the experience of anxiety forever. We might be able to get you pretty functional and help you live your life unfettered by those Anxious problems that have really limited your functioning at one point.

But you know, what does it mean to be recovered? What does it mean to, um, be done, [00:38:00] be dealing with a problem? And the answer is really, you know, we're not perfect creatures. We're not machines. We're humans and humans are messy and, and humans have different experiences moment to moment and that's okay. So part of it is helping people to kind of loosen the grip on what they feel like they need to control to just allow the experiences of humanity to be.

Michael Herold: so you've just inspired me for an inscription for my gravestone.

And it's going to say Michael Herold. He was pretty much functional. And I think that's going to be like, good, good enough.

Dr. Renae Reinardy: I think, I think that's a great goal, you know,

so I,

Dr. Marla Deibler: Absolutely.

Dr. Renae Reinardy: And that's really kind of the tone of the book is this acceptance and when we can accept ourselves and have like, Dr. Deibler was saying, have a more accurate expectation for what our human experience looks like, um, whatever it looks like, [00:39:00] right? And to be able to understand

ourselves to be able to, you know, kind of be like, right, you know, that's, that's where things are at. And I can kind of understand why my mind took me that direction. And that kind of worked in these situations. Or I have those memories that, yeah, that kind of makes sense why I went down that that road.

Um, and I can attend to that. I can look at myself and be like, Oh, yeah. I can understand why you went that way. So, and do I want to keep going that way? Is there something else that I can try to develop and learn and grow and cultivate? Um, and that takes intention and that takes work. It doesn't just magically happen and everybody's path is a little bit different.

And so, and I think when we can look at that and to kind of take more of this, Um, Non struggle bus approach to things, um, but just kind of, uh, you know, more compassion, more understanding, um, to be able to, to [00:40:00] really listen to ourselves is something that I think we've lost, uh, in many areas of our lives. To be able to care for ourselves, uh, not just to survive, but to really thrive and to really uh, listen to what our needs are, to really care for ourself in this very loving way, I think is, is just great.

And really get to that, that point of acceptance because absolutely nobody's perfect. We're never going to be. And how boring would that be anyway, right? If we were all the same and all fully developed, right? So, um, that's just, that's never going to happen. And so, and anytime we feel like it's kind of getting close again, a duck's going to fall out of line.

And, you know, um, and so it is, it's. Being able to kind of accept that, expect, accept that impermanence and just kind of the, the way that, um, that we live our lives. Uh, and then the, the, the struggle just isn't there. and then to be able to be like, okay, well, I can accept [00:41:00] the impermanence of, you know, when things are going well and it's like, oh, yay, but.

It's not going to last. And I can also accept the impermanence when things are not going well and I'm going through a really tough time in life. Um, and to remind ourself, well, okay, there's some, you know, sometimes I just got to put on my seatbelt and get through it other times, oftentimes there's skills and strategies and, and things that I can do, people I can reach out to, to help, uh, decrease that struggle a little bit until that time passes.

Michael Herold: talking of which, what a, what a great segue. So your book is full of advice and tactics and techniques to, to try out, um, and which by the way, this is something that I really appreciated about this book is that I'm going through it to work on BFRB, but these are all tools that I can apply to

everything else in my life as well. In fact, I had a couple of, uh, giggle moments where I stumbled over techniques that I was using for something [00:42:00] completely different. so do you have any, uh, I don't want to say favorites because you. Probably shouldn't have, favorites, uh, is there any, any system by which we could talk about some of those, techniques?

I'll also happily tell you my, my favorites and we can go with those.

Dr. Marla Deibler: Anyway, you'd like. Happy to talk about your favorites. The way that I like to think of My favorites are the things that are often neglected in other Um, and I think they're really important things. like, as I mentioned earlier, you know, the experience of shame.

Michael Herold: Let's, let's start there then. Yeah, we can do everyone's favorites. So how does, how does the experience of shame, like how do you work with that?

Dr. Marla Deibler: So oftentimes people with BFRBs experience a great deal of shame and embarrassment about the behaviors and the consequences, and they hide that from the world, which is why it seems like BFRBs are not all that [00:43:00] common, right? Because you might be struggling with one, and And you're probably also camouflaging it to some extent and you have no idea that the people around you may also be doing the same and so, um, dealing with that sense of shame is very important to understand that there's a The shared sense of humanity in all of these experiences that people understand that you're deserving of kindness rather than criticism for struggling with these behaviors, for struggling with the experiences that lead to these behaviors, with the frustration that you likely feel for having tried to stop the behaviors, but having struggled with trying to stop the behaviors and being met with limited success, it's really important to help people to effectively manage that shame by addressing it with self compassion, by helping them to understand that other people have this shared experience as well, and that they would never judge those people [00:44:00] in the ways that they often harshly judge themselves.

So it's important to have a sense of community with BFRBs often in order for people to move effectively toward feeling like they're able to live their lives without being really limited by or negatively impacted by their BFRB.

Michael Herold: Dr. Rinaldi, what is, what's yours?

Dr. Renae Reinardy: I really like what Dr. Deibler, um, just said, and I think that that's so important. um, and, And that's why we wrote a whole chapter, on

shame because it is something that tends to be under addressed. and so I think that that's a really, really important thing. I think something that, um, I like to remind myself of in my own journey and in working with my clients and then writing the book is that, it usually takes multiple tools, and so it's really looking at what am I trying to build right now?

So my dad was a contractor and so I think about all the tools that he had in his in his workshop Right, so depending on what he was trying to build it required different tools So now there's some [00:45:00] tools that we use a lot like a hammer Um, that, but we can't build an entire house with just a hammer. And so, and something that I like to remind people of and myself is that oftentimes we're going to need to train ourselves with a number of different tools. I have to learn how to use a hammer. I have to learn how to use a screwdriver. Sometimes it's the standard. Sometimes it's a. I might have to learn how to use a saw, I might have to learn how to use a miter box, right?

So, and if I'm doing something very specialized, you know, if I'm building cabinets, maybe that's entirely different tools. And so, so it is really, um, approaching these things with like, well, what do I really need right now? So what's really impacting me? I would say if I were to pick, one tool, um, my hammer, so to speak, is really addressing that, uh, emotional avoidance, uh, or experiential avoidance. And that's why I really love exposure therapy, uh, for BFRBs, for OCD, um, I think that it [00:46:00] really moves people toward this point of acceptance. and, and I think it's such a powerful tool because it allows us. to experience ourselves. We're not running away from things anymore.

We're attending to it. and I think there's so many elements involved with exposure therapy to be able to identify, you know, in a very DBT, dialectical behavioral therapy type of way. What am I feeling right now? What is my body doing? How, what am I thinking? What's coming up right now? Um, what do I notice that I'm trying to pull away from here?

How can I guide myself and build my confidence to be able to say, I can handle this, I can do this. Um, there's skills and strategies and other things that I can do, but let me just sit with this. And I always think about like jumping into a cold pool of, of water. I don't like swimming. I don't like the, I'm like a cat in water when I do get in there, but my daughter loves swimming.

And so it's something that it's my value, even though I could go the rest of my life without going into a [00:47:00] pool again. but I'm going to, because it's my value to spend time with my daughter, who's like a fish. She loves being in water. And so I'm going to get in the pool because that's important to me.

So it's exposure. I don't like the sensations. I don't like the smell of a chlorine. I don't like any of those things, but I know because I've done it before, um, that when I get in that pool, my hands are going to come up. I'm going to feel kind of like cold and gross for a little bit. But when I sit with that, I'm going to acclimate, I'm going to adjust, it's going to be okay. And then before I know it, the water doesn't feel so cold and I'm having fun with my daughter, living the type of life that I want to live. and I think that's why if I were to pick just one strategy, I would go with exposure just because I think there's so many other things that, that, um, go along with that.

Michael Herold: Yeah, that was one I would have presented as well. So I'll just hop on that same train and the, the reason that, uh, exposure and response prevention stood out for me is that this is something that I use with my clients when [00:48:00] I train them in regards, you know, confidence where, um, they will be timid to go to parties social events because what if I'm embarrassed? What if I get rejected? Yada, yada. And so I take them and we're going to a busy place and they're suddenly high fiving strangers, which is like massive Exposure for them because now they're getting rejected now.

They are embarrassing themselves .But this is the opportunity where instead of these Thoughts, images, memories, Emotions, sensations, rushing by without us even noticing it until it's too late to okay Let me fully engage in this human experience and see how much or how little power this actually has over me and that I'm actually able to high five people and to get rejected and embarrassed.

I'm actually not going to die from You know, get it having people like laugh at me a little bit. So because Dr. Reinardy [00:49:00] was presenting ERP, I'm going to pick another one because I have an interesting story around this. I'm going to pick response prevention. Strategies, response prevention strategies. My, my German accent is not compatible with the word strategies.

So, um, I like to use tactics, uh, and then people tell me, well, there's a difference between tactics and strategies. I'm like, yeah, shut up. Like I can't say the other word, but this one, which is like you would bring in. Um, means of making it nearly impossible to engage in the behavior. So hair pulling might be a hat, um, nail biting might be band aids or wearing gloves or whatever.

And I thought, because coming back to Dr. Reinardy and the idea that we need an entire tool set, because I had found one tool. The hammer that really worked well for me and that was response [00:50:00] prevention strategies. Um, I had always since the last 15 years or so, more than that, I always had my nails painted for fashion reasons.

And I realized the moment I got two or three years ago, I got a professional manicure with a gel nail polish. And I didn't pick my nails anymore because the gel was so hard that I couldn't. And it just like, it was like, wow, look at this. Like it's, it's done. I, I solved this, just this one thing, just need a manicure, just need my nails painted every month and I'm good.

And then for the purpose of this interview and going through the book, I was like, yeah, let's remove the nail polish. I think I'm ready now. And guess what? I wasn't. Like the moment the nail polish came on off because I was relying only on this one tool. I was like, how is this even happening? That after three years of complete abstinence, if that is the right word, like I'm, I'm fully in this as well. So thumbs up for [00:51:00] response prevention, but also thumbs down for, you know, betting everything on on just one horse.

Dr. Renae Reinardy: Yeah, and I think that's such an important point to highlight too, because so often people will really get down on themselves when they try that one tool. And yeah, great. Maybe it works, you know, um, but it's nice to be able to know that you have a whole It's a whole tool shed full of things and it might depend on what else is going on in our lives at that time. and sometimes people will be doing the, the manicures and the gel polish or the hats or the fake lashes or whatever strategy people are using at that time. And they may find that, wow, it works great. But the second that it's not there, you know, I go right back to it again. And, or sometimes life gets extra stressful, or we're not sleeping, or, you know, things start to, to change. And that one strategy just isn't enough anymore either. So, and that's why the functional behavioral [00:52:00] analysis is so important to be able to step back and, And again, approach ourselves to be like, Oh, isn't that interesting? Um, and to be able to, to look at that and to be like, well, that was, that was helpful.

but maybe I do need more. What else should I be looking at? Or is that enough right now? Um, and I think that's another important thing too, is to have some acceptance. Um, I have clients that, you know, with their BFRB that they decided, you know what, I'm okay wearing a hairpiece. So I'm not really gonna work on, uh, not pulling my scalp hair right now.

And I'm okay with that. So because in the meantime, I am working on, you know, these other areas of my life, which are, are important and, and I'm going to give myself. Um, to be able to say, you know what, I'm going to put that to the side right now, or I don't have to be struggling with this. I can accept this right now.

So, and decide how much focus does this really need? How much, uh, how many resources do I have right now [00:53:00] to, to apply toward this behavior?

Michael Herold: So to kind of bring this slowly towards the end. Let's talk about What to expect from these interventions, um, and especially how to deal with the, I'm guessing, almost inevitable setbacks that are going to happen over time.

Dr. Marla Deibler: The important thing to keep in mind with any of this is remaining flexible and remaining curious, right? Because it is a chronic problem that's tends to wax and wane for people. And those cycles might be brief or they might be really long. I mean, we've known people that have gone years and years without engaging in the behavior.

And then all of a sudden something stressful happens or something changes. And all of a sudden they've had a little setback and that's. That's okay. It's important to stay curious. Like, why has this happened? What's come up? It's changed here. And what do I need to do to get myself back on track? Right? So allowing [00:54:00] yourself the freedom to be flexible enough to pay attention to what's changed, to what they might do differently.

Perhaps previous strategies that they used before would be helpful to implement again. And perhaps things have changed and they'll need to look at something else. Right? So being able to stay open and stay curious and stay mindful of the fact that their experience has changed over time and they may need something different that they needed at a previous point and being open to the idea that, yeah, I mean, this could come up again.

It does for a lot of people, but you're never back to square one, right? Instead of being devastated by a setback and thinking, well, all is lost because I had stopped and now I'm engaging in this behavior again, instead to say, okay this is really disappointing. This is painful and hard, but it's okay.

What's happening right now? What do I need to do to attend to my needs so that I can feel confident again and back on track and feeling like I'm living my [00:55:00] life again without being bogged down by my BFRB. So I think it's really important to stay flexible, to stay curious, to not get caught up and fused with our self judgment and all the things that we do to criticize ourselves and be hard on ourselves.

And that, uh, you know, paradoxically helps us to move forward.

Michael Herold: one of the, the final pages of your book, you have one of the most beautiful exercises. Like this really made me close the book with a big smile on my face. And that was the hundredth. Birthday party exercise, uh, could you walk our, uh, listeners through what that exercise is and the takeaways from it?

Dr. Marla Deibler: So the hundredth birthday exercise is essentially to imagine yourself. Uh, at your 100th birthday celebration, surrounded by everyone that you love, who is there to celebrate your life. And one by one, they get up to share with [00:56:00] everyone what you've meant to them and what you've brought to their life. And the question really is, what would you want those people who are so important to you to share about you? And inevitably, everyone says, You know, valued characteristics, right? Like generosity, and kindness, and lovingness, and um, genuineness, right? There are a lot of qualities that we bring, hopefully, to our lives that we value, and the way in which we want to live, right? The values that we bring. And, Very rarely does someone say this person struggled, or this person had a mental illness, or this person bit their nails, or pulled their hair, or picked their skin.

And it's important, I think, for people to reorient toward what's really important to them in their life. Because we all engage in behaviors, uh, that we may or may [00:57:00] not be happy with at one point or another in our lives. And that's okay. It's really, it's just kind of background noise, right? Uh, people are complex.

What's important to us is living the kind of lives that we want to live and being the kind of people that we want to be, bringing those characteristics and those behaviors to our daily life. And I think this exercise really nicely reflects for people that even though they're coming to you in therapy, as a psychologist, um, to more effectively deal with this behavior, and they might even say that they want to stop the behavior, that even in the end, this is not really important to them.

That it impacts them, yes, and that pain is important, but it's not really that meaningful. It's not really what their life is all about.

Michael Herold: Beautiful. well, you two, thank you so much for, for being in the show and for writing this amazingly useful book. Um, especially for me in, in my situation, Hugely [00:58:00] appreciated.

I think I've been waiting for a book like this for two decades and it's finally out there Um, where can our listeners find out more about you? Where can they

find you on the internet on the socials for all the super fans? You've you've created with this episode

Dr. Renae Reinardy: I'm pretty easy to find. So even just Googling my name, I'm going to come up all over the place, but my business is Lakeside Center for Behavioral Change. I also have another business called Courage Critters. Um, so, but I'm, I'm easy to find. Feel free to call, email, um, I'm, I'm happy to chat.

I am on, um, social media as well. So pretty easy to find on Instagram and on, Facebook as well.

Dr. Marla Deibler: And I'm also easy to find on the internet. If you Google my name, um, I own a practice called the Center for Emotional Health of Greater Philadelphia, even though at this point, post pandemic, we're tele helping all over the country. Um, So the center for emotional health. com is a good place to, to [00:59:00] find me and what we're up to, including upcoming trainings in BFRB work for clinicians who are interested in learning more about how to implement BFRB treatment more effectively.

And I'm on Instagram and X or Twitter for now. And, uh, all of the, all the usual socials.

Michael Herold: beautiful And of course, we'll put all of that including a link to the book and to the show notes of this episode as well .So thank you to Thank you so much. Uh, thank you for being on the show.

Dr. Renae Reinardy: you. Thank you for having us. thank you for listening to Psychologists Off the Clock. If you enjoy our podcast, you can help us out by leaving a review or contributing on Patreon.

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