



Episode 9. Paediatric Psychodermatology - Part 2: Management of children and young people with psychodermatology problems



Dr Susannah Baron,
Consultant
Dermatologist

St John's Institute of
Dermatology



Dr Rukshana Ali,
Clinical Psychologist

St John's Institute of
Dermatology

In this episode we discuss...

Compulsive hair pulling (trichotillomania):

- This can be an aberrant coping mechanism so it's important to ask about a possible trigger e.g. What is the stress that they are needing to cope with; then empower the child or young person (CYP) with alternative coping mechanisms.
- It is not helpful or effective to tell them to stop pulling but helpful to substitute alternative behaviours

Medically unexplained skin signs:

- Lesions in visible/accessible places
- Parents may be incredibly distressed and CYP not very bothered by the skin lesions.
- Red flag: on breasts/genital skin – sign of distress but can be sign of abuse
- Ask about other medically unexplained symptoms
- Identify secondary gains – treats, rewards, staying off school, quality time with family members
- Never confront
- Use de-shaming terminology, don't label as self-harm; "I have seen this type of skin condition many times before, and often it gets better".
- Taking medical photographs are helpful for documentation and for MDM
- Try to avoid medicalising and skin biopsies
- Take skin swabs if looks infected
- Discuss in multidisciplinary meeting with colleagues so departmental consensus on diagnosis
- Use simple topical skin directed therapies e.g. antimicrobial wash and emollient to soothe and heal the skin

Red flags:

- Always remember safeguarding and child protection: always examine whole skin, ask about skin signs on genitals / breasts (examine if appropriate with a chaperone) which may be red flags to sexual abuse or extreme distress
- Immediate referral to Liaison psychiatry +/- GP for high risk of suicide/ self-harm

Psychological tools/exercises:

- Mindfulness: deep breathing, hand breathing, headspace app (older child/YP)
- Stress management: mindfulness techniques, stress ball, fidget toys, include physical activity in schedule, identifying and challenging a negative or self-critical internal voice: make a positive wall (with post it notes) or positive journal.
- Family dynamics: encourage open communication, openly discuss feelings of guilt from CYP, challenge and reframe negative family dialogue, identify inadvertent rewards/secondary gain from the problem – instead introduce rewards for positive behaviour e.g. attending school
- Psychological therapies: cognitive behaviour therapy, narrative, acceptance commitment therapy.

Summary and Top tips

- Write letters using non-shaming terminology: useful to describe skin signs; avoid the terms trichotillomania/dermatitis artefacta
- Focus not on **how** something is happening but **why** it may be happening
- Assess the CYP in the context of their family/environment and the dynamics around them
- Enable non-judgemental space for a CYP to talk freely and openly
- Explain the link between the mind and body; skin signs are a result of how they are feeling/ coping mechanism not because they are deliberately doing anything to themselves or causing this issue.

References and further reading:

Changing faces: <https://www.changingfaces.org.uk/>

Kooth: <https://www.kooth.com/>

Young Minds: <https://www.youngminds.org.uk/>

Headspace app: <https://www.headspace.com/>

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McPherson T 2021. *Skin conditions in young people – a practical guide on how to be comfortable in your skin*, OUP Oxford. <https://global.oup.com/academic/product/skin-conditions-in-young-people-9780192895424>

De Vere Hunt I, Chapman K, Wali S, Bullus R, Fisher R, Matin RN, McPherson T (2019). Establishing and developing a teenage and young adult dermatology clinic with embedded specialist psychological support. *Clinical and Experimental Dermatology* 44; 8: 893-896.

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