Research Update: Outcomes for the DBT-Enhanced CBT Randomized Controlled Trial for TTM
Nancy J. Keuthen, PhD
TLC Scientific Advisory Board
Massachusetts General Hospital/Harvard Medical School

Several years ago, it became increasingly evident that while cognitive-behavioral treatment (CBT) provided some benefit for most pullers, total abstinence from hair pulling rarely occurred. And, maintenance of treatment improvement over time was limited. At the same time, several parallel lines of independent research converged to suggest a potential benefit from augmenting traditional CBT approaches for TTM with strategies designed to regulate emotions, increase distress tolerance, and reduce impulsivity.

First, there was accumulating evidence to document the existence of at least two common hair pulling styles known as “automatic” and “focused” (Flessner, Conelea, Woods et al., 2008). While the “automatic” style was more habitual in nature with the occurrence of hair pulling largely out of awareness, the “focused” style was more conscious and often was accompanied by uncomfortable emotions or physical sensations. Our research group documented a relationship between hair pulling and emotions such that individual patterns of emotion regulation were related to both affective pulling triggers for the individual and overall hair pulling severity (Shusterman, Feld, Baer & Keuthen, 2009). Concurrently, other researchers were documenting success with a form of CBT known as dialectical behavior therapy (DBT) for conditions characterized by impulsivity or emotion dysregulation (Linehan, 1993). The idea of enhancing traditional habit reversal training and stimulus control with DBT techniques was born.

In collaboration with my colleagues Drs. Barbara Rothbaum and Stacy Shaw Welch, we conducted a pilot study of our novel treatment for 10 individuals with TTM (Keuthen, Rothbaum, Falkenstein et al., 2011; Keuthen, Rothbaum, Welch et al., 2010). Study participants were enrolled at both Massachusetts General Hospital/Harvard Medical School and Emory University School of Medicine. Our treatment consisted of 11 consecutive weekly treatment sessions and 4 maintenance sessions over the subsequent 3 months. Our treatment protocol consisted of the following schedule: Session 1: Psychoeducation, motivational interviewing, chain analysis and self-monitoring; Session 2: Competing response training, stimulus control procedures and prevention training; Sessions 3-5: Mindfulness training; Sessions 6-8: Emotion regulation training; Sessions 9-10: Distress tolerance training; and Session 11: Relapse prevention training. The subsequent maintenance sessions emphasized skills review and additional relapse prevention training. In sessions 3-8 we adapted a subset of DBT skills that we deemed relevant to TTM. Our pilot results showed... Continued on page 8

Coming Out About Dermatillomania
Angela Hartlin
Author, Blogger, Advocate

Living in the small old-fashioned province of Nova Scotia in Canada, life with Dermatillomania has been far from easy. Knowledge about this disorder from professionals is scarce and the resources for getting help with this issue specifically are non-existent.

Just a few days ago I had my second-to-last psychiatrist appointment before I become “healed” by the definition of this province. Yet, I have a long way to go with my disorder before I can say that it is in hibernation. I have been seeing the same psychiatrist for approximately 7 years.

Emotionally, I have been stable for about 4 years despite situational setbacks (quitting college due to bullying, a breakup). To me this means that I can set goals for the future and not want to kill myself- an "in-your-face" explanation, I know. For years at a time, this was not the case, as I hid from the world before finally giving in to the idea that I will always be a solo skin picker with no understanding, or help, from anyone.

For so long I had desperately wanted to reach out but more importantly, have someone reach out to ME. I was suffering, I wanted to die, and I could not resist the urge to destroy my skin based on the irrational thought that I was healing the imperfections on it.

As a way to express my thoughts and try to make sense of them, I started blogging online in a private account. A few years later, I came back to this blog and was going to delete it in an attempt to forget what I went through, but realized that I did NOT want all of this pain to have been experienced in vain. If I had died, no one would have experienced about it. I wanted it to be known because it was WRONG that I went through a terrible ordeal just because help wasn’t available to me. Through... Continued on page 9

Inside this issue:
- Upcoming Events
- Professional Training Grads!
- Personal Stories
- Directors’ Reports
and more...
The Trichotillomania Learning Center’s mission is to end the suffering caused by hair pulling disorder, skin picking disorder, and related body-focused repetitive behaviors. We envision a world where:

- Body-focused Repetitive Behaviors (BFRBs) are diagnosed quickly.
- BFRBs are not a source of shame.
- Knowledgeable treatment is available to all people with these disorders.
- Treatments are more effective and eventually cures are found.
- Information and emotional support are available to people of all ages and their families.

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Editor: Leslie Lee
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The opinions expressed are those of the individual authors.

TLC Event Calendar

Detroit: One-Day Workshop, Sat. March 2
Pathways to Recovery from Hair Pulling & Skin Picking A One-Day Workshop with Christina Pearson
The Birmingham Temple 28611 West 12 Mile Road Farmington Hills, MI 48334 10:00 AM to 5:00 PM (registration begins at 9:30am)

TLC Annual Conference
April 19-21, 2013
Renaissance Newark Hotel, Elizabeth, New Jersey

The Annual Conference is the most comprehensive event devoted entirely to trichotillomania, skin picking and related problems. Attended by nearly 500 adults, teens, kids, parents, and professionals, the conference is a profound educational opportunity. Learn effective treatment approaches, find support, realize how it feels to KNOW that you are not alone! Visit trich.org for details, or turn to page 6!

Mrs. North Carolina Named TLC’s Awareness Ambassador

TLC has named Mrs. North Carolina, Josie Sanctis, its Awareness Ambassador, in a partnership created specifically to raise awareness of hair pulling and skin picking in schools in 2013. Later this year, TLC and Josie will launch the beginnings of an outreach campaign to coincide with National Trich Awareness Week, October 1-7, 2013.

For Josie, trich began at school one day…and like most trichsters, she can’t tell you why she started; she had a great childhood and grew up in a loving family environment. School became difficult for her, as she found herself pulling often in class, while reading, or taking a test. Her trich became obvious, she was made fun of and bullies embarrassed her in class. At 16, a makeup artist taught Josie how to draw on her eyebrows and how to wear false lashes, a lesson that changed her life forever. She finally felt like she fit in with others in school. Now, false lashes have become her trademark. However, at the end of the day the disorder is still there and inside, she feels she is just masking it.

Josie battled for years with the day to day struggles caused by trich. In January 2012, she decided, “Enough. I was tired of carrying the burden of trich around on my own.” With the encouragement of her husband, Andrew, Josie got “this crazy idea” to sign up for the Mrs. North Carolina America Pageant, and partner with TLC to make trich her platform. At the time it seemed ironic - for Josie, the last thing trich does is make her feel beautiful. Plus, Josie had no experience with beauty pageants, and had never done anything like this before!

Josie was crowned Mrs. North Carolina in October 2013 at the conclusion of last year. As Josie says, “This is a victory for trich! The microphone that the Mrs. NC title has given us will open so many doors to talk about the disorder. I am going to make every minute of my ‘reign’ count by spreading awareness for TTM!”

Josie has already begun reaching out in her state; she founded a local support group, has spoke at local school board meetings and appeared on regional television programs.
The Comprehensive Model for Behavioral Treatment of Trichotillomania (ComB; Mansueto et al., 1999) is a complex psychological treat-ment in which the therapist selects treatment strategies based on an individualized functional analysis of specific factors contributing to hair pulling for a particular person. It is not a one-size-fits-all approach. This model requires clinical skill in both implementing treatment methods and judgment in determining which methods are most appropriate at what points, in which cases.

The ComB model has been well received by therapists and clients. However, empirical research on the effectiveness of ComB is lacking. There is no complete manual describing the treatment or providing session-by-session guidelines on how to conduct the treatment. Further, there are no published measures of the extent to which a therapist is using the ComB model and implementing it well. Such guidelines and measures are considered necessary for large-scale outcome studies of a therapy to be convincing.

Therefore, this research project was planned for the purposes of developing ComB guidelines, creating measures of therapist adherence and competence in relation to implementing ComB, and determining whether ComB can be practiced reliably. In particular, given that there is therapist judgment involved in tailoring ComB to a particular client, it is important to know whether therapists presented with the same information (for instance, from clients’ self-monitoring logs regarding hair-pulling urges) would make similar decisions about how to proceed. Finally, the project will collect preliminary data on client satisfaction with ComB and on symptom and quality of life changes experienced while being treated by a therapist following the ComB model.

The project is supported by the Trichotillomania Learning Center and will be conducted from January 2013 through December, 2014. Dr. Charles Mansueto, Ms. Ruth Colomb, and Dr. Su-zanne Mouton-Odum, each of whom is a member of TLC’s Scientific Advisory Board, will be writing the manual for ComB, and Dr. Mansueto and Ms. Golomb will supervise the therapists putting it into practice in the study. All treatment will be conducted at their outpatient clinic, the Behavior Therapy Center of Greater Washington, in Silver Spring, MD, of which Dr. Mansueto is the Founding Director.

David Haaga, PhD, Professor of Psychology at American University, and his graduate student, Martha Falkenstein, will be leading the American University research team for this project and will be responsible for conducting the studies of therapist judgment, developing the measures of therapist adherence and competence, and collecting client satisfaction and symptom data.

All involved look forward to reporting on the results of this project, and that this work will contribute to the success of future research to determine the effects of treatment based on the ComB model.

Research Participation Opportunities

Internet-Based Research Studies

The following programs are recruiting for internet-based research studies. Most are online surveys that may take 15 minutes to an hour to complete.

Visit http://www.trich.org/involved/research-study.html to learn more about these programs, as well as regional studies now taking place across the country!

Internet Study for Adults: Intimacy in the OC Spectrum Seeking to understand concerns related to intimacy with individuals presenting with OC-Spectrum Conditions. The survey will take approximately 30 minutes to 1 hour to complete. All information provided will be kept completely anonymous.

Investigating attitudes towards people with different conditions This 15-minute study consists of reading 5 short stories, after which you will answer some questions about the character you just read about. Participants will then complete 2 brief questionnaires: one to measure your hairpulling behaviours and the second to ask you about how you feel across a variety of situations.

Understanding the Emotional Cycles that Maintain Hairpulling among Subtypes of Trichotillomania

This study is for adults who are 18 or older and have trichotilomania/chronic hair-pulling. You will be asked to complete an internet-based survey. For taking the time to complete the survey, the researcher will donate $1 on your behalf to TLC.

Parents Wanted: Study of Child Anxiety

The Child Anxiety Research (CARE) Program at Kent State Uni-versity is interested in learning more about child anxiety and its relationship to family functioning. We are seeking to recruit par-ents with a child under the age of 18 and who lives at home. In addition, we are interested in recruiting the oldest child of these parents, as long he or she is between 8 and 17 years of age.

Visit http://www.trich.org/involved/research-study.html to participate.

Professional Training Institute Class of 2012

The 2012 Professional Training Institute (PTI), held last October in Silver Spring, MD, had a full house with 21 attendees from across the US. The PTI is the only comprehensive training program that pro-vides practical training in current cognitive-behavioral treatment approaches for these behaviors.

Thank you, Class of 2012, for investing in the future!

For more information on these practitioners, please visit: http://www.trich.org/treatment/treatment-provider.html

California: Chino
Amy Hertler, LMFT
Foothills Psychological Services
909-902-9111
www.FoothillsPsych.com

California: San Francisco & San Rafael
Dannielle Bush, LCSW
(not currently seeing patients)

California: Thousand Oaks
Judy Welch, PsyD
805-373-1813

California: Walnut Creek
Tami Sonnier, MFT, RN
The Attachment Therapy Group
925-980-1805
sites.google.com/site/sonniermft

Connecticut: Avon
Lili Daoud, MSW
Center for Cognitive Therapy
(860) 677-2991

Delaware: Wilmington
Cindy Tucker, PhD
Child and Adolescent Psychological Services, LLC
302-743-5375

Delaware: Newark
Karen Russo, PhD
(302) 738-3140

Florida: Ft. Lauderdale
Stacy Sanders Shoup, PhD
Licensed Psychologist
OCD Resource Center of Florida
954-962-6662 x4
www.ocdhope.com

Maryland: Potomac
Joyce Robbins, LCSW, MSW
301-983-8368

Maryland: Silver Spring
Gloria L. Mathis, PhD
David Yood, PhD
The Behavior Therapy Center of Greater Washington
301-593-4040
www.BehaviorTherapyCenter.com

New York: Albany
Ellen Singleton, LCSW-R
518-527-8169

New Mexico: Albuquerque
Brian E. Miller, MA, LPC
Koi Pond Counseling
505-271-6630
www.KoiPondCounseling.com

Pennsylvania: Philadelphia
Tejal Jakatdar, PhD
Anxiety & OCD Treatment Center of Philadelphia
215-667-8883
http://ocdphiladelphia.com/

Tennessee: Cordova
David Dia, PhD, LCSW, CBCT
Germantown Behavioral Health
901-381-6951
www.daviddia.com

Visit http://www.trich.org/treatment/treatment-provider.html for more information on these practitioners.
**20th Annual National Conference on Hair Pulling & Skin Picking Disorders**

**April 19-21, 2013 • Renaissance Newark, NJ**

Discover REAL tools for recovery from clinicians, researchers and other community members who KNOW these behaviors.

- Learn Effective Treatment Strategies
- Share the Latest Research
- Develop Self-Help Tools
- Cultivate Support & Networking Contacts
- For adults, kids, parents & treatment providers

Register before March 19 and SAVE up to $60/person!

Plan now to join over 400 adults & children, parents & treatment providers at TLC’s 20th Annual Conference on Hair Pulling & Skin Picking Disorders

Build your unique program of education and recovery from a comprehensive schedule of expert-led seminars on treatment, research, self-help, and parenting strategies. The world’s most experienced clinicians, researchers, and other members of our community will share the latest research, outline effective treatment strategies, and provide take-home resources. Make support and networking contacts and learn real tools for recovery. Early registration discounts are offered until March 19: Don’t delay!

**Who Should Attend?**

People of all ages who live with pulling, picking and related behaviors, their families and loved ones, as well as clinicians looking to improve their strategies for treating these disorders. Special programs offered for younger children, teens, parents and adults with trichotillomania or compulsive skin picking disorders.

**Why Should You Attend?**

- Over 50 workshops, symposiums and presentations covering topics from the latest treatment approaches to self-help strategies
- Networking and support-building opportunities with others who suffer from these disorders
- Accessibility to clinicians and researchers who KNOW trich and skin picking
- Inspiration from stories of triumph and recovery and the knowledge that you are not alone!

**Stay at the Conference Hotel for only $109/night (plus taxes and fees)**

The Renaissance Newark Airport Hotel boasts a recent multi-million dollar renovation, a convenient location and a free EWR airport shuttle. Featuring floor-to-ceiling, sound-resistant windows, sweeping views of the NYC skyline that will take your breath away and guest rooms complete with refrigerators, laptop safes, connectivity panels and 37” flat-panel HD televisions. Take advantage of this incredibly low rate by reserving your room today: visit http://www.trich.org/involved/cal-conference.html for details.

Save $100/person on registration through March 19!

Visit www.trich.org for registration, sponsorship and exhibitor opportunities

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**Mail-in Form or Register Online: http://tlc2013nj.eventbrite.com**

**Registrations**

<table>
<thead>
<tr>
<th>Full Conference Attendance: April 19-21, 2013</th>
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<tr>
<td>Includes:</td>
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<tr>
<td>Choice of 50+ workshops and activities</td>
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<td>Friday evening reception Breakfast on Sat. &amp; Sun.</td>
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<tr>
<td>Contribution to Event Scholarship Fund (to assist with registration fees for the disadvantaged)</td>
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<td>Full Attendance Total:</td>
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**Partial Attendance Total:** select each session you plan to attend.

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<th>Child (under 18)</th>
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<tr>
<td>Friday Evening, 6:00pm - 9:45pm</td>
<td>$180</td>
<td>$110</td>
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<tr>
<td>Saturday AM, 8:15am - 1:00pm (includes lunch)</td>
<td>$310</td>
<td>$200</td>
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<tr>
<td>Saturday PM, 1:00pm - 9:30pm (includes dinner &amp; evening activities)</td>
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<td>Sunday AM, 9:00am-Noon</td>
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<td>Individual Workshops</td>
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**Limited partial scholarships are available!**

To apply, send an email to info@trich.org that includes:

- Why you’d like to attend
- Why you request financial assistance
- City and State from which you’ll travel

**Flexible payment plans are also offered.**

Visit www.trich.org for more information.

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**Registration Information**

- **Attendee Names**
  - (please specify if each attendee is an adult or child with TTM or skin picking, a parent, health professional, sibling, or other relationship)
  - Credentials (if applicable)
  - Age

Please select a payment option:

- Check or money order enclosed (US funds only)
- Charge my credit card: (we accept all credit cards) Amount to be charged: $____________________________
- Charge my credit card: (we accept all credit cards) Amount to be charged: $____________________________
- Charge my credit card: (we accept all credit cards) Amount to be charged: $____________________________

Cardnumber: __________ Exp Date: __________ 3-Digit Security Code: __________

Cardholder’s Name: ____________________________________________________________

Address: ___________________________ City _____________________________________________

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Mail completed form to:

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**Become a member and save:**

- Limited partial scholarships are available!
- To apply, send an email to info@trich.org that includes:
  - Why you’d like to attend
  - Why you request financial assistance
  - City and State from which you’ll travel
- Flexible payment plans are also offered.

**Mail-in Form or Register Online: http://tlc2013nj.eventbrite.com**

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significant improvement from pre- to post-treatment in hair pulling severity and impairment, emotion regulation capacity, and both anxiety and depressive symptoms. Our results were largely maintained at our 3-month maintenance assessment as well as at 3- and 6-month follow-up. Lastly, at all points we demonstrated correlations between change in emotion regulation capacity and change in hair pulling severity suggesting that reduced hair pulling could be related to improved emotion regulation.

Our next step was to embark on a randomized controlled trial (RCT) to further evaluate the efficacy of our novel psychosocial treatment approach. This approach involves intervention of interest with a control condition to eliminate change attributable to time, therapist contact or other non-specific variables. We chose to compare our DBT-enhanced CBT to a minimal attention control (MAC) condition consisting of brief weekly therapist phone contacts to assess TTM status. Our study design comparing outcomes between these two groups would thus test the presence of any potential placebo and minimal therapist control. In our RCT we replicated the same treatment format and schedule as utilized in the pilot study. All control participants in the MAC condition were offered treatment with DBT-enhanced HRT after completion of the 11-week treatment period. Comprehensive study assessments, including clinician-administered measures and self-report instruments, were conducted at baseline, post-treatment, 3-month maintenance and both 3- and 6-month follow-up.

Analysis of change in hair pulling after active treatment large- paralleled our earlier results from the pilot trial. Compari- son of outcomes between those in the active treatment (n=20) and those in the MAC (n=18) conditions revealed greater im- provement in both hair pulling severity and emotion regula- tion compared to those in the control condition. Correlations between change in emotion regulation capacity and changes in hair pulling severity were not reported at post-treatment in the RCT but were reported during maintenance and follow- up. When present, significant correlations between these two variables were consistent with our study hypotheses; thus, re- ductions in hair pulling severity occurred with improved emotion regulation capacity.

If you have read this far, you are probably wondering what the take-home message is from our study results. Overall, our data provides initial support for the augmentation of tradi- tional CBT interventions for TTM with strategies utilized to regulate emotions, improve distress tolerance and reduce im- pulsivity. That being said, we still have more to learn about how best to treat TTM based on our study hypotheses; thus, re- ductions in hair pulling severity occurred with improved emotion regulation capacity.

Ultimately, we hope to generate algorithms that indicate what treatments are recommended for which TTM patients in what sequence. Admittedly, this day is probably in the distant fu- ture. Until that time, it is likely beneficial to complement more traditional CBT approaches with additional strategies drawn from more recent evidence on mindfulness, somatic experiential, and comorbid psychiatric conditions that involve problematic emotion regulation and impulsivity are also present.

Dr. Nancy Keuthen directs the Trichotillomania Clinic and Research Unit at Massachusetts General Hospital. She also serves as Chief Psychologist in the Obsessive-Compulsive Disorder Clinic at MGH and as an Associate Professor of Psychology at Harvard Medical School. Dr. Keuthen recently completed two terms as Chair of the TLC’s Scientific Advisory Board and currently serves as Vice-Chair. She sits on advisory boards for numerous organizations including those of the Trichotillomania Learning Center and the International Obsessive Compulsive Disorders Foundation. Dr. Keuthen is widely recognized as an expert in the research and treatment of trichotillomania, self-injurious skin picking, obsessive-compulsive disorder and other OC spectrum disorders. She has been the recipient of funding to conduct neuromaging genetic and treat- ment outcome studies in trichotillomania and self-injurious skin picking. She is co-author of the popular book Help for Hairpullers, and co-editor of Trichotillomania, Skin Picking and Other Body-focused Repetitive Behaviors. She has collaborated in the development of Internet-based self-help treatment programs for both trichotilloma- nia and self-injurious skin picking.

Dr. Keuthen has maintained broad research interest in the field of trichotillomania, including its longitudinal course and naturalistic treatment outcome, the role of brain structure and function in the disorder and cognitive behavioral and pharmacological treatment interven- tions. She has developed and validated numerous assessment instruments for both trichotillomania and self-injurious skin picking. Her recent research has focused on DNA alterations and phenotypic characteristics of TTM samples for the TTM Genetics Repository.


the greuling process of making minor edits to the blog entries (ensuring anonymity for people in my life, fixing slight grammar blips), I had to take breaks because I became reconnected to those thoughts and I didn’t want to slip back into despar. I then shared my deepest thoughts to the world in my memoir, which became the pivotal moment when my new life began.

By taking this unknown path, I couldn’t ask anyone for advice about coming out with a disorder no one knows about so I felt virt- ually alone. As I was well acquainted with my friend Isolation, I felt there was nothing left to lose by doing this- people in my life will either look at me as a defect or embrace me as a human being. I was lucky to have everyone supportive of me because I was ready to make those who didn’t accept me a distant memory. My imme- diate family knew about my disorder as well as a few friends, but no one knew the extent of pain I felt on a daily basis until they read my memoir, FOREVER MARKED: A Dermatillomania Diary. I had become a master of disguise in existing and tactfully knew when to withdraw from social situations to mask the disorder, the inner turmoil I had, or both.

Looking back from where I was to where I am, I can feel my heart en- compassing with a new sense of calm. I still pick at my skin. The journey I have endured has caused me to learn more about myself now I have a more solid self that can take on the scrutiny and ignorance from people who come across my website, videos, or images, and go about my daily life. People who I used to be fully con- fered from because we’ll always remember the triggers that have brought us to our knees. The day we forget what these trig- gers are is the day we fall back to where we’ve worked so hard to get to in our recovery process. Coming out to everyone has been the BEST thing I’ve ever done for myself as it has opened me up to accepting love of all sorts (something) was not capable of before) and has given me precious moments in life with others telling me of their unique secrets. I have learned that it was not the skin picking itself that nearly ended my life, it was the inability to truly be me or feel worthy of acceptance. Most importantly I’ve gained the power that a secret has which almost became my untimely ending. You do everything you can to hide it, tame it, move forward, and when you feel like you are out of options of keeping it caged up… that’s when you feel your options in life are limited.

This doesn’t mean that I have the courage to wear shorts in the summer exposing my self-abuse. On the same line, I’m no lon- ger hiding from the world- I wear pants so I don’t have to face the stares or be questioned by strangers as I am off duty from a circus act. I do feel the need to feel… to be given the same chance in pub- lic as everyone else. The difference between covering up then and covering up now is that I no longer feel embarrassed or like a freak of nature. Everybody has a weakness so I understand that mine is the inability to relieve anxiety in the same way others do, but that doesn’t make me any more different than anyone else with their struggles… it’s just that my flaw is not yet a household name.

What will I do next? When I go to my next appointment in May of 2013 I’ll thank my psychiatrist for all she has done in supporting me and understanding where the roots of this disorder come from. I’ll thank her for not giving up on me when other professionals did. I’ll thank her for saving my life which is far more important than con- quer Dermatillomania because as long as I’m alive, I still have a chance.

Angela Hartlin has suffered from skin picking disorder for most of her life. She held the view that the very act of picking was what made her different from everyone else, and that everyone else was perfect. This was true for most of her life. The inability to relieve anxiety in the same way others do, and the inability to truly accept love of all sorts (something) was not capable of before) and has given me precious moments in life with others telling me of their unique secrets. I have learned that it was not the skin picking itself that nearly ended my life, it was the inability to truly be me or feel worthy of acceptance. Most importantly I’ve gained the power that a secret has which almost became my untimely ending. You do everything you can to hide it, tame it, move forward, and when you feel like you are out of options of keeping it caged up…. that’s when you feel your options in life are limited.
Dear TLC members,

Christina has been my cherished friend, mentor and hero since we met in 1995. She has helped me tremendously personally, and has astonished me again and again with her intelligence, passion, courage and determination.

One can’t overstate the isolation, scorn even, that she faced when trying to start this organization. There were simply no resources for those of us suffering with hair pulling or skin picking. Nothing. I was one of those children, and even though I was taken for therapy, I was never properly diagnosed – let alone given effective treatment.

Christina has touched the lives of hundreds of thousands of people – saved lives, transformed lives. Her unusually strong empathy, intelligence and eloquence have inspired many unlikely people to become dedicated advocates of our cause.

She created a strong community out of total isolation.

And respect out of shame.

But you know all this, because she has touched your life.

I know her fervent, creative mind and unsurpassed knowledge of this field are going to bring astonishing new accomplishments in the coming months and years. Yet to say that I am going to miss working side by side (virtually-speaking) every day is quite an understatement. I would be bereft except for the fact that she’s has promised to continue to provide her vision, advice and friendship whenever TLC (or I) have need.

Thank you, Christina.

Love,

Jennifer

ExecutiveDirector’sReport

Jennifer Raikes
Los Angeles, CA
Jennifer@trich.org

"Many, many tiny changes, over time, add up to transformation."

~Christina Pearson
When I first read Christina Pearson’s request (a few newsletters ago) for feedback about why TLC members renewed their memberships year after year, I had to respond. I’ve been a member since the early 1990’s! But, I kept procrastinating, thinking that I could not answer her question without telling my whole story. So, this is the short version, for now.

I had suffered with this disorder since 1973. Alone, confused and frustrated, it wasn’t until 1992 that I first heard of the word “trichotillomania.” It was briefly mentioned in a local news article mostly dealing with skin disorders. Soon afterwards, I made an appointment with the amazing psychiatrist who mentioned it. That began my journey to “figure out this disorder.”

Over the years, I continued to go to many therapists, most of whom had never heard of trich; and I was still too embarrassed to talk about it. I went from small bald spots to wearing wigs, all the while searching for the professionals who “specialized in trich.” I tried going to some of these therapists, with little success.

But once I became a member of TLC, I had a resource that exceeded any professional’s knowledge. Because unless you’ve experienced “it,” the pain and isolation, the feeling that you are the only one, no one else can really understand what you’re going through, both mentally and physically, no matter how educated they are. However, TLC’s newsletters, books, tapes, conferences, etc. gave me some relief: I was not crazy! They also gave me a tiny glimmer of hope, when I heard the success stories. When others shared their experiences, I had a little sense of comfort – “they” were my main source of surviving through the many years of living with trich.

I am now 56 years old and have been in remission for about 4 years. Whether it was finally the right combination of medication, my extreme of hitting bottom a couple of times, or simply a miracle, TLC was my primary and, sometimes, my only resource. I do not take my remission for granted even for one day and am so thankful that I have some relief from this “monster” that could creep back at any time. I will continue to read each TLC newsletter cover to cover and support this amazing organization made up of some of the most courageous people as long as it continues to give at least one person, one child, or one parent some hope, and at least knowledge; something I never had for years.

~~Marcelle (Devoren1@aol.com)

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