

## Psychological treatments for trichotillomania

## Continuing Professional Development Learning Record

Complete and save a copy of this form to create your own record of CPD you've undertaken or to further embed your learning. Please note, MHPN is unable to provide Statements of Attendance for viewing webinar recordings or listening to podcasts.

Your details	
Your name:	
Date completed:	
Activity Name:	Psychological treatments for trichotillomania
Learning outcomes	<ul> <li>describe the common symptoms and causes of trichotillomania</li> <li>identify suitable medications and psychological therapies to reduce symptoms of trichotillomania</li> <li>identify best practice for referrals and psychological care for people living with trichotillomania.</li> </ul>
Time spent engaged in the activity:	
	(including completing this form)

## After watching or listening to the activity, consider the following:

1. What were three key messages that were covered in the activity?

2. Identify your learning goal and how the activity's c	content aligned with that goal.		
<ul><li>What actions are you going to take to use the learn example:</li><li>Explore the topic further in a supervision session</li></ul>			
<ul> <li>Identify and read the latest research</li> <li>Undertake additional courses, study or training</li> <li>Search MHPN's webinar or podcast libraries for</li> </ul>			
Join an MHPN network to connect with other pr			
4. Please note any other reflections on the topic or activity.			
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