Researchers at American University have begun recruiting adults (18 and over) with hair pulling disorder (trichotillomania) as participants in a study of the efficacy of treatment based on the Comprehensive Behavioral Model (ComB; Mansueto, Stemberger, Thomas, & Golomb, 1999). The ComB Treatment Model is the basis of TLC’s Professional Training Institute. This project is a collaboration among American University, the Behavior Therapy Center of Greater Washington, and the University of Chicago.

ComB is a conceptual model intended to help therapists address the distinct factors that maintain BFRBs. The model describes therapeutic strategies for these distinct factors by categorizing assessment information and interventions according to “modality.” In particular, ComB incorporates five modalities in the analysis of antecedents and consequences of pulling, which can be remembered using the acronym “SCAMP”: (a) Sensory (tactile, visual triggers, oral, olfactory, or auditory), (b) Cognitive (thoughts that provoke, facilitate or maintain hair pulling), (c) Affective (feeling states such as boredom, stress, or anxiety), (d) Motor (facilitative postural cues and unconscious motor habits), and (e) Place (external or environmental cues).

ComB is used by many therapists in helping people with BFRBs, and its framework for assessment and intervention modalities provides for the possibility of individualizing treatment to meet each person’s specific needs. However, it has not been tested in controlled studies before.

As a first step to prepare for such research, and with support from the TLC Foundation for BFRBs, a treatment development study was conducted in order to standardize and pilot test ComB treatment (Falkenstein et al., 2016), with very promising results. First, ComB experts (Suzanne Mouton-Odum, Ruth Golomb, and Charles Mansueto) drafted a 12-session manual to provide specific guidelines for ComB therapists. After this manual was...
Upcoming Events

Annual BFRB Retreat: Loveland, CO
July 19-22, 2018
Whether you are a picker, a puller, a biter, a parent, or a partner, come and transform your relationship to these problems! Find healing, understanding, and discover more effective ways of navigating life. Join us and experience how to transform behaviorally, psychologically, emotionally, and spiritually, to shed unwanted behaviors, and experience stepping into your own life in a new way! Learn more at hasacademy.org.

Volunteer Training: Washington, DC
July 28, 2018
Become a youth support group leader, BFRB Educator, or Outreach Ambassador for TLC. Learn how you can help organize activities for the annual conference (coming to Virginia in 2019) Details on this training event can be found at bfrb.org/events.

BFRB Awareness Week
October 1-7 2018
Stand up and speak out! There are many ways to get involved with #BFRBweek—raise awareness locally, or online, publicly or anonymously. The choice is yours! Learn how YOU can make a difference at bfrb.org/bfrbweek.

Professional Training Institute: Minneapolis
October 5-7 2018
A three-day intensive training program providing health care professionals with practical training in current cognitive-behavioral treatment approaches for BFRBs. Offers 19 continuing education units and is intended for Psychologists, Psychiatrists, Social Workers, MFTs, Counselors - All levels. Details and registration at bfrb.org/pti.

Outreach Volunteer Training: Minneapolis
October 7, 2018
Would you like to be a leader in creating resources for BFRBs in your community? This special volunteer training program will provide you with the tools for building and creating BFRB resources in your region. Become a youth support group leader, BFRB Educator, or Outreach Ambassador for TLC. Learn more at bfrb.org/events.

Details for these events and more at bfrb.org/events
Honoring Dedicated Service

Volunteers Receive Awards During Annual Conference

On April 22, TLC’s Board of Directors honored Susannah West with the Christina Pearson Award for her extraordinary long-term service to TLC. Named in recognition of TLC’s founder, each year the prestigious Christina Pearson Award is given by the Board of Directors to individuals who have provided extraordinary long-term service to the TLC Foundation and our mission, building upon and carrying forward the work Christina began.

Susannah has been an exceptional volunteer for our community at the local and national levels since 2002. A natural leader, Susannah served TLC for multiple years as a Director on the Board. She played an important role in the process of renaming and re-branding our name to The TLC Foundation for Body-Focused Repetitive Behaviors. Susannah was an early visionary who saw the need for and assisted in developing the BPM initiative.

Susannah leads the thriving Dallas Support group and continues to serve the greater TLC community as a tireless advocate for local support groups as a Support Group Mentor. Her work as a mentor ensures that BFRB support groups continue grow, and be successful, across the globe. She has organized numerous workshops and local events. Her passion continues to drive her to innovate for the benefit of the BFRB community.

Susannah radiates a beauty of all that is good about our BFRB community. The Board of Directors is delighted to recognize and honor Susannah West for her extraordinary long-term service to The TLC Foundation for BFRBs and our mission to end the suffering caused by body-focused repetitive behaviors.

The Unstoppable Spirit Award was created last year to honor remarkable advocacy efforts on behalf of the BFRB community.

This year’s recipient, Liz Atkin, received the Award in honor of her remarkable advocacy work for mental health, the BFRB community, and dermatillomania, in the United Kingdom and around the world.

Liz Atkin’s spirit has transcended crippling anxiety, depression, and severe skin picking disorder. It shines through her eyes, her smile, her art, and her actions. Her brilliant drawings, photographs, and performances re-imagining BFRBs have been exhibited in the US, UK, Australia, Singapore and Japan. She works tirelessly in therapeutic settings, schools, galleries, prisons, hospitals and arts venues, teaching visual art, set design, and drama to all ages.

To stop picking during journeys, she draws on discarded newspapers with charcoal and gives the artwork to commuters as acts of kindness and advocacy. She has given away more than 16,000 drawings in her #CompulsiveCharcoal series on public transit around the world.

Her efforts have drawn a great deal of media attention as well. Liz presented on skin picking and her advocacy at a TEDx talk to the Welcome Collection, and at the Royal Society of Public Health, Body Dysmorphia Foundation Conference 2017, OCD Action Conference 2018 UK. She was also the keynote speaker at TLC’s 2016 Conference.

We honor Liz’s extraordinary contributions to educating the world about Skin Picking and all BFRBs, and for bringing more creativity and joy into tens of thousands of people’s lives by generously sharing her art and her unstoppable spirit.
An Early-Career Psychologist’s Reactions...

By Hannah Sommer Garza, PhD
Psychology Houston, PC

From the Editor: We’re pleased to share Dr. Garza’s recap of the 2018 conference. Dr. Garza is a recipient of TLC’s Early Career Award Program (ECAP) grant. ECAP is a new program created to foster interest in the field of BFRBs amongst early career researchers and clinicians. For more information on this donor-funded program visit bfrb.org/ecap.

Wow! What a weekend! I’m flying back to Houston from San Francisco reflecting on my experiences this weekend at the 25th Annual Conference on BFRBs with a content smile on my face. From inspirational talks, shared experiences, new information, and good times with friends and colleagues, the weekend was jam-packed with great moments. It’s hard not to leave the conference feeling inspired and connected with other members of this warm and collaborative community.

If you’ve never been to the conference, YOU MUST GO! There are activities for young children, adolescents, adults, supporters of those with BFRBs, researchers, and clinicians. There is something for everybody at all times. I wish I could have been in multiple places at once, because it was hard to narrow down what events to go to this year. I will share some of my stand-out experiences from this year’s conference, and will just have to catch the ones I missed at next year’s rendezvous.

Friday’s Keynote

Daaaaaang…Milcho is a powerhouse! Milcho is a video artist and TLC Ambassador from Miami. She debuted her new video, Self Crush, a powerful look at how we don’t always speak as kindly to ourselves as we do to others. Milcho is a dynamic speaker and she owned the stage. She was full of energy and love, and offered some truly inspiring words to the group about having compassion and love for YOU—the most important person in your life.

Saturday Talks

Early Career Award & ECAP Research Data Blitz

I had the very special honor of being selected by TLC as a recipient of the Early Career Award Program (ECAP). There were five clinician and six research recipients. As part of the award, the eleven of us were able to meet with Saturday’s keynote speaker, Susan Swedo, MD, and members of the TLC Scientific Advisory Board, learning from their experiences and how to continue our careers within the TLC community. What a fabulous opportunity to learn from some of the greats and to share ideas about how we can continue to grow our community and our ability to effect meaningful change.

ECAP awardees were paired with an expert mentor to consult and network with after this weekend’s activities. I was thrilled to have been paired with Charles Mansueto, PhD, Director of the Behavior Therapy Center (BTC) of Greater Washington and developer of the Comprehensive Behavioral (ComB) Treatment model for BFRBs. In addition to the obvious WOW factor of his accomplishments and influence on the BFRB community, he is one of the most charming people I have ever met. It is a true pleasure to have him as a new mentor.

I also attended a research data blitz. Three ECAP research award recipients shared preliminary results from their work. Their research topics are exciting and promising: From genetic sequencing of parent-child trios, drug trials of intranasal glutathione (GSH) on mice with barbering and ulcerative dermatitis (proxies for trichotillomania and chronic skin picking in humans), and implementation of a self-help online application for chronic skin picking, these ideas have some phenomenal and far-reaching potential for the BFRB community. I’m excited to see what they find, and excited to see the future faces of BFRB research. Stay tuned!
CBT 101 for Teens & Adults
My colleague at Psychology Houston, PC, Dr. Tyson Reuter, and I did two talks this year—our first ever talks at this conference. As clinical psychologists with specialties in cognitive behavioral therapy (CBT), adolescents, and BFRBs, we were PUMPED to share our knowledge about CBT and tips/tricks for challenging and changing pesky thoughts. We introduced principles of CBT, briefly discussed behavioral strategies for managing BFRBs, and emphasized practice with challenging and changing unhelpful thoughts. We were impressed with our adolescent group, who were eager to share their experiences and to practice using the principles we outlined. They were awesome at recognizing their own thinking traps and helping each other challenge them.

Emotion Regulation
Dr. Nancy Keuthen’s talk on emotional regulation was enlightening. Her presentation primarily focused on dialectical behavior therapy (DBT) skills tailored to people with BFRBs. I loved her overview and explanation of the skills, with sprinkles of planned practice and intention, and how to implement it all after leaving the conference. I found her talk to nicely bridge the gap between discussing strategies and helping people actually implement them. It’s one thing to talk and talk and talk about swimming, but until you actually get into the pool, you have no idea how to swim.

Readiness for Change
I also attended a presentation on readiness for change, led by our very own Psychology Houston, PC, Director, Dr. Suzanne Mouton-Odum. She shared about the Prochaska & DiClemente (1983) Stages of Change model and what that may look like for someone with a BFRB. One of the most powerful things I took away from her talk related to the importance of acceptance as part of the change process. Because behavior change is hard, in addition to being motivated and ready to change, you must also be able to accept the fact that your life will transform from what you know it to be now. Now really think about that. Your life will transform from what you know it to be now. It’s unrealistic to think that the only thing that will change in your life is to stop the BFRB behavior. If you’re holding onto that idea, you’re not ready for change.

Working on acceptance and readiness at that stage will help move you along toward behavior change. She also normalized frustrations with getting stuck and the cyclical nature of BFRB recovery, alongside skills for problem-solving and acceptance to move toward change.

Dinner and Fundraiser
The fundraising dinner is integral to TLC’s ability to provide outreach services and fund research. Federal funding for psychological research is sparse in general, and is even less likely to go to BFRB research for various reasons. That means that in order for us to continue making forward progress, TLC RELIES ON YOU. If you’re interested in donating to the cause, I encourage you to do so at bfrb.org/donate. Give what you can give, whether that’s $20 or $1000. Any bit helps more people find relief. For that, we thank you!

Reactions and Takeaways
Perhaps I’m biased as a behavioral psychologist, but I do notice myself feeling somewhat discouraged when I hear the results of some of the drug trials searching for a medication treatment for BFRBs. I find that the proposals sound extremely promising, and I get my hopes up about an “easy” fix. Then the results are described by the research experts, and we’re still left without clear answers.

However, there is support for behavioral treatments for BFRBs as outlined by the TLC Foundation for BFRBs Scientific Advisory Board (as described in the TLC booklet, Expert Consensus Treatment Guidelines for BFRBs). Because behavior change is hard and involves a profound personal transformation (among other factors), my fear is that the hope for a pharmacological “cure” encourages people with BFRBs to delay living their lives until that moment. This may be an excuse to avoid the hard work required of behavioral change.

Why wait? Why not work toward change, learn some skills and ways to manage your BFRB today? Borrowing from Milcho’s message, empower yourself. Do this for you. Love yourself enough to take things into your own hands.
Community Members Making A Difference

#BFRBSuperhero Dads supporting their daughters and the TLC community

By Corinne Lightweaver, TLC Annual Fund Director

UTAH—Brian Haslam has been a steady donor to TLC since he and his daughter Katie attended their first conference in Dallas in 2010. He has served on the TLC Board of Directors since 2013 and is currently the Chair.

“When I first came to a TLC Conference, we fathers were very much in the minority and that has really changed,” said Brian gratefully. “I remember one of the workshops was about fathers and how we react to our daughters; as dads we want to fix it and so we just jump in, but the way we choose to do so is not beneficial to the daughter and to the relationship. I made every one of the mistakes the workshop leader listed and Katie would tell you so.”

Brian encourages dads to attend the conference as a way to meet other dads, and help each other avoid the mistakes he made, even though the mistakes were made out of love.

“I learned from other dads and from our daughters, too, that what I was doing was not helping. I’ve always been close to Katie but learning how to support her properly deepened the relationship.”

MARYLAND—Tim Kvech’s daughter Sarah attended her first TLC conference in 2010 and he has joined her for every conference since then. “I come back every year because the community is so supportive to Sarah and me,” Tim said. “And I want to learn more about how to support her as her dad.”

Tim and his family are dedicated donors to TLC’s mission. “TLC has saved Sarah in many ways,” he said. “It’s the least we can do to give back not only with our time but our funds.”

For the past three years, Tim and Sarah have teamed up at each conference to lead a discussion for dads, and this past year Tim witnessed a big change.

“Usually you get a lot of first-time dads who are scared and want to ‘solve’ the problem. This year was eye-opening because the dads who attended were already at the ‘acceptance stage,’” Tim said.

“TLC has saved Sarah in many ways. It’s the least we can do to give back not only with our time but our funds.”

Tim Kvech

“As dads we want to fix it and so we just jump in, but the way we choose to do so is not beneficial to the daughter and to the relationship.”

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CALIFORNIA—When TLC donor Eric Matsuno’s wife and daughter Ruby, age 15, registered for their second annual conference this year, he decided to join them.

**Meeting other parents trying to help their children was an invaluable part of the experience,** he said. “The stories that parents share have a very similar arc. Each parent is at a different point or has a different view but we are on the same path.”

Connecting with other parents also gave him the opportunity to see how today’s parenting patterns affect kids with BFRBs. He came away believing that **kids with BFRBs may need more nurturing than he had expected from his own upbringing.**

Reflecting on this made him realize, he said sadly, that “there is a larger population of parents of kids with BFRBs out there who are not realizing the damage they’re causing to their children.”

OHIO—**Ken Marblestone looked forward to special time with his daughter and connecting with other dads** at the four consecutive conferences he has attended with his daughter Kenna.

“It’s a time when Kenna and I get alone time,” said Ken. “And because it’s something that is very meaningful to her, I want to go and enjoy the conference with her. I know she will remember our time together at the conference for many years to come.”

Ken also makes TLC a priority in his charitable giving because he sees the difference that TLC makes for his daughter. Kenna, now 18, was a speaker at the 2017 and 2018 conferences and currently serves on the TLC Task Force.

Mirroring the sentiments of all of the dads we spoke with, Ken says, “The most important thing is that I support her love her just the way she is, and that she knows that I love her.”

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**“The stories that parents share have a very similar arc. Each parent is at a different point or has a different view but we are on the same path.”**

**Eric Matsuno**

There are so many ways dads help their kids who have BFRBs. Getting involved as a volunteer or workshop leader, educating their child’s school, donating to support the training of clinicians, attending the conference and, most of all, providing loving acceptance of their child. **Throughout the TLC community, BFRB Superhero Dads are truly making a difference!**
Happy Summer, BFRB community!

It was really great seeing and meeting so many members of our community at the 25th Annual Conference in April. After the conference, we kicked off our new Volunteer BFRB Ambassador Program and held our first mini-conference, or min-con, in New Jersey. The mini-con included a clinical training weekend, attended by 20 clinicians. The clinical training provides an intensive dive into the ComB model, described in our cover story this issue. We also trained 10 new BFRB Ambassadors, who will represent TLC as School Outreach Ambassadors, BFRB Educators, Outreach Ambassadors, and Fundraising or Event Coordinators in their local communities.

The next ambassador training will take place in Rockville, MD, July 28, 2018. The DC training will also offer information for those interested in volunteering at the 2019 Annual Conference in Virginia. Then we’ll bring the Mini-Con program to Minneapolis, October 5-7, 2019. If you are interested in applying to become a Volunteer BFRB Ambassador, send an email to outreach@bfrb.org.

With help from long-time volunteers and support group leaders Susannah West, Tammy Wannemacher, and Amy Curcio, we have also reorganized how TLC supports new and existing Support Group Leaders. These three dynamic women have assumed the role of Support Group Mentors to provide fellow group leaders with guidance and support for your meetings. If you are currently leading a group and have not already received an invitation to join us on Google Groups, please send an email to tlcgroupleaders@bfrb.org.

We also would like to welcome the new peer support groups in the following areas: Utah; Saskatoon, Canada; South Dakota; and Santa Rosa, California. If you are interested in joining our amazing volunteers and leading a support group, please email outreach@bfrb.org.

There are many ways to volunteer for TLC and BFRBs. If running a support group or speaking publicly are not for you, other opportunities are currently available. If you are interested in becoming a volunteer please email outreach@bfrb.org.

As your National Outreach Manager, I am truly excited and grateful to help spread awareness of BFRBs and TLC’s programs. I look forward to hearing from you if you are interested in becoming a volunteer with one of our programs.

~Kaprece

In addition to expanding TLC’s outreach programs, we are also working to increase the visibility of the many diverse groups that make up our community. TLC held its first diversity luncheon at the annual conference, forming mini-advisory groups that represent the many different cultures and ethnicities that are a part of our community.

On the far right, Kaprece wears her new “Black Girls with BFRBs” shirt while discussing directions for outreach in the African-American community with, from left, Anyta Wilson, Tiffany Middleton, and Jennifer Mbanu.
used by therapists working with a first set of eight adult participants, we gathered feedback from both therapists and clients, and the authors revised the manual accordingly. This revised manual was used with a second set of eight participants with hair pulling disorder, and this revised version is the one we will use in our current controlled trial of ComB.

Session attendance and treatment satisfaction ratings indicated that the ComB treatment was highly acceptable. Therapists proved to be adept at agreeing with one another (and with ComB experts) on the best strategies to pursue at particular choice points in treatment. A measure of therapists’ consistency with the intended ComB procedures was developed and found to be reliable. Finally, preliminary data on the effects of the treatment, through a 3-month follow-up after the end of therapy, were encouraging.

The project for which we are now recruiting participants extends the earlier work on ComB in three ways: (a) using random assignment to ComB vs. a comparison condition to test whether ComB works better than the passage of time, therapist attention, and the expectation that treatment will be helpful; (b) gathering initial evidence on the mechanisms by which ComB works when it does work; and (c) incorporating a second treatment site in order to begin to test how well ComB generalizes beyond the center at which it was developed.

The comparison condition is a Minimal Attention Control, consisting of weekly phone calls from a therapist to check on safety and recent stressors but not to give advice on hair pulling in particular. This comparison condition is patterned after one used in a trichotillomania clinical trial conducted by Nancy Keuthen and her colleagues (Keuthen et al., 2012). Participants randomly assigned to the comparison condition will receive ComB therapy after a 3-month waiting period. The candidate mechanism of treatment effects motor response inhibition (vs. impulsivity), measured by performance on a computerized cognitive test: the stop signal task. Results are not completely consistent, but there is some evidence of impaired performance on stop signal tasks by people with trichotillomania (Grant et al., 2015). The additional treatment site is the University of Chicago, where the study will be overseen by Dr. Jon Grant.

We plan to enroll 42 participants in the study. Each will complete five assessment visits across a 9-month period of time, enabling us to gather information on the immediate effects of ComB as well as the maintenance of these effects after treatment ends.

Treatment progress will be measured in relation to self-report and interviewer ratings of hair-pulling symptoms, as well as alopecia, at main pulling sites.

Therapists will be graduate students and postdoctoral fellows, supervised by ComB experts. Assessments will be conducted by a separate team of graduate students kept unaware of the experimental condition to which each person has been assigned. The project is being coordinated by Emily Carlson, a doctoral student in clinical psychology at American University.

We greatly appreciate the support of TLC in sponsoring our research on ComB, and we look forward to being able to report results on the efficacy of this therapy.

Anyone interested in participating this project in the Washington, DC area should call 202-885-1784 or email comb.study@gmail.com

We expect recruitment to begin soon in Chicago – in the meantime, prospective participants are welcome to use the same contact information above.

Visit bfrb.org/combstudy for additional ComB resources, including:

- Article references and citations
- Clinical resources
- Self-help strategies
- Professional Training Institute for Clinicians (and the virtual training)
Dear Friends,

To help raise awareness of BFRBs, TLC recently launched two blogs at Psychology Today.

TLC’s BPM Research Director, Tara Peris, PhD, is the lead blogger for Touchy Subject: Understanding Body-Focused Repetitive Behavior Disorders, which will focus on research and clinical topics.

It is off to a great start! A guest entry by Emily Ricketts, Ph.D., “Habitual Behavior or BFRB Disorder?” was recently featured on Psychology Today’s homepage as an “Essential Read.”

I’m the lead blogger of Hands Up – Coping with BFRBs, which will focus on the experiences of those of us living with these disorders. Please get in touch with me if you’d like to guest blog. Meanwhile, I thought I’d share with you my first entry, below. I hope you enjoy!

With love, Jennifer

I Dream of Quiet Hands – Reflections on a life with trichotillomania.

After 20 years of recovery, does trichotillomania still lie in hiding?
Jennifer Raikes

A few nights ago, I leaned forward toward the bathroom mirror and plucked a white hair from the top of my head and then stood paralyzed, examining it. I ran it through my finger tips, feeling its wiry texture and its sticky white root. I lay it down by the sink, where it disappeared against the creamy caesarstone. I reached up and felt for another. And another. And another. I pulled out five white hairs, each about three inches long and lined them up carefully on the vanity. Then, as I leaned forward again, a burst of adrenaline, of fear, welled up from my center. I stood up straight and pulled away from the mirror. I forced myself to gather the hairs and reluctantly throw them in the trash can. “I am enjoying this way too much,” I said firmly and I turned out the light and left the bathroom.

I am not a person who can casually groom her grays.
I have trichotillomania.

It is perfectly normal, in fact universal, to pluck the odd hair, pop a pimple, pick a scab, or chew a hangnail. But for some of us, these behaviors don’t seem to have the proper off-switch. We pull, pick, or bite repetitively, for minutes or even hours at a time, and in the process do major damage to our appearance — and our self-esteem.

Fifteen years ago, Psychology Today published an essay I wrote about my nine-year-old self as I pulled out my eyelashes. Then, as now, I leaned forward until I was inches from the bathroom mirror and felt a surge of fear. I had plucked my eyelids bare. Why couldn’t I stop doing this? What would happen if anyone found out?

Throughout my childhood, hair pulling was my biggest secret. I wore long bangs to cover my eyebrows and thick eyeliner to mask my bald eyelids.

My childhood self would never have dreamed that I would spend my adult life talking about hair pulling and skin picking disorders with everyone who would listen. The little girl who felt like a freak would have been shocked to learn that anyone else shared these strange behaviors —let alone millions of people all over the world.

Since that time, a lot has changed for me, and for all people with body-focused repetitive behaviors.

Today we know that hair pulling, skin picking, and a wide range of behaviors like nail biting, lip biting, cheek chewing, and nose picking, are biologically based problems – and remarkably common. About 3 percent of people live with a “BFRB.” They often run in families, like mine. They usually start in childhood and seem to affect women more often than men. There are treatments that help and treatment providers who specialize in treating BFRBs (though far too few of them!).
My teenage-self believed that I could never reveal this secret to a boyfriend—never have an honest connection with a romantic partner because of my shameful behavior. **Well, guess what, Teenage-Me?** You grew up to marry one of your high school classmates—and your first date together was an awards ceremony for a film you directed about pulling out your hair!

In my twenties, I got involved with the remarkable non-profit organization that has helped drive this progress—and that I now have the privilege to lead – The TLC Foundation for Body-Focused Repetitive Behaviors (formerly the Trichotillomania Learning Center.) **I have been lucky to experience more or less full recovery from trichotillomania for the past twenty years.** Trichotillomania, my greatest enemy, became the source of many of my closest friendships, my cause, my life’s work.

Yet, despite all this progress, when I stood in the bathroom the other day, staring at those gray hairs, and feeling a tingle on my scalp, it was as if decades had vanished. The urge to pull crouched just below the surface, hoping to catch me off guard.

This article was originally published May 10, 2018 on PsychologyToday.com.
https://www.psychologytoday.com/us/blog/hands/201805/i-dream-quiet-hands

The essay I wrote in 2003:
https://www.psychologytoday.com/us/articles/200305/hair-pulling-baffling-disorder

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**Join the Sustainers Circle: TLC’s Monthly Giving Club!**

As a member of the Sustainers Circle, TLC’s Monthly Giving Club, you can ensure that the Foundation’s programs and services are available to everyone in need. The Sustainers Circle allows donors the convenience of supporting TLC through an automatic monthly gift by credit card or by transfer from their bank account. Signing up is both safe and easy. You can fill out the appropriate section of the enclosed response envelope or sign up on the TLC website. Questions? Contact Corinne Lightweaver, Annual Fund Director, at 831-457-1004 or corinne@bfrb.org.

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**More on Psychology Today**

Excerpts from **Touchy Subject: Understanding Body-Focused Repetitive Behavior Disorders**

**The Basics of BFRBs**
**Tara Peris, PhD**

Every day, each of us must recognize and inhibit countless urges. To the best of our ability, we decide whether to stop (once again) at the candy dish in the office, whether to chew on that pen cap, or whether to check our phone (yet again). We each have varying degrees of success making the “right” decision. Urges can also be directed at our own bodies, such as when we experience that strong drive to scratch an itch. For some people, bodily urges take a very specific form, manifesting in body-focused repetitive behavior (BFRB). Keep reading: https://www.psychologytoday.com/us/blog/touchy-subject

**Habitual Behavior or BFRB Disorder?**
**Recognizing when habitual behaviors become problematic**
**Emily Ricketts, PhD**

At some point in time nearly everyone engages in behaviors such as biting their nails, chewing on their cheeks or lips, twirling their hair, and even picking their nose. Such behaviors, however, may become more habitual for some than others, with varying consequences. Habitual behaviors like these may result in minimal to no impairment or may occur in a problematic pattern consistent with a mental health disorder. Keep reading: https://www.psychologytoday.com/us/blog/touchy-subject
Order Awareness Kits for Local Outreach

Order our pre-packaged Awareness Outreach Kits to distribute to therapists, dermatologists, and cosmetologists in your area. Each kit includes 10 brochures about BFRBs, including hair pulling disorder and skin picking disorder information, 10 cover letters, and 10 TLC envelopes. All you have to do is address the envelopes, add postage, and send them off! Get your kits at store.bfrb.org.

Have you considered including a gift to TLC in your will?

Naming TLC as a beneficiary in your estate is a surprisingly simple process. It is, however, a decision that can have a positive lasting impact on future generations of family members and millions of people around the world who suffer from BFRBs.

If you (or a parent or grandparent) are preparing a will or working with a financial advisor on your estate plans, please contact us about the possibility of a planned gift in support of the important work of TLC. We will be glad to provide sample language, discuss options for designating your gift and answer any questions you may have. Contact Corinne at corinne@bfrb.org or call 831-457-1004 for more information.

Support TLC When You Shop

Are you an Amazon.com shopper? If so, visit smile.amazon.com and select The TLC Foundation for BFRBs as your preferred charity. Then, every time you use Amazon, shop from smile.amazon.com—a percentage of your purchase will be donated right back to TLC!