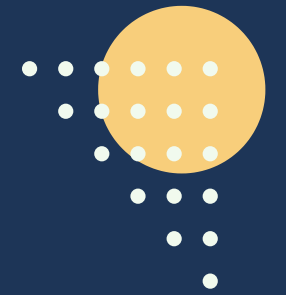




BDD Case Presentation

Presented by
Chris Trondsen, LMFT





Chris Trondsen, LMFT

**Licensed Marriage and
Family Therapist**

**Specializing in the
treatment of BDD, OCD,
and related disorders**

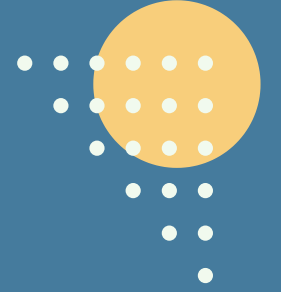


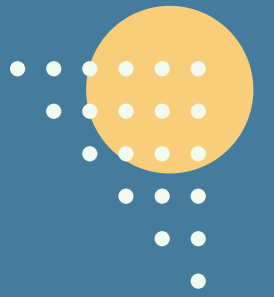
BDD Case

Overview: "Jack"



- 19-Years-Old
- Male
- Cis-gendered / heterosexual
- Middle class
- College student – sophomore
- Contemplating dropping out
- Treatment during summer of 2021
- Motivated but skeptical





The Initial Assessment

Jack was diagnosed with BDD from the general counselor he was seeing for depression. This counselor referred him to our treatment center. I conducted the initial, one hour assessment and I determined he was suffering from BDD. During the assessment, I administered the BDD Y-BOCS and he scored a 38 out of 48. It was determined he had poor insight

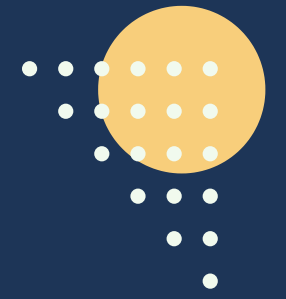
Due to the severity of his symptoms, it was my clinical determination that he needed a higher level of care and suggested our intensive outpatient program (IOP)





BDD Symptoms

- Preoccupation with crown of head; balding and thinning of hair
- Preoccupation with nose size and shape; too large and bump
- Repetitive behaviors included mirror checking (different lighting, angles, wetness / hair products), reassurance seeking, excessive grooming, touching nose and scalp, taping down nasal ridge of nose, camouflaging with hats and face mask, comparison, take and review photos and videos of self



- Clinically significant distress including avoidance of social media, Zoom, dating, friends, family, or seeing others. Isolate in dorm room and then bedroom. Depression and suicidal ideation

Step 1: Psychoeducation

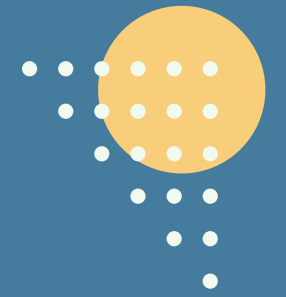
- Educate Jack on BDD, including an overview of the disorder, mainly to normalize his experience and have him recognize that he is not suffering alone
- Client had poor insight so the goal was to have him become open to the possibility that his distress is from BDD and not his appearance
- Additionally, have him be open to the idea that what he sees in the mirror is distorted and not what others see
- Jack was heavily influenced by male models and social media, comparing himself to men with full hair and "perfect" noses

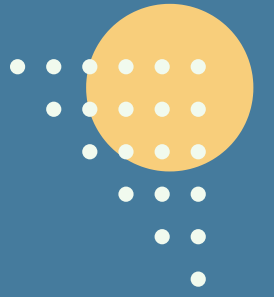


WARNING!

The goal of the education phase is NOT to confirm or deny their appearance "flaw(s)," but instead to help them understand that they arrived at this belief from faulty reasoning due to a mental health disorder, not from facts.

DO validate their experience.





Education Continued: Plastic Surgery

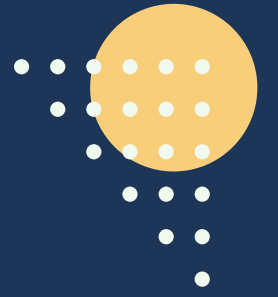


Jack was researching both hair transplants and rhinoplasty (nose job). He had made threats to his parents that he would kill himself if they would not pay for these two surgical operations



Although Jack was adamant on getting both procedures, he agreed to put them off until after the treatment. He became even more open to the delay after education on how surgery and procedures can make BDD worse





Step 2: CBT

"How did we get here?"

Trigger and Emotions

Interacting with his peers on campus or when talking to an attractive girl

Dread, embarrassment, shame, anxiety, and inadequacy

Automatic Thoughts

They are noticing my large nose and its bump

They are judging me for being so young and already losing my hair

Evidence to Support

Jack sees these flaws in the mirror

There is a history of hair loss in his family

He is single and never dated anyone

Models have a full head of hair and perfect noses

Evidence Against

No one has ever mentioned his flaws

Male family members have complimented his hair

Dermatologist said his hair was not thinning

Balanced Perspective

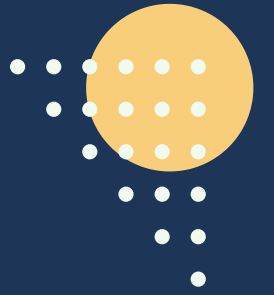
Jack began to see that he had created these beliefs about himself and his appearance based on thoughts and feelings, not realistic thoughts or tangible observations





CBT Continued

"How did we get here"

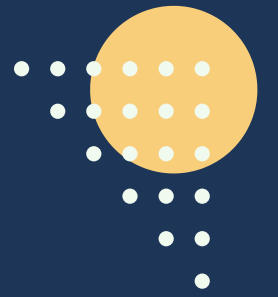


- **Seeing the flaws in the mirror** – Based on what Jack learned in the education phase of treatment, he was able to see that he should focus less on his assessment of his appearance because of how the disorder works and he was seeing things differently than others
- **There is a history of hair loss in his family** – He recognized this was a fact, however, it was openly discussed in his family and jokes / comments were made about the others--not him. In fact, he received compliments on his full scalp
- **He is single and never dated** – There was a discussion around his avoidance of people, especially girls. He recognized that he had been dealing with BDD since high school and his avoidance led to this belief. He had girls interested in him but turned them down
- **Others had perfect noses and hair** – I asked him if everyone at his school had perfect noses and full heads of hair. His answer was no. I asked him did they isolate and drop out of college. He responded no again. He realized he was selectively comparing and had elevated consequences for himself and not others due to the disorder





CBT Continued: Balance Perspectives



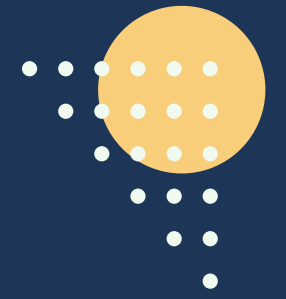
- "I have not dated anyone because I often avoid women and isolate myself. When I was not as severe, I interacted with more girls and they flirted with me and told others that they found me attractive. Therefore, if I put myself out there again, it is likely I will find someone to date."
- "BDD has me see myself differently than others. No one has ever validated my fears and instead, I have received compliments. People see me differently than I do."
- I have friends and know classmates with hair loss or imperfect noses. They get invited to parties, date, and are still found attractive by some... or many. The restrictions I have are brought on by myself and not society."
- I have a lot to offer outside of my appearance. Others find me funny, loyal, and supportive. I am a good student and good to friends and family. My appearance is not everything."





Step 3: ERP

- Gradual. Collaborative. Values based and relevant to his situation
- Exposures occurred outside of the office at nearby malls and beach front venues
- Started by simply going out to local shops, practicing interacting with others, and reduced scanning of people's facial reactions
- Eventually we went to busier malls, interacted with people his age, girls, without a hat or mask on

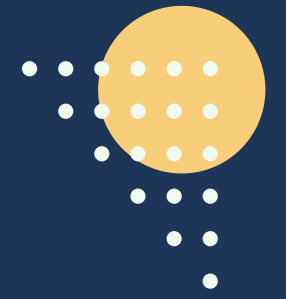


- Went out without product in his hair and at outdoor places when the sun was out
- For exposure homework, reconnected and went out with friends
- Processing exposures: "What did you learn?"



Step 3: ERP Continued

- Reduced mirror checking to only when relevant (i.e. brush teeth)
- Reduced grooming, especially on hair, to 5 minutes (down from 2 hours)
- No more taking photos and videos simply to analyze and deleted old photos being used for compulsions
- Stopped using industrial tape to tape down his nose, and stopped pressing down on it as well



- Created a social media page, added friends and girls, and posted pictures we took when out
- Jack went to group, which was virtual, and kept his camera on while interacting with others
- Response prevention plan

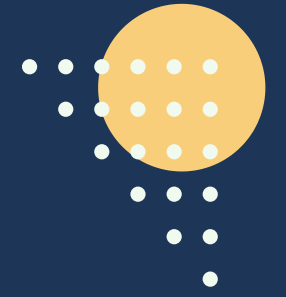


Step 3: ERP Continued "The Rules"

- Jack stopped checking his appearance in reflective surfaces
- Stopped looking in the mirror first thing when he woke up and right before bed
- Jack started getting ready for bed earlier (by 8pm) so he was not in the mirror late when he was tired
- Jack could not look in the mirror once he left the house to go out with friends



- No more reassurance seeking from his mom and his brother
- When trying on clothes, he could look in the mirror only at that and not his nose and hair



Additional BDD Exposures

01

Blank face / body activity. Have the client color the parts of their face with 'acne' with a blue colored pencil and then the parts of the face that are not impacted in orange. Have them assign percentages to both.

02

Everyone is beautiful. Go to a busy location, such as a mall or amusement park. Instead of focusing on everyone with clear skin, focus on those with less desirable skin. Keep track of the number.

03

Staring contest. Sit close enough together and stare at each other in the eyes at a distance. Keep moving closer and then eventually stare in the area of the "flaw."

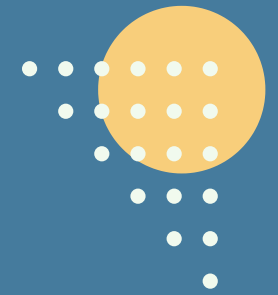
04

Do it anyway. Identify the things you "cannot" do because of your image. Go do them. Did anyone stop you? Were you asked to leave? Did the whole place stare? Or did it work out.

Step 4: Perceptual Retraining

■ would look immediately at nose from head on and then to the side. Then, would pull back his hairline to check that before checking crown of head in double mirror with subjective judgements

-
-
- ■ Instead, practiced being arms length from the in-office mirror, making comfortable eye contact, and "zooming out" to see whole self. Objective assessments. Got rid of second mirror. Stay in mirror briefly
- No more zooming-in with fingers on pictures. Instead, would focus on others and what was happening in the photo. Same for videos





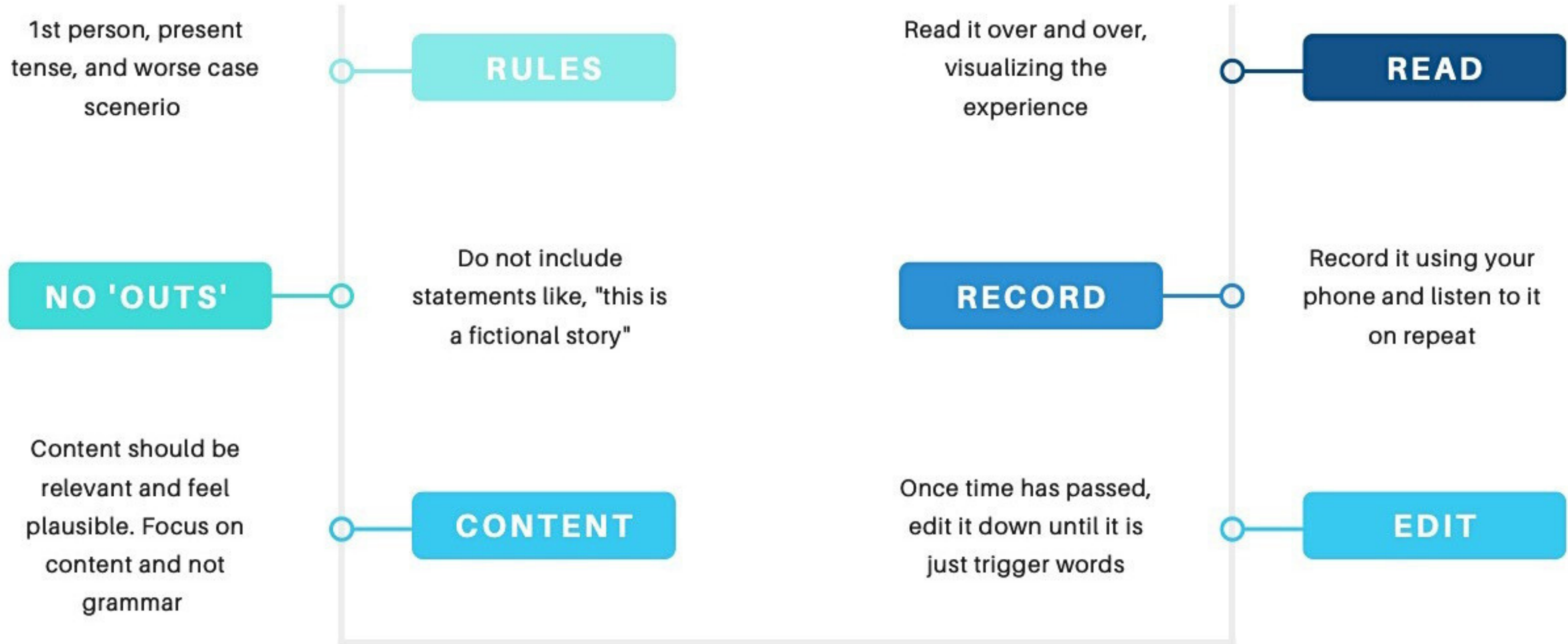
Step 5: Core Beliefs

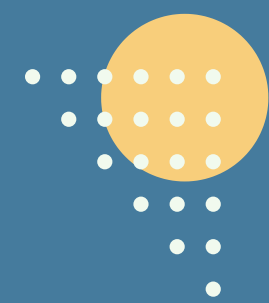


- Arrow down or imaginal scripts
- Jack core fear was that "he was flawed and unlovable"
- Recognized he had friends and family who did love him
- Was no longer tying his worth to his appearance
- No longer saw his appearance as flawed
- Felt even people who are not perfect looking deserved love

IMAGINARY FLOODING SCRIPTS

For BDD





Jack wanted an identity outside of just his appearance. He returned to school that fall, joined a few clubs, and began dating

Besides the clubs his school offered, he joined an intramural sports team, went to comedy shows, got into outdoors activities, and took in-person classes

Began to build a self-esteem, not just based on his looks and the positive feedback he was getting from girls, but on his character and achievements

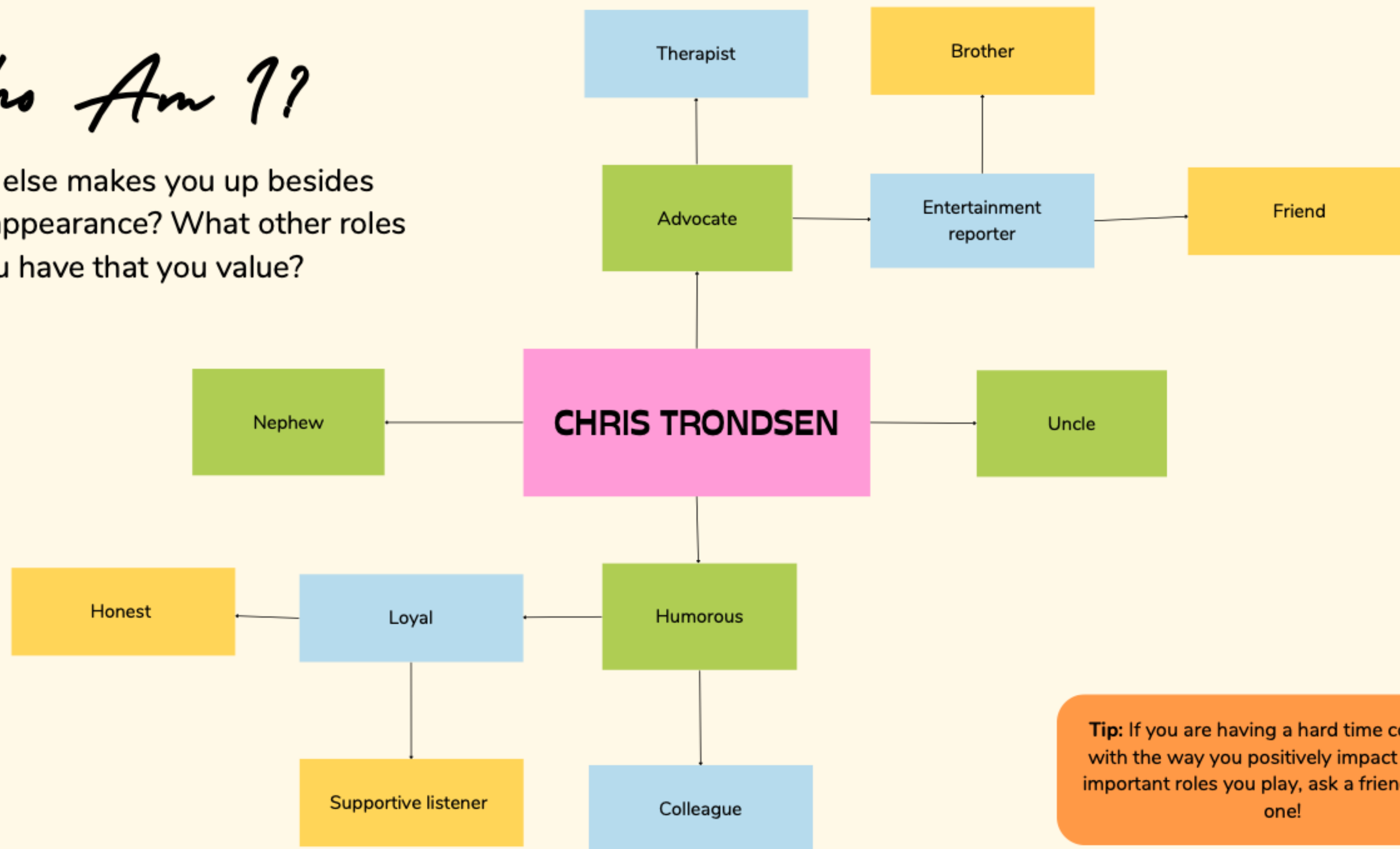


Step 6: Building an Identity



Who Am I?

What else makes you up besides your appearance? What other roles do you have that you value?



Tip: If you are having a hard time coming up with the way you positively impact others or important roles you play, ask a friend or loved one!



ACTIVITY

Building identity



10 Things BDD Took Away

List 10 activities BDD took away from you that you once loved and brought you joy

25 Activities You Want To Try!

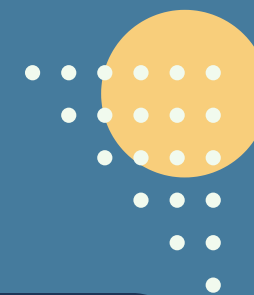
What are 25 activities you have always wanted to try but have been avoiding due to BDD?

5 Major Life Goals

What are five major life goals you have for yourself that you hope to achieve in the next 5 - 10 years?

Next: Once you completed this list, circle 2 activities from list one, 3 from list two, and 1 from list three. Then list out the first three small steps you would need to take in order to get that activity started.

[BACK TO OUTLINE](#)



Step 7: Treating the Whole Client



Jack wanted to process the beliefs that came out of his parent's divorce and his dad moving out of state to start a new family

Jack was saddened by how much of his life he gave to BDD and was grieving time lost in both high school and college

Wanted to focus on human connection and adjusting to spending so much of his life alone. Discuss dating as well



BDD Case Update: "Jack"



- 6 weekly follow-up sessions
- Completed treatment w/ 9 on Y-BOCS
- Senior in college graduating this fall
- Off-campus house with 5 other guys
- Had a girlfriend but broke-up
- Dating and enjoying being single
- Feels BDD is in recovery
- Re-connected with dad out-of-state
- No plastic surgery






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