Help! My Student is Pulling / Picking.
Ruth Golomb, MEd, LCPC
TLC Scientific Advisory Board Member
Senior Clinician, Behavior Therapy Center of Greater Washington
Faculty, TLC Professional Training Institute

The days are getting shorter. The air is getting cooler. Pencils, pens, binders and notebook paper have all been purchased. A new school year has begun. This is an exciting time in many ways. The beginning of the school year is filled with new people and experiences. Children progress to the next grade, meet new teachers, greet old friends and make new ones. It usually takes a bit of time to settle into the new routines, learn the expectations of the teacher and determine which after-school activities will become a part of life for the fall. For children who struggle with trichotillomania (trich, or hair pulling disorder), skin picking, or similar behaviors, this is also the time when pulling /picking can emerge or re-emerge as a challenge.

Do's:
Educate yourself with solid information from a reputable source
There is no shortage of websites that claim to have “The Answer” to these problems. Many websites charge money in order to obtain the elusive solution. Good, solid information is no secret. There have been quite a few smart, qualified professionals studying trichotillomania and skin picking (part of a larger family of behaviors called Body-Focused Repetitive Behaviors, or BFRBs) for years. There are still many questions yet to be answered, but research is out there that sheds some light on these misunderstood disorders. If a website claims “research shows” but does not specify what research and by whom, then the site likely contains information that is assumed (but not necessarily accurate), wishful thinking, or simply unfounded.

Notify the family
The next step is to have a conversation with the parents. Be clear, concise, and descriptive of the behavior when speaking with parents. Report only the behavior that has been observed, not assumptions or perceived motives for the behavior. Inquire about the child’s pulling /picking behavior in the home. Is this the first time the family is aware of this behavior, or has the child experienced this in the past? Is the child receiving therapy for BFRBs currently? If so, how can the school assist the child? If a treatment provider is not easily available, or if the family chooses not to pursue therapy, there are books and web-based programs that might be useful in such circumstances.

Ask the family if they would be interested in having the child use some strategies in school to contend with this behavior. If so, do they have any suggestions of techniques that work for the child at home? Might some of those same tactics work in the school setting?

Determine if/how to include the child in problem solving
Some children are willing to use interventions in school, but hope to maintain some privacy and therefore are not interested in discussing the behavior or engaging in problem solving with the adults in the school. Other children are delighted to talk with the teacher, guidance counselor or other member of the school staff.

It is important to be sensitive to the child’s wishes. If the child is not willing to speak with school personnel, would the child be comfortable with a parent speaking to the school on behalf of the child? Parents can sometimes arrange special accommodations for the child that can be used in the classroom to address these behaviors. (See “504 Plans and IEPs: How Can They Help My Child?”

Continued on page 8
Dallas: One-Day Workshop, Saturday, September 7
A One-Day Workshop: Tools for Recovery
Hosted by the Dallas Trich Support Group with Mary Kathleen Norris, LPC, and Jennifer Landon, LPC
at The Center for Community Cooperation
visit www.trich.org for more information

BFRB Awareness Week: October 1-7
Join TLC Noisemakers from around the world who are working to raise awareness that these problems are prevalent and effective treatments are available.
What can you do to help end the shame and suffering caused by BFRBs? We've got a host of ideas for those who are ready to speak publicly and those who prefer anonymity. See page 4 for more information.

Professional Training Institute: Nov. 8-10 in Crystal City, VA
Treatment Providers interested in practical training in current cognitive-behavioral treatment approaches for hair pulling and skin picking disorders are invited to join Dr. Charles Mansuetu, Dr. Fred Penzel and Ruth Golomb, MEd, LCPC, for an intensive training weekend in Crystal City, VA. Details listed at www.trich.org.

Tempe, AZ: One-Day Workshop, Saturday, November 16
A One-Day Workshop: Tools for Recovery with Christina Pearson
TLC Founder and MBSR Teacher’s Practicum Graduate
at Tempe Mission Palms
visit www.trich.org for more information

San Francisco, CA: One-Day Workshop, Saturday, December 7
A One-Day Workshop: Tools for Recovery with Christina Pearson
TLC Founder and MBSR Teacher’s Practicum Graduate
at the San Francisco LGBT Center
visit www.trich.org for more information

TLC Annual Conference
SAVE THE DATE!
April 25-27, 2014
Renaissance LAX Hotel, Los Angeles, CA
TLC is thrilled to be bringing the 21st Annual Conference back to Los Angeles! Please mark your calendar now and stay tuned for information on how you can get involved in the largest gathering for BFRBs in the world!

Find out more about any of these events on our website: www.trich.org or by calling 831-457-1004.

Meet Our New Program Assistant!
Kelly Ernst
Hi! I’m Kelly Ernst and I am excited to join the TLC team as your Program Assistant. I’ll be assisting with TLC events and any little thing in the office to enhance your experience as a member. I’m originally from Massachusetts but gradually moved west, stopping in Ohio to get my Master’s in Communication Studies, and moved to Santa Cruz from Boulder, Colorado. I love to go rock climbing & snowboarding, practice acroyoga, play with my dog Eve, and am starting to learn roller derby. I founded a group called the Young Professionals of Santa Cruz and am a Life Coach. I practice living a happy, full, and authentic life with my partner, Ryan, and I’m really looking forward to building relationships with as many of you as possible; please feel free to email me to say hi: kelly@trich.org.

Call for Conference Workshop Proposals
Clinicians, researchers, support group leaders and other inspiring speakers are invited to submit proposals to present at TLC’s Annual Conference in Los Angeles, April 25-27, 2014.
TLC specifically seeks workshops proposals that: demonstrate evidence-based treatment approaches outline current research programs, their outcomes and effects address common co-morbid issues such as stress, anxiety, self-esteem, recovery processes or otherwise enhance quality of life specific sessions on any of these topics for kids, teens, adults, parents, clinicians and researchers, or behavior-specific sessions, such as skin picking

Presenters receive complimentary conference registration (valued at $375.00) and waived Continuing Education Fees. Registration includes: Friday Networking Reception, Two Continental Breakfasts, Lunch and Dinner on Saturday.

Call for Submissions
Send in Your Stories, Artwork, Poetry
Do you have a BFRB story to tell? TLC is continuously looking for inspiring member stories, case studies, poetry, artwork or other original submissions to share on our blog and in this newsletter.
Written submission should be between 500-2000 words, images should be at least 300dpi and submitted as jpg or pdf. Please email your pieces to leslie@trich.org.

New Support Groups
Canada: Toronto
Peer support group for adults with any BFRB
Meets every other Tuesday, 7:30-9:00pm at a private residence and one Sunday per month, held at It’s All About You Wellness Clinic, 14550 Dufferin Street, King City, ON. Contact support@canadianbfrb.org for meeting dates and location information.

California: Studio City
Peer support group for adults with hair pulling or skin picking disorders.
Free group is for people ages 18 and older who are living with hair pulling (trichotillomania) and/or skin picking. Meets every Saturday from Noon to 1:00pm, at Studio City Park, 12621 Rye Street, Studio City, CA 91604. We are usually at one of the park benches next to the parking lot or nearby under shade. Matthew, the group facilitator, is a tall 30 year old male with dark hair. Contact Matthew at trichmeets@gmail.com or just show up!

Connecticut: Newtown
Parent, Teen & Child Support Groups for Hair Pulling and Skin Picking Disorder
Professionally-facilitated meetings held the second Wednesday of each month. Free of charge, groups begin Sept. 15. Pre-registration is required. Please call Patricia Becker at NYFS at 203-426-8103 for information, or email pbecker@NewtownYouthAndFamilyServices.org.

New Mexico: Albuquerque
Albuquerque Adult Hair Pulling and Skin Picking Support Group
Free adult support group meetings with Brian E. Miller, Clinical Counselor. Meets every two weeks. Please call 505-271-6630 to RSVP or for more information.

Slovak Republic: Bratislava
Hair Pulling/Trichotillomania Support Group
Free peer support group, anonymous and private. For information, meeting times and location email info@trichotillomania.sk or visit www.trichotillomania.sk.

Wisconsin: Milwaukee
Youth Hair Pulling Disorder Support Group
This is a support group for kids and teens ONLY who suffer from hair pulling disorder. Facilitated by a teen hair puller, this group aims to provide a safe space to share experiences and recovery. Meetings are held at the Wauwatosa Public Library at 7035 W. North Ave, in the conference room of the adult section of the library. Meets 2nd & 4th Mondays of every month, 7:30pm – 8:30pm. *Dates/time subject to change; email Hannah at hannahd1896@gmail.com to confirm.*
School Counselor and Educator Outreach

Each year, TLC concentrates its outreach efforts on one particular group. This year, we have set a goal to educate at least 10,000 school counselors about BFRBs, and how they can best help students affected by these behaviors. School counselors and teachers are often the “first-responders” to signs of BFRBs. You can equip these professionals with the information and resources they need to provide good guidance and support for their students and their families.

Here’s how you can help:

Send the enclosed Postcards to three school counselors in your town or city. If each person who reads this newsletter sends out three postcards, that’s at least $4000 counselors who will learn about TLC resources!

Project costs: three $0.46 stamps (oversized postcard)
Time required: About 5 minutes per card: finding the address and contact information of the recipient and addressing the envelope.
Privacy: Send the brochures anonymously – or sign your name to the cover letter – it is your choice!

Here are more anonymous projects you can do:

Order Awareness Kits from TLC for distribution to local schools and colleges. Postcards are great for providing at-a-glance information. If you’d like to send more detailed information, or prefer to do outreach to clinicians, dermatologists, or cosmetologists, order a TLC Awareness Kit!

Each kit contains ten each of:
- Educator Information Brochure with a fold-out poster (or other literature based on which you order)
- Cover Letter
- FAQ
- Envelope for mailing

Project costs: $10/per kit plus your own stamps to mail the letters
Time required: About one hour per kit (for researching addresses and addressing envelopes)
Privacy: Send the brochures anonymously – or sign your name to the cover letter – it is your choice!

Community and Social Media Outreach Efforts

Post the PSA made by TLC Awareness Ambassador Josie Sanctis to Facebook, Twitter, Tumblr or on your website. Email the link to family and friends. Visit www.trich.org for the link.

Change your email signature
You can raise awareness to everyone who receives a message from you by including TLC’s information in your email signature. Try this:

Don’t suffer alone: Find hope and healing for hair pulling and skin picking at www.trich.org.

Host a Community Event
Read our guide, “How to Host a Community Awareness Event,” including talking points for schools or community presentations, and an informational powerpoint. Make it a fundraiser for TLC by requesting donations! TLC offers a timeline for planning the event on our website, the link is below.

Running a marathon this fall? Make it a Trek for BFRBs.
Whether you walk, bike, run, hike or swim, the concept is the same: you commit to “trekking” a distance that works for you, and you ask your friends and family to sponsor your trek with a pledge to TLC! See the next page for more information.

Send a Friends and Family Letter
Invite your friends and family to support a cause you believe in! We’ve made it easy to reach out to your loved ones with information about TLC and our mission. Download a sample letter and donation form from the website to print and mail - or email - to your friends and family.

TLC is funded by your donations and membership support. Every donation helps us to make good information, support and treatment available to those in need. No one should have to suffer alone!

Hold a House Party or Potluck Picnic – these can be a great, simple way to make new connections with other pullers/pickers in your area, or to raise awareness of our cause with your friends and family without having to give a presentation.

Visit
http://www.trich.org/involved/ntaw.html for forms and downloads to help you make SOME NOISE in 2013!

Trek For Trich and Skin Picking
Whatever you walk, bike, run, hike or swim, the concept is the same: you commit to “trekking” a distance that works for you, and you ask your friends and family to sponsor your trek with a pledge to TLC! You can also apply this to a personal recovery goal and make it a Hands-Down-a-Thon: commit to working on a behavioral goal, and invite your friends and family to sponsor your efforts!

It’s easy as 1-2-3:
1. Create a personal fundraising page at TLC’s FirstGiving.com homepage:
   You can create your own fundraising page in just 10 minutes. (It really is easy and quick to do!) Just go to: http://www.firstgiving.com/trichlearningcenter
   Click the “Get Started” button.
   Once your fundraising page is created, you then email a note to friends and family that links to your page where they can make a donation to TLC in support of your activity. Your sponsors will receive a receipt for their donation, and TLC will receive the funds directly from firstgiving.com.

2. Set your goal.
   You may decide to walk for 2 or 20 miles, swim across a body of water, or hike from Maine to New York. You may decide to
   tell 5 people about BFRBs, try not to pick or pull for 30 days, or commit to daily meditation practice.

Whatever goal you set, it should be something that will be challenging, but also something you think you can achieve so that you will stay motivated and positive. It’d be great if your trek took place during BFRB Awareness Week, Oct. 1-7, 2013.

3. Spread the word and update your sponsors on your progress!
   Through the FirstGiving site, you will email a note to friends and family that links to your fundraising page (be sure to include TLC in your updates!). You can personalize your page with your story, photos, or a fundraising goal. You can also link your page to your Facebook Account, YouTube Videos, or other websites. TLC’s page will track the most successful individual and team fundraising efforts.

There are more fundraising tips at http://support.firstgiving.com

Prizes for Most Sponsorships Raised
As an added incentive, the individuals who raise the most sponsorship donations for TLC will each receive one free admittance to TLC’s 2014 Conference in Los Angeles.

(Sponsorship donations must be made on your First Giving web page between July 1 and October 31, 2013 – the winner will be announced in November.) Good Luck!

New! BFRB Awareness Ribbons

TLC is proud to offer BFRB Awareness Ribbons. BFRBs, or Body-Focused Repetitive Behaviors, include Hair Pulling Disorder, Skin Picking Disorder, compulsive nail biting and cheek biting.

These ribbons were born of an idea from BFRB activists. The blue represents the link between BFRBs, obsessive-compulsive spectrum disorders and anxiety disorders. Green represents healing and community, both wonderful things that may come from increased awareness about these isolating disorders.

Wear your ribbon with pride. Tell people what the colors mean, or don’t, it’s your choice! But know that if you see another wearing this ribbon, you have found a sister or a brother who understands.

Send us your Ribbon Stories! If you make a new friend or simply see someone else wearing a ribbon, we want to know! We’d also love to receive pictures of you, your support group, or your family and friends wearing BFRB Awareness Ribbons. Submissions may be sent to info@trich.org.

Available at www.trich.org for $2.50 each, postage included.
Understanding whether differences in brain functioning exist between individuals with TTM and first-degree relatives (mom, dad, brother, sister) may aid in the development of new treatments for TTM and as well as other body-focused repetitive behaviors.

We are happy to report that our work is progressing steadily thanks to the outpouring of support provided by the willing participants who have given their time to come in for the study. Our goal is to complete all MRIs by the end of September 2013, at which time we will begin to analyze the data. Results will then be reported at the 2014 TLC Annual Conference in Los Angeles.

The study is being conducted at the University of Chicago and involves one 3-3.5 hour visit where the individual with TTM and the first-degree family member come in together. Participants are compensated for their time, although travel to the study center from outside of the Chicago area cannot be reimbursed. If you are interested in learning more or participating in this study, please contact Brian directly at otsisiol@uchicago.edu.

TLC Grant Award Project Progress Update
Neural Correlates of Symptom Change in Behavior Therapy for Pediatric Trichotillomania
Tara S. Peris, PhD
Assistant Professor, Dept. of Psychiatry & Biobehavioral Sciences
Child OCD, Anxiety and Tic Disorders Program
Semel Institute for Neuroscience & Human Behavior
University of California, Los Angeles

Dr. Peris’s study, in collaboration with Dr. Joseph O’Neill and Dr. John Piccirinti, TLC Scientific Advisory Board member, focuses on helping us to gain a better understanding of how behavior therapy (BT) for trichotillomania works at a neural level to improve symptoms. Her project builds on prior research from Dr. Martin Franklin which is a strong genetic component. In addition, environmental factors, the first-degree family member come in together. Participants are interested in learning more or participating in this study, please contact Brian directly at otsisiol@uchicago.edu.

TLC Grant Award Project Progress Update
Efficacy of COMB Model of Treating Trichotillomania
Lead Investigator: David A. F. Haaga, PhD
Professor of Psychology, American University

The Comprehensive Model for Behavioral Treatment of Trichotillomania (COMB; Mansueto et al., 1999) is a complex psychosocial treatment in which a 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 the implementation and judgment in determining which methods are most appropriate at what points, and in which cases. 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.

The treatment manual authors (Charles Mansueto, PhD, Ruth Golomb, M.D., LCP, Suzanne Mouton-Edum, PhD) completed a detailed manual describing COMB as a treatment for TTM, with clear guidance for COMB therapists on principles, priorities, and specific techniques. The Principal Investigator, David Haaga, PhD, and project manager Martha Falkenstein gave feedback on an internal draft.

The team is now recruiting study participants 17 years and older. Study participation consists of 12 sessions of cognitive behavioral therapy and assessments in Silver Spring, MD (usual treatment fees do apply). For more information on participating, please contact: Martha Falkenstein via email, Hairpullingstudy@gmail.com, or phone, 202-885-1784.

TLC Grant Award Project Progress Update
Testing for Biomarkers & Mechanisms of NAC Efficacy in a Mouse Model of Trichotillomania
Amy Lessie, PhD
Assistant Professor, Department of Animal Science, Purdue University
Adjunct Assistant Professor, Department of Medicine
Indiana University School of Medicine

We tested the efficacy of N-acetylcysteine (NAC), a potent antioxidant, for treating barbering in C57BL/6 mice. Our group has validated barbering in mice as a model of compulsive hair pulling in human trichotillomania (TTM), using epidemiological, neuro-psychological, and neuropsychiological approaches. Barbering is an abnormal repetitive behavior commonly seen in laboratory mice, where a “barber” mouse plucks hair from its cagemates or itself, in idiosyncratic patterns, leaving cagemates with patches of missing fur and/or whiskers. Barbering is strain-specific in mice, and very common within C57BL/6 animals, indicating that there may be a genetic component. In addition, environmental factors, such as diet, barren environments and stressful conditions, contribute to the etiology of barbering.

The project is currently recruiting volunteers to participate in the study. Kids, ages 7-17 years-old, who have or think they have trichotillomania may be eligible to participate. Contact Olivia Johnson at (312) 825-2064 for more information.

We completed the drug study, and collected all of the tissues for further molecular genetic research. Although Dr. Jon Grant has shown that N-acetylcysteine (NAC) holds tremendous promise for treating TTM in human populations, its mechanism of action is unknown. Our physiology data implicate oxidative stress as playing a critical role in barbering, and we have found key biomarkers and oxidative stress pathway that predicts which animals will develop barbering. Our samples are in the queue for sequencing at Purdue, which logistically can take up to six weeks to process, with another three weeks for data analysis. This experiment will tell us, on the molecular level, which genes are misregulated in barbering animals, and show us which genetic pathways are used in animals that recover from barbering. We are confident that we will have a story to tell by the 2014 TLC Conference.

Dr. Lessie shares, “This project has been one of my favorite studies I have conducted. I was deeply moved by last year’s conference and by meeting so many patients and their families. TLC is a shining example of a patient-oriented advocacy group, and I am honored to be a member of the organization and a recipient of TLC Research Grant. I sincerely hope that the resources TLC has invested in our research program will help us better understand the etiology of TTM in the patient population, and provide the community with the knowledge that there is a biological basis, as well as potential mechanisms to screen for, prevent and treat the disorder.”

TLC Grant Award Project Progress Update
Computerized Cognitive Training Programs for TTM
Han Joo Lee, PhD
Assistant Professor, Department of Psychology
University of Wisconsin-Milwaukee

This study aims to examine the feasibility of a computerized treatment that specifically targets poor response inhibition that is suspected as an important cognitive deficit underlying TTM. To this end, young individuals, aged between 12 and 17 with TTM, have been randomly assigned to three conditions: no treatment (RT), virtual reality training (VRT), or a waitlist condition (WLT). Participants in the RT condition receive eight 30-minute training sessions over a 4-week period and are assessed at three time points (baseline, post-treatment, and 1-month follow-up). Participants in the WLT condition are assessed at baseline and after a 1-month waiting period, and they are also invited to receive the RT after completing the study procedure for replication purposes.

The response inhibition training (RT) has been designed as a personalized tailored video game that presents 30 increasingly difficult levels of RT training, incorporating core task parameters of well-established RT tasks (i.e., go/no-go response, stop-signal suppression, target-switch) to provide systematic practice of the main components of RT (i.e., action withdrawal and cancellation).

As the game level increases, RT presents more challenging tasks with increased demands placed upon RT (e.g., prolonged stop-signal latencies, varying proportion of stop/no-go trials). The RT has conducted a pilot randomized trial to test the effects of RT on reducing TTM symptoms.

To date, a total of 17 children with TTM have completed either an 8-session computerized RT intervention (RT; n=9), or a waitlist control (WLT; n=8). Primary outcomes, as assessed by the Clinical Global Improvement Improvement (CGI-I) and NIH TTM Trichotillomania Symptom Severity Scale (NIMH-TSS), showed positive therapeutic effects of the RT. Based on the CGI-I, 44% (4 responders) and 67% (6 responders) of the RT group were responders at post-treatment and 1-month follow-up, respectively, whereas none from the WLT group fell into the responder category (at post-treatment X2 = 4.65, p = .031). Further, on the NIMH Global Severity rating, the RT group was significantly lower than the WLT group at post-treatment (F1,14)=4.72, p=.047, n2=.25) after controlling for the baseline severity. Moreover, 6 out of 8 WLT completers subsequently underwent the same (cross-over) 8-session RT, and 67% (4 out of 6) were categorized as responders. It is encouraging to observe continuing symptom reductions during the 1-month follow-up period because existing CBT trials have shown relatively stable follow-up period. Therefore, the pilot data warrant further molecular genetic studies. Although Dr. Jon Grant has invested in our research program will help us better understand the etiology of TTM in the patient population, and provide the community with the knowledge that there is a biological basis, as well as potential mechanisms to screen for, prevent and treat the disorder.”

TLC Grant Award Project Progress Update
Computerized Cognitive Training Programs for TTM

We presented these preliminary findings at the TLC’s 2013 Conference. In the original grant application, we proposed to recruit 20 study completers, and we are close to achieving this recruitment goal. However, in order to increase the chance of producing a good quality peer-reviewed journal article, we would like to continue to recruit several more participants. For some outcome indices, we need a greater sample size to reach statistical significance.

Participants will be paid up to $110 for their participation in the study. For information on participating, please contact: Han Joo Lee, PhD, (414) 229-5858 or TrichStudy@gmail.com.

Several studies are currently recruiting participants. For a complete list, visit: www.trich.org/involved/research-study.html

Please support TLC Research programs: Make a Donation today at www.trich.org!

TLC Research Programs: Your Donations at Work
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TLC Research Programs: Your Donations at Work
Continued from page 1
What can the teacher do to support the student? (Ideas for all phases of the process should be thought out ahead of time. How will the teacher work with the family, convey the information about the techniques to be used in the classroom clearly. Sometimes children who tease or bully are utterly and completely misinformed, who struggle with it has his/her own unique experience. Some children find that feelings of sadness are a major contributing factor to their hair pulling, while others do not, for example. For a teacher or guidance counselor to automatically assume that the child is depressed, or having problems at home because he/she is engaged in pulling/picking behaviors is an example of being misguided and misinformed. Other common erroneous hypotheses about pulling and picking include stating that the behavior is a form of self-mutilation, a sign that the child has been a victim of abuse, or an indication that the child is losing touch with reality. Do not make assumptions. Educate yourself before sharing information with others.

Do: Assume motivations, feelings, or thoughts that the child “must” be having due to the fact that the student is pulling out hair or picking skin. There is a tremendous amount of misinformation and assumptions made about hair pulling and skin picking disorders. These are complex behaviors that are multi-faceted, and each child who struggles with it has his/her own unique experience. Some children find that feelings of sadness are a major contributing factor to their hair pulling, while others do not, for example. For a teacher or guidance counselor to automatically assume that the child is depressed, or having problems at home because he/she is engaged in pulling/picking behaviors is an example of being misguided and misinformed. Other common erroneous hypotheses about pulling and picking include stating that the behavior is a form of self-mutilation, a sign that the child has been a victim of abuse, or an indication that the child is losing touch with reality. Do not make assumptions. Educate yourself before sharing information with others.

Insist that a specific intervention be used A teacher or guidance counselor could think that a certain suggestion is the “perfect” solution to the hair pulling problem. Ideas such as these generally do not work well when forced on a child. Most children find unsolicited advice to be unwelcome. Many adolescents experience a great deal of embarrassment as a result of their unwanted behavior. Having an alternative behavior thrust upon them can be overwhelming. Even younger children do not experience the same degree of discomfort, being forced to use a technique that does not feel right can lead to frustration and fail to provide effective aid for the behavior.

Children respond differently to each intervention. Two children might pull their hair out; one could respond extremely well to a silent signal from a teacher, while another finds that having a textured item in hand works well. Strategies work best when the child has been able to contribute thoughts, discuss how to use them, and understands the specific role of the teacher in the classroom during this process. Children also need the opportunity to “nix” ideas that they feel might not work for them at this time. The recommendation is always to discuss any and all considerations with the family and/or the child about how to better handle the BFBR behavior in the classroom.
Recently, a young woman in one of my dermatillomania support groups posted about a conversation she had with her therapist. In her post she wrote that they had spoken about how she was “making a career” of her disorder by talking about it with others and posting articles about it and so on. Ultimately, they both felt that she was becoming invested in it and it was negatively impacting her healing process. She decided to leave the support groups for the time being to try to get better again.

This got me thinking, because I’m beginning to feel more and more like this is what I’m doing, too. Making a career of my skin picking, I mean. I post blogs, I interact with others in the Body-Focused Repetitive Behavior community, I’ve been writing guest blog posts for different organizations, and I’ve even been working on a book. I just can’t seem to shut up about it lately, and that’s because I was once a talk about it, and I feel it’s important to talk about BFRBs to spread awareness and try to help others. I feel that if we’re going to get anywhere in breaking the stigma, we’re going to have to first break the silence.

But maybe not everyone is ready to do that.

I know that even a year or two ago, I probably wouldn’t have been able to do all that I’m doing. Even though I felt like I was in a pretty stable place, there would still be long periods of time that I’d have to take a step back from talking and sharing because I would get too engrossed in it, and that was even before I started blogging about it. My thoughts would start spinning back to those negative places I had once been when I was sick.

I say sick because I strongly believe a person can have a disorder without being sick. When I was sick with this disorder, I constantly felt helpless and powerless against my picking. I despised over how much I picked and the negative self-talk was a constant. I used to get so upset with myself and the world for the state of my skin and the fact that I couldn’t stop picking. To me, I was obviously a failure. But I feel like I’ve gotten past that to a great extent. I can now live with this disorder, understanding it for what it is and knowing that bad days happen. I feel like I can fight back against it now, and can try to find ways to make living with it better. And I think that’s why I’m now able to talk about it and immerse myself in it. I’ve come to a place where I can speak about it as often as I do.

But, like I said, not everyone is ready for that, and you know what? That’s perfectly okay. We’re all in different stages of healing and all at different stages of readiness to talk about it. For me, it was seven years ago that I first discovered this was a disorder, but it’s only been within the past few years that I’ve made any sort of headway with it personally. Maybe today is the first time somebody is hearing the word dermatillomania and they have to let that reality sink in. Or maybe someone else has known about it for years and they’re still not in a place where they can talk about it. Maybe there are many more who never will.

I think the most important thing to consider when you’re thinking about involving the community or raising awareness is your own readiness and capability of doing so while still keeping yourself mentally healthy. At the very least, you should make sure you’re not going to completely backtrack and become worse by doing so. Remember that although it’s a disorder that affects the skin (or hair if you have trichotillomania), it’s first and foremost a mental health disorder. Your skin may be clear one day, but you may still feel terrible about it. Just like your skin could be a mess, but you feel good regardless.

So if you’re feeling overwhelmed by talking and sharing, it’s okay to take a step back and take care of you. While I believe in the power of the community, sometimes I just have to take a day or two to myself and breathe. And there’s nothing wrong with that. I’ve had my limits and I’ve stuck to them. Back in May, I posted something to this affect on my personal blog, saying, “Sometimes when I get too wrapped up in thoughts about my mental health issues, it consumes me and becomes toxic. I start to feel damaged and broken and sick all over again, which is not healthy. It’s not as bad as it used to be, but it’s still enough that I know I have to be cautious.”

Don’t be ashamed if, when you’re trying to put on a brave face, you don’t feel so brave. Don’t be afraid of taking some time for yourself if you’re becoming negatively impacted by what you’re doing. Raising awareness is important, but you are more important than any of that.

It’s okay to only be able to speak sometimes. It’s okay to not be able to speak at all. In raising awareness, we often think of how it will help others and we forget to take care of ourselves. You don’t have to make a career of it; just speak when you want to and when you can. As I said to the young woman I mentioned at the beginning of this post, I don’t think talking about dermatillomania is a bad thing, but when you get consumed by it, you can develop a problem. When it gets to that point, that’s a sign to put on the brakes and start to take care of yourself again.

Remember that you’re just as important as those you’re trying to help. If you need some time away, take it. Then when you’re ready, come on back. We’ll be waiting for you with open arms.

Laura Barton is a twenty-three year-old living with dermatillomania from the Niagara Region in Ontario, Canada. Her goal is to help reassure others with skin picking disorder that they are not alone, since she felt that way for many years.

She can be found blogging on tumblr at realityhitme.tumblr.com, on twitter under the username @Laura_Barton, and you can check out the book she has been working on titled Project Dermatillomania: The Stories Behind Our Scars on facebook (www.facebook.com/ProjectDermatillomania).

Jennifer Raikes
Los Angeles, CA
Jennifer@trich.org

Dear Friends,

This year - together - we scored an important victory. The Diagnostic and Statistical Manual (DSM) is a reference Bible for therapeutic professionals. It codifies all official mental health diagnoses and is referenced by clinicians daily. It is vital to researchers, too. It is only revised every 10-15 years, and when it is, it is a worldwide effort that takes years of debate and discussion by teams of doctors.

Five years ago, we learned that the DSM was going to be revised. So we mobilized. Because we had a beef, with the DSM. A number of beefs, really. First of all, the name, “trichotillomania” – hard to pronounce, hard to spell, and it makes us sound like maniacs! And its diagnostic criteria (the boxes we have to fit in to be diagnosed as having trich) weren’t accurate for many pullers. And the company we were keeping: lumped into a category with kleptomania and pyromania… problems we don’t have much in common with. So, we had a lot of changes we wanted to make.

But, the biggest problem of all was with Skin Picking Disorder. Namely, skin picking was not a diagnosis at all.

We polled doctors and you, our members, to find out what we really wanted the DSM to say. And thank goodness for our amazing Scientific Advisory Board – because many of them put in long, painful hours – for years – serving on DSM committees, advocating and negotiating on our behalf. And thank goodness for our researchers, because the DSM requires research to back up your arguments. And thank goodness for all the people with trich and skin picking who participated in research studies, because without you, research can’t happen. And thank goodness for our donors, because without support, this work couldn’t happen.

It was an uphill battle. My understanding is that the publishers of the DSM had decided they did not want the final manual to contain any more disorders than the previous manual. They did not want the public to feel there was “diagnosis creep,” that every human quirk was medical. So to get Skin Picking to be labeled a new disorder was going to be tough. A few years in to our efforts, we thought the best we could do was a listing in the Appendix. But when TLC put out the call, you – our members – mobilized, too! Hundreds of people sent in comments to the DSM task force. It was down to the wire. As recently as a few months ago, we did not know how all this work would turn out… but the new DSM-5 was published this spring and SKIN PICKING DISORDER is an official diagnosis!

(THEY switched the name to “Excoriation (Skin-Picking) Disorder” at the last minute, but we’ll take it. I plan to continue using the term “Skin Picking Disorder!”)

There are many improvements to how trichotillomania is listed as well. Most importantly, trichotillomania and skin picking disorder are listed together, under the same umbrella category of “Obsessive-Compulsive and Related Disorders.” The diagnostic criteria have been modified to remove the requirement that a puller feel a sense of tension before pulling and relief afterwards – a sensation that many pullers do not experience.

The new DSM-5 was published this spring and SKIN PICKING DISORDER is an official diagnosis!

Congratulations and THANK YOU.

With love,
Jennifer Raikes

This letter is adapted from a speech given by TLC’s Executive Director, Jennifer Raikes, at TLC’s 2013 Annual Conference in April.

For more information about the DSM-5 and how it relates to BFRBs, please visit the Members-Only archive of TLC Webinars for the presentation by Dr. Jon Grant “Skin Picking Disorder and the DSM-5.” If you are missing the link to the webinar archive, please email info@trich.org.

Members of TLC’s Scientific Advisory Board are already hard at work again, helping to edit the World Health Organization’s International Classification of Diseases (ICD). We have a long road ahead, but look what we can do. When we act together, we are powerful!
“Without question, my life has been profoundly enriched and transformed through my participation in Christina’s [online] course. I did not know quite what to expect when we began, but Christina’s loving presence, unconditional and consistent support, and wealth of knowledge put me immediately at ease. Over the course of ten weeks, I was exposed to and had the pleasure of developing mindfulness and meditation skills which I know will benefit me throughout the rest of my life. Not only do they directly apply to the reduction of my skin-picking behavior, but the tools I’ve learned in class have undoubtedly reduced my overall stress and anxiety levels, and have ushered in a new and delightful awareness about the preciousness of life, and of the critical importance of appreciating the present moment. I also came to value the gift of connecting with the other students in class, sharing ideas, and supporting one another through the amazing journey of ten weeks. Christina is a gifted teacher, mentor, and guide. She has also become a precious and inspiring friend. I feel incredibly blessed and grateful to have had the opportunity to learn from, laugh with, and be compassionately challenged by Christina and fellow students. I would HIGHLY recommend this course to anyone interested in creating a life with more joy, peace, community, relaxation, and self-acceptance.”

--Danielle Bush, CA, USA

“I feel less anxious and enjoy the mindfulness exercises. I am happier to feel less stressed and able to calm myself much more effectively. Things I have learned in the past I am re-visiting, which is very helpful. I am very encouraged, as well, that you offer an ongoing, online weekly drop-in session, free for any alumni! This is so crucial to keeping myself on track. I am currently experiencing a pull-free week!”

--Debby, Ottawa, ON Canada

**Upcoming Sunday Classes:**

1. **August 25 thru October 27, 2013**
   
   Note: Sunday, 10/20/2013 is a 4-hour class (will start 2 hours earlier than usual)
   
   Class times in each time zone: 10am-12pm PT / 11am-1pm MT / Noon-2pm CT / 1-3pm ET

2. **Sept. 15 thru November 17, 2013**
   
   Note: Sunday, 11/10/2013 is a 4-hour class (will start 2 hours earlier than usual)
   
   Class times in each time zone: 4-6pm PT / 5-7pm MT / 6-8pm CT / 7-9pm ET

**Upcoming Wednesday Classes:**

1. **August 28 thru October 30, 2013**
   
   Note: Wednesday, 10/23/2013 is a 4-hour class (will start 2 hours earlier than usual)
   
   Class times in each time zone: 4-6pm PT / 5-7pm MT / 6-8pm CT / 7-9pm ET

2. **Sept. 18 thru November 20, 2013**
   
   Note: Wednesday, 11/13/2013 is a 4-hour class (will start 2 hours earlier than usual)
   
   Class times in each time zone: 10am-12pm PT / 11am-1pm MT / Noon-2pm CT / 1-3pm ET

For more information or to register for a class please visit: www.christinapearson.com