Group Behavioral Treatment for Trichotillomania and Skin Picking: A Case Presentation

By Johanna S. Kaplan, MA, The Catholic University of America, Department of Psychology
Sherrie M. Vavrichek, LCSW-C, The Behavior Therapy Center of Greater Washington

Editor's Note: Originally appearing in Issue #55, this article deserves a reprint due to the growing use of group therapy as an adjunct to individual treatment. For more information on the therapeutic model used in this article, please consult the article in your Comprehensive Information Guide, “A Comprehensive Model for Behavioral Treatment of Trichotillomania.”

The majority of cognitive-behavioral treatments for Body Focused Repetitive Behaviors (BFRBs), such as Trichotillomania (TTM) and Skin Picking (SP), have been developed and empirically studied for individual treatment. For example, Woods et al. (2006) found that after seeking medication, the most common form of treatment modality applied for an individual with TTM was behavior therapy, with a specific concentration on self-monitoring and relaxation techniques. A more all-inclusive behavioral treatment, known as the Comprehensive Model for the Behavioral Treatment of Trichotillomania (COMB) (Mansueto, Stemberger, Thomas, & Golomb, 1997), was developed to address the complex cognitive, behavioral, emotional, sensory, and environmental needs of individuals with BFRBs. These treatments have typically been applied on an individual basis where a client’s own needs and complex presentation can be addressed. Although promising, less attention has been paid to the possibility and potential of group treatment for BFRBs. In this article, we will describe an eight-session group treatment for TTM and SP that was based on the COMB model and The Hair-Pulling Habit and You (Golomb & Vavrichek, 1990). This group met for 1.5 hours on a bi-weekly basis.

The BFRB treatment group had two leaders: a licensed certified clinical social worker and an upper-level clinical psychology Ph.D. student. The group consisted of a total of six female members (one member only came to the first session, and one joined at the second session). Two members were diagnosed with SP (one who picked both face and breasts, and one who picked at legs), three with TTM (two who pulled scalp hair and one who pulled eyelashes), and one with both TTM and SP (picked and pulled at scalp and scalp hair). All six members had picked or pulled since early adolescence, and all but one was currently in or had been in individual therapy.

The first session began with an introduction to the process and group, while each subsequent session began with a review of the previous session and assigned homework, followed by didactic/psycho-education with group discussion regarding the topic of the day or related issues members faced between sessions, develop-

Continued on page 10

Inside this issue:
- Upcoming Events
- Book Review
- Member Feedback
- Directors' Reports
and more...

The TLC Conference:
One Med Student’s Review
Lisa Zakhary, MD
Lakeside Center for Behavioral Change, PC
Fargo, ND

Editor’s Note: Each year, a private donor provides a full scholarship for one medical student to attend the TLC Conference. The purpose is to further develop interest in the field of Body-Focused Repetitive Behaviors amongst future MDs. The following post was written by Lisa Zakhary, MD, who received the Medical Student Scholarship to the 2011 Conference on Hair Pulling and Skin Picking Disorders. In this essay, Dr. Zakhary relays her experience at the national conference.

I am currently an outpatient psychiatrist at the Massachusetts General Hospital Obsessive Compulsive Disorder (OCD) and Related Disorders Program in Boston, Massachusetts, which provides clinical care for people with OCD, body dysmorphic disorder (BDD), trichotillomania (TTM), skin picking and tic disorders. As a psychiatry resident, I had the distinct pleasure of attending the 2011 National Conference on Hair Pulling and Skin Picking with generous support from the Trichotillomania Learning Center (TLC) Student Travel Grant. It was an incredible combination of the latest basic and clinical research, psychopharmacologic and therapy practice guidelines, sharing of personal experiences, and making new professional contacts and friends. I am deeply grateful for the opportunity to have been included and wanted to summarize some of the key points that I came away with.

Research is abundant. Some of the most recent findings in body-focused repetitive behaviors (BFRB) were presented during the conference. Dr. Samuel Chamberlain reviewed various approaches to identifying brain regions responsible for TTM, including neuroimaging patients, with TTM or patients with traumatic brain injury with impaired impulse control. The amygdala, putamen, and right inferior frontal gyrus were implicated in these studies.

Continued on page 12
in touch

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 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.

TLC Board of Directors
Joanna Heitz, President
Jacki Abrams, Secretary
Deborah M. Klineran, Treasurer
Nancy J. Keuthen, PhD, Scientific Advisory Board Chair
Amy Buckman
Dana Marie Flores
David Perlman
Nancy Perlman
Erin Sheepp

Staff
Jennifer Raikes, Executive Director
Christina S. Pearson, Founding Director
Alice M. Kelly, Membership Services/Accounting Manager
Leslie Lee, Program Coordinator/Editor
Dana Hickerson, Administrative Support

TLC is a 501(c)(3) tax-exempt organization and all contributions are tax-deductible. Our Tax ID number is: 77-0266587.

InTouch is the quarterly publication of the Trichotillomania Learning Center, Inc. To submit articles or send letters write to: Trichotillomania Learning Center 207 McPherson Street, Suite H Santa Cruz, California 95060 (831) 457-1004 www.trich.org info@trich.org

Editor: Leslie Lee
Copyright © March 2012. All Rights Reserved.
Text deadline next issue: May 7, 2012.
The information in this newsletter is not intended to provide treatment for Trichotillomania or Skin Picking. Appropriate treatment and advice should be obtained directly from a qualified and experienced doctor and/or mental health professional. The opinions expressed are those of the individual authors.

From the Editor
Leslie Lee

For the past few months, the hot topic around the office has circled around TLC Membership. Just reading this newsletter (which means you subscribe to TLC membership) demonstrates that you value the work that TLC does and support the organization’s mission, goals, and projects. And, obviously, the Staff feels pretty strongly that TLC is the best organization in the world (never mind the BFRB world, I mean the WHOLE world!). But what about the other 20,000 people per month who visit our website, send emails, participate on our list-servs, and request our free information pack?

Christina recently posed some questions to you about WHY you are a member, and what you feel the benefit of membership is. The response rate was about 1%, but it did provide Staff some insight into what the motivating factors are for new and renewing members. Read her analysis on pages 8-9.

Our lead story this month is a reprint on the Group process. Lead author Sherree Vavrichek, who co-wrote The Hair Pulling Habit and You, and has been working in the field of BFRBS for as long as TLC has been around, provides a case study on the use of The Comprehensive Model for Behavioral Treatment of BFRBs, or ComB (the basis for TLC’s Professional Training), in the group environment. It’s an interesting story for both clinical treatment providers as well as anyone who participates in a group recovery process. Which reminds me, jump on over to page 5 for a list of new regional support groups!

Now let me throw on my Event Coordinator hat for a moment and invite you to make 2012 THE year you attend a TLC event. From One-Day Workshops to the Annual Retreat to Professional Training, we have our calendar pretty much set for the year... and I highly encourage you to attend one of these programs. TLC Events are truly transforming...I have 6 years of conferences and retreats under my belt and I can personally attest to the change I have witnessed among repeat attendees. TLC will work with any budget, you just have to get yourself to the venue, so there is no reason not to start planning now...Even if it is for the 2013 Conference in Elizabeth, New Jersey, April (that’s a hint to mark your calendars fro April 19-21, 2013.)

Finally, I would LOVE to receive submissions of personal stories, poetry or artwork for publication in this newsletter. They don’t have to be success stories, we are all part of this shared experience, the ups and the downs. Read our Call for Submissions on page 13, and email me if you have any questions!

With Love, Leslie

TLC’s Annual Conference May 4-6, 2012 | Chicago, IL Registration is now open for THE largest event focused entirely on hair pulling and skin picking disorders. Visit http://tlc2012.eventbrite.com for registration and information.

Palo Alto, CA One-Day Workshop June 16, 2012, Location TBA Save the Date! San Francisco Bay Area residents should plan now to attend a One-Day Workshop with TLC Founder Christina Pearson. She will be joined by Stanford faculty members Dr. Joseph Gerner (TLC Scientific Advisory Board Member) and Dr. Matthew White (TLC Research Grant Recipient). Check www.trich.org for program details, cost and other information.

21st Annual TLC Retreat September 20-23, 2012 | Pema Osel Ling Retreat Center (near Santa Cruz, CA) After 20 years of TLC Retreats, Christina Pearson has fine-tuned this truly remarkable event that many credit as a kick-start to their recovery from hair pulling and skin picking. The intimate, safe, healing environment of the TLC Retreat offers a special opportunity to find relief, re-ignite hope and discover effective pathways to wholeness and recovery. More details are available on our website: www.trich.org

2012 Professional Training Institute October 19-21, 2012 | Crowne Plaza Silver Spring, MD Treatment Providers interested in practical training in current cognitive-behavioral treatment approaches for hair pulling and skin picking disorder are invited to join Drs. Charles Mansueto and Fred Penzel, and Ruth Golomb, LCPC, for an intensive training weekend in Silver Spring, MD. Details listed at www.trich.org.

Minneapolis One-Day Workshop October 27, 2012 Christina Pearson will be joined by Dr. Jon Grant, Professor of Psychiatry, University of Minnesota Medical Center, and Dr. Carol Novak, Assistant Medical Director, BH Division, HealthPartners Medical Group, for a one-day workshop on living with and healing from body-focused repetitive behaviors. Christina will share her personal story of recovery from hair pulling and skin picking. Dr. Grant will provide in-depth information on current psychological trends in the treatment of BFRBs, and Dr. Novak will provide insight into medical complications that may occur as a result of these behaviors. Visit www.trich.org for more information.

Review and practice the most effective treatments for hair pulling and skin picking disorders; including self-monitoring, stimulus control and habit reversal training. Learn acceptance of uncomfortable thoughts, feelings and urges while addressing the sensory and self-regulatory aspects of these behaviors, and find suitable alternatives (this refers to the tendency to use hair pulling and skin picking in an effort to regulate oneself when one is feeling over- or under-stimulated).

The group will be held at Providence Psychology Services, 245 Waterman St., Suite 202, Providence, RI.

Cost: $120 total if you do not have Blue Cross insurance, or your co-pay if you do have Blue Cross insurance.

Please contact Deborah Sepinwall, Ph.D., at 273-3322 ext. 3 for more information.

Volunteer Opportunities Online Support Group Moderators Under the direction of Christina Pearson, Online Support Group Moderators will assist with the moderation of TLC’s various online support groups. Volunteers should be a current member of at least one of TLC’s online support groups, be fluent in internet-group protocols, and available for approximately five hours a week. Duties include daily approval of new members, monitoring posts each day, reporting questions, issues, or problems to TLC staff when they arise.

Office Volunteer Intern TLC needs a volunteer to assist with day-to-day operations at TLC Headquarters in Santa Cruz, CA. Volunteer duties will vary from administrative work to event support, plus special projects as assigned. The ideal candidate lives in or near Santa Cruz, CA, and is available approximately 5 hours per week.

For students in the South San Francisco Bay Area or Los Angeles, CA, TLC offers internship and senior project opportunities in the areas of PR & marketing, event planning and nonprofit management.

For more details on these positions, or to apply, visit: http://www.trich.org/involved/volunteer.html or call Leslie at 831-457-1004.
Research Participation Opportunities

Tampa/St. Petersburg, Florida
Habit Reversal Training for Children and Adolescents with Trichotillomania: A Controlled Trial
Researchers at the University of South Florida in Tampa/St. Petersburg, Florida, are currently investigating how well a treatment called Habit Reversal Training (HRT) works to help children and teenagers with Trichotillomania manage and reduce their hair pulling. All children who qualify for the study will receive eight sessions of HRT. The study also involves four visits to the clinic where you and your child will participate in study assessments. These assessments will involve answering questions about your child’s hair pulling and other psychological symptoms.

To be in the study, your child must:
- Be between the ages of 7 and 17 years
- Have significant hair pulling
- Not have any health problems that could interfere with study participation

There is no cost for participating. For more information, please contact the study coordinator, Annette Trister, at (727) 767-6230.

Boston, MA
Massachusetts General Hospital- Trichotillomania Clinic
Dr. Nancy Keuthen is conducting a genetics research study of compulsive hair pulling at Massachusetts General Hospital. You may be eligible if you are 18-65 years of age and frequently pull out your hair. If you are interested in this research study, you will come to MGH for one study visit that will include an interview, several self-report scales, and a blood draw. Study participation will take 3-6 hours of your time. You will be paid $50 for participating. If interested, please call MGH Trichotillomania Clinic at 617-643-8464.

Minneapolis, MN
University of Minnesota – Impulse Control Disorders Clinic
Hair-Pulling Study: The University of Minnesota is currently seeking volunteers for a drug study for hair-pulling.

Skin Picking Study: The University of Minnesota is currently seeking volunteers for a drug study using a supplement for skin picking.

Participation in either study requires several visits to our Minneapolis study center. As a result, those interested in participating must live within the Minneapolis/St Paul metro area and must be at least 18 years of age. If interested in either of these studies, please contact:

Brian O’Dalla, Research Coordinator
Department of Psychiatry, University of Minnesota
612-627-4363 (confidential line) email: odala0019@umn.edu

Liana Schreiber, Research Coordinator
Department of Psychiatry, University of Minnesota
612-627-4879 (confidential line) email: schre164@umn.edu

Kent, OH
Children with Hair Pulling Disorder Needed for Family Assessment Study
Do your child pull out his/her hair? Does this pulling cause a problem at school, with friends, or at home? The Child Anxiety Research (CalE) Program is looking for youths who pull out their hair ages 9-17 and one of their parents to participate in a research study. Those eligible receive a full assessment of symptoms, compensation, and written feedback including potential diagnoses and treatment recommendations. Please call 330-672-2200 if interested. **Not all families will qualify. Duration of participation for these families will not exceed 2 hours. This posting has been approved by the Kent State University Institutional Review Board.

Philadelphia, PA
Child/Adolescent OCD, Tics, Trichotillomania and Anxiety Group (COTTAGE)
Does your child suffer from trichotillomania? Martin Franklin, PhD, is examining treatments for children at The Center for the Treatment and Study of Anxiety in Philadelphia. Participants will receive either Behavior Therapy or Supportive Counseling. Children and adolescents, ages 10 through 17, who repetitively pull their hair may be eligible to participate in this study. Must live in the greater Philadelphia area to participate. For more information on this program, contact: Kristin Benavides: 215-746-3327, or kben@mai1.med.upenn.edu

Milwaukee, WI
University of Wisconsin-Milwaukee Treatment Studies
For Adolescents: Computerized Cognitive Training Programs for Trichotillomania
Do you have or know a child between the ages of 12 and 18 who pulls his/her hair? If you do, the child may be eligible to participate in a research study. The Psychology Department at the University of Wisconsin-Milwaukee is conducting research on the effectiveness of computer-based treatment programs for compulsive hair pulling in children. The study will take up to 2 months to complete, treatment is free, and participants will be paid up to $110 for their participation in the study. For more information, please contact: Hanjoo Lee, PhD, Assistant Professor, Department of Psychology, University of Wisconsin-Milwaukee; (414) 229-5835 or TrichStudy@gmail.com

For Parents of children aged 5-9
Is your child between the ages of 5 and 9? If so, you and your child may be eligible for a research study at the University of Wisconsin Trichotillomania Specialty Clinic. The research study involves a non-drug treatment and would take up to 9 weeks to complete. Treatment is provided free of cost. For more information, call: Chris Bauer at (414) 229-2830.

For Adults: Acceptance-Enhanced Behavior Therapy for TTM
Are you an adult between the ages of 18 and 65 who pulls his hair? If so, you may be eligible to participate in a research study. The Psychology Department at the University of Wisconsin-Milwaukee is conducting research on the effectiveness of non-drug treatments for hair pulling in adults. The study will take up to 9 months to complete, treatment is free, and participants will be paid up to $300 for their participation in the study. For more information, please call: Chris Bauer, Study Coordinator, Department of Psychology, UWM; (414) 229-2830.

New Regional Support Groups

Denver, CO (updated info)
Free peer-led support group. Meets every Wednesday night at 6:30pm at the Clubhouse at Applewood Village Townhomes. Directions: From 20th and Kipling St., go west. Turn left on Robb St, left on 18th St., and Applewood Village Townhomes is on the right. The clubhouse is near the front of the complex. Limited visitor parking is available near the clubhouse. Meetings are free; it is a drop-in group. Contact: Terri Darling
Cell phone: 303-507-6858 Email: trsa59@yahoo.com

Orlando, FL
Orlando Trich and Derma Support Group
Free support group for pullers, skin pickers, nail biters, and parents. You are not alone. Come join us in a casual discussion group setting for hope, love and encouragement. Family and friends welcome. Informational materials and snacks provided.

Meets the first and third Saturdays of each month. (Subject to change—contact Eva or Kerri or check websites for updates.)
Contact: Eva Bednara or Kerri Vorhies
Address: 1950 Lee Road, Ste. 213
Winter Park, FL 32789
Phone: 321-750-9299 Eva or 407-619-3047 Kerri
Email: E_Bednara@yahoo.com or klorieh@yahoo.com

Portsmouth, NH (updated information)
Seacoast Trichotillomania Support Group
Seacoast Trichotillomania Support Group for Pullers and Skin Pickers
FREE peer support group in the New Hampshire Seacoast area (including Southern Maine and Northern Massachusetts). Open to adults and teens with TTM, skin-picking, nail-biting and other body focused related disorders. Meet in the Board Room (Basement floor—back entrance) at the Community Campus in Portsmouth, NH, from 6:00-7:30pm on the 2nd Monday of each month.
Contact: Kate via email seacoasttrich@gmail.com Directions: www.communitycampus.org/directors.cfm

Las Vegas, NV
TRICH KIDS & TEENS LAS VEGAS
The focus of this group is a social, warm, and fun environment for children 17 and younger living with Trichotillomania. There will be light refreshments and activities such as board games, art projects, and a rap session. There is no cost to attend the meetings. Please RSVP is required for planning purposes. All children must be accompanied by a parent/guardian at all times. Parents/guardians will have an opportunity to meet with one another at the same time. The group does not seek to provide treatment for Trichotillomania.
Contact: Stacy Strauss for information and to RSVP: 240-476-2608 or at stacystraus@yahoo.com

Roanoke, VA
Peer Support Group for Trichotillomania and Skin Picking
This group meets on the first Saturday of the month, 2:00 - 4:00 pm at the Roanoke Civic Center, 3rd Floor, Room B6, 706 South Jefferson Street, Roanoke. Held once a month, this volunteer-run group is free and open to individuals with trichotillomania and compulsive skin picking. Children with parents are welcome. Please contact Lori for more information.
Contact: Lori Mier
Phone: 540-892-6200 Email: loriimsius@yahoo.com

Tacoma, WA
South Sound Trichsters Peer Support Group
Open to adult pullers and pickers. Check blog link below for most up-to-date meeting schedule
Meets Wednesday evenings at 7:00 pm at 7427 S. Hasker Street, Tacoma, WA 98408.
For more information please contact:
Jessica or Carlyln
email: SouthSoundTrichsters@yahoo.com
website: http://southsoundtrichsters.blogspot.com

Interested in starting a group in your area?
Join the fight to end the stigma and shame associated with BFRBs, as well as truly helping others to achieve a pull- or pick-free reality.

TLC will actively support your efforts to start and lead a group.
Visit http://www.trich.org/involved/start-group.html for some helpful articles on getting a group started or, give the TLC office a call; staff would love to talk to you about how to get a group going in your area.
The Dragon Who Pulled Her Scales
by William Michael Davidson
Illustrated by Laura Browder
Available online: amazon.com $20.00

The Dragon Who Pulled Her Scales is an adorable little paper-
back written by an author/father for his young 9-year-old trichster.

In this book, author William Michael Davidson tells a story most of
us are all too familiar with: a young creature struggles with a
secret behavior about which she is so ashamed she tells no one.

It’s also an inspiring story we are hearing more and more fre-
quently: a once-shamed person overcoming their embarrass-
ment and regrets to help others, even at the risk of exposing a
very private secret.

Davidson tells the tale of a young dragon, Ellam, who hid a se-
cret from her friends and fellow dragons: she pulled her scales.

What is particularly unique about this book is that it was writ-
ten by a father in response to his own daughter’s diagnosis of
trichotillomania.

Davidson shares his inspiration to write this book, and how he is
turning this experience into one that will continue to help chil-
dren and families who struggle with other types of issues that
affect children and families.

What prompted you to write this story?

My almost nine-year-old daughter developed trich about two
years ago. I had never heard of trichotillomania and had no idea
what to do or how to go about it. Fortunately, I was able to find
an excellent doctor, Liana Georgoulis, who began working with
my daughter. I also found some help at a local support group
in Long Beach. For a while, I knew that I wanted to write her
a story about her condition. I only knew two things at first: I
thought The Dragon Who Pulled Her Scales was a pretty good
title, and I knew I wanted the dragon with fewer scales than the
rest to become the “hero” because of her differences.

One night, my daughters were asleep and I was feeling pretty
overwhelmed with my daughter’s condition and what trichoti-
llomania would mean for her growing up. I sat down to write
the story, not really sure where I was going to go with it, and
The Dragon Who Pulled Her Scales was born.

What does your daughter think about the story?

She loves the story. And I’m very glad that she does because it
was written “for” her. I was very impressed with her and how
she was able to extract some of the principles in the book and
apply it to her own life and her own challenges with trich. That
was probably the coolest thing. Watching the book take on
special meaning for her was the best part of writing the book. I
hope one day when she’s an old woman she’ll take it down from
her bookshelf, dust it off, and remember that it was her bravery
that inspired the whole thing: she is the true “hero” of the story.

Tell us a little about the illustrations, and why you se-
lected dragons as the main characters.

I selected dragons as the main characters because I’m a fantasy
lover by nature, so it’s a pretty natural creative writing project
for me.

I also wanted the story to be very metaphorical. I wanted the
imaginative elements to draw in my daughter (and other read-
ers) so they could “learn” from it without feeling like it was too
contrived.

That’s the wonderful thing about writing fantasy: it captures
the imagination and doesn’t feel threatening when you’re trying
to teach something. The illustrator, Laura Browder, is actually a
family friend and knows both my daughters. So it was a natural
fit for her to do the illustrations because she understood the
heart behind it.

Can you share some of the feedback you’ve received?

I’m pretty overwhelmed by its reception to be honest. When I
wrote it, I never imagined anybody reading it or taking interest
in it other than my daughter. The first time I read it to my wife
she cried, my daughter loved it, and when my daughter read it
in her therapy session, the psychologist thought it was a use-
tool as well and agreed to write an excellent forward to the
book for parents. Since then, I’ve had other parents write me
across the United States and overseas about what the book
has meant for them and helped families in their struggles with
trichotillomania (and other conditions). It’s very humbling and
I’m truly honored to be a part of the whole thing.

How has trich impacted your family?

It’s impacted my life in many ways, but I don’t think trichoti-
llomania (or any condition like it) should hold us back in leading
our lives.

At first, I was completely distraught, and thoughts of my
daughter having a horrible time growing up and all of the ad-
vantage she would have to endure haunted me. To be honest, I
still struggle with this at times. But I think trichotillomania has
reminded me that with adversity, great strength and courage
have the potential to manifest themselves. It’s also reminded
me that my job as a father is to teach my daughter where “real
beauty” comes from and to show her unconditional love and
support - regardless of how many hairs she has on her head.
At the end of the day, I want her to know that, while she may
struggle with trichotillomania, it will not define her. This is one
of the most important things I want to teach her as a father.

Now that the book is written, do you feel that that
impact has been relieved somewhat?

Yes. It’s funny because my daughter’s battle with trichotilloma-
nia changed significantly after I wrote the book and read it to
her. I don’t think the book is “magical” and it somehow healed
her, but I do think it did a few very important things. First, it
was very therapeutic to write, and it reminded me that my job isn’t
to become the Hair Police (something I have become quite
adept at) and that my job is to love and support her in every
way possible. I think it helped me become a better father. Also,
I think it helped remind my daughter that she is valuable, that
she has a purpose, and that she never is alone. She is not the
only person with trichotillomania and, even more so, she is not
the only person who struggles with things in this life. We are
all dragons with missing scales and we all have caves we are
tempted to hide ourselves in at times.

Any other thoughts you’d like to share?

I just hope the book really makes an impact on people. Every
time I read or hear about someone this book helped, it makes
the whole thing worth it. It also might be the beginning of
a new chapter in my own life. I’ve written a follow-up to the
book, The Dragon Who Tamed Her Temper, that deals with chil-
dren and managing temper. I am also working on another one,
The Tail of a Step-Dragon, a book that helps kids understand
the dynamics of stepfamilies. All of this is a constant reminder
to me that good things can come out of the curveballs life
sometimes throws at us.

Online reviewers agree that the Dragon Who Pulled Her Scales
is an excellent book:

Wish I’d had a book like this when I was a kid—it’s great for kids
with trich to know they’re still beautiful. I need reminding of that
even as an adult with trich, so I bought the book for myself (since
I don’t have kids) and loved it. You are beautiful for YOU, not for
your appearance! It’s ok to be missing some hair (or scales!)

This is a beautifully written children’s book for any child who
has ever felt different or alone because of things they are going
through. Helps young children know that they are never alone!

To purchase your copy of The Dragon Who Pulled Her Scales,

You may also find the book’s fan page on Facebook:
https://www.facebook.com/Thedragonwhopulledherscales.5

Wish I’d had a book like this when I was a kid—it’s great for kids
with trich to know they’re still beautiful. I need reminding of that
even as an adult with trich, so I bought the book for myself (since
I don’t have kids) and loved it. You are beautiful for YOU, not for
your appearance! It’s ok to be missing some hair (or scales!)

This is a beautifully written children’s book for any child who
has ever felt different or alone because of things they are going
through. Helps young children know that they are never alone!

Can you share some of the feedback you’ve received?

To purchase your copy of The Dragon Who Pulled Her Scales,

You may also find the book’s fan page on Facebook:

Wish I’d had a book like this when I was a kid—it’s great for kids
with trich to know they’re still beautiful. I need reminding of that
even as an adult with trich, so I bought the book for myself (since
I don’t have kids) and loved it. You are beautiful for YOU, not for
your appearance! It’s ok to be missing some hair (or scales!)

This is a beautifully written children’s book for any child who
has ever felt different or alone because of things they are going
through. Helps young children know that they are never alone!

To purchase your copy of The Dragon Who Pulled Her Scales,
In late 2011, as a way to gather useful insight into membership issues, I posted four questions about TLC membership in the Winter Newsletter. Fifteen members sent in responses, and it has been an extraordinary experience to spend some time contemplating WHY these particular individuals became members, decided to stay as renewing members, and what, as a group, they express as being the most beneficial impacts they receive from being a TLC member.

To those who responded, thank you from the bottom of my heart. I feel you have done a great service by giving TLC better understanding of membership issues/needs/goals at a much more quintessential level.

And here’s what I found out:

WHY did you become a TLC member?

Responses to this question had two underlying themes: the first was focused on seeking personal help: yearning for a sense of connection and validation that one was not alone with the disorder.

“I became a TLC member because I wanted help with my trich: information, advice, an answer, a resource, a community… anything that could help I could get.”

The second theme was the substantive desire to help not only oneself, but others:

“I spent a decade going to ‘specialists’ who had no idea what trichtones, but others:’

The second theme was the substantive desire to help not only I may feel that the organization is involved with.”

If you have ever renewed your membership, WHY did you renew?

Again, I found two intertwined themes: the first one being a recognition of the ongoing need for personal support, new information, and staying connected:

“Always renew my membership because I keep hoping there will be a CURE! I am interested in everything they say to me. I love hearing about the success stories hoping someday will be mine too. The latest medical and scientific information is interesting and helpful.”

“Because I like getting…reading INTOUCH… I like to know about upcoming events…”

“Always renew my membership and believe it the best money spent. I renew to support the cause and receive the touch newsletter. I grab it the second it comes in the mail & read it through & thorough.”

“I have renewed my membership because is working to de-stigmatize the condition.”

“I will never renew my membership.”

In summation, we all know that BFRBs tend to cause profound feelings of isolation for both individuals and families as a whole. The initial benefit of membership is a sense of being one of many, which is deeply relieving. Next, the need for access to accurate information, research, strategies, and events that continue to de-stigmatize the problem. Out of this grows the intense desire to DO SOMETHING. Find SOM way of participating that will get us ALL closer to a cure. A clearly identifiable and nonthreatening way to do this (in other words, private, not public) is to continue supporting TLC’s work by renewing membership, making donations, and getting involved in various ways that work for the individual or family.

This has been a powerful exercise for me as we introduce new member services (as discussed in the enclosed letter) and strengthen existing services.

I thank you for your tremendous support in helping us embrace a wider understanding of what membership means! –CP

8

TLC Membership:  A Family; not of Blood, but of Heart

Christina Pearson

store.trich.org

Use coupon code: TLCMEMBER412 at checkout. Excludes Membership & Text Messaging Programs Expires 5/30/2012

20% OFF BOOKS. DVDS. FIDDLES

The benefits are many: learning more facts, knowing I am not alone, learning strategies to help control and change my behavioral responses, and knowing this organization is working to destigmatize the condition.

“I feel like TLC is my lifeline and it normalizes my daughter’s behavior. We both like to read the INTOUCH magazine and it gives her the sense that she is not alone with this alienating disorder...”

“I love knowing that we are not alone in facing Trich. I still remember my daughter saying... after the conference she had many years ago… how good it was to be with others who knew what she was talking about and going through. It’s the support and knowing we aren’t alone that is priceless.”

“I will never renew my membership.”

“What has been the biggest benefit of becoming a TLC member?

Endings the sense of isolation and knowing others do understand were clearly seen as two of the largest member benefits. Closely following was the development of tools, strategies, and more accurate education, all contributing to recovery-oriented behavior. My favorite response was the shortest, “I stopped pulling!” Now, how do we bottle that and share it world-wide?”

“Knowing that there are others facing Trich. I still remember my daughter saying… after the conference she had many years ago… how good it was to be with others who knew what she was talking about and going through. It’s the support and knowing we are not alone that is priceless.”

“Finally, for the first time, I attended a TLC retreat this past fall in Jamison, PA. It has been life changing with regards to my hair pulling. I have maybe pulled 7 hairs since the retreat. My filling in pin and learned so much from the professionals present and fellow sufferers.”

“The biggest benefit of becoming a TLC member has been finding ongoing support for working on reducing and eliminating my skin picking.”

“I believe the benefits are many: learning more facts, knowing I am not alone, learning strategies to help control and change my behaviors, and knowing this organization is working to destigmatize the condition.”

“If you will NOT be renewing your membership, WHY are you making this choice?

For this question, there was not one reference to ending membership, only the desire to renew. This was also very informative, as it reinforced my belief that TLC is making a positive impact in our members’ lives. AND that membership is a valid means to supporting progress in the treatment and research of BFRBs.

“I will renew my membership. There have been times in the past when I thought about not renewing because I was looking for recovery and did not come from just reading the TLC Newsletter. However, [after] going to the TLC Retreat, that I heard about FROM the TLC Newsletter…”

“In summation, we all know that BFRBs tend to cause profound feelings of isolation for both individuals and families as a whole. The initial benefit of membership is a sense of being one of many, which is deeply relieving. Next, the need for access to accurate information, research, strategies, and events that continue to de-stigmatize the problem. Out of this grows the intense desire to DO SOMETHING. Find SOM way of participating that will get us ALL closer to a cure. A clearly identifiable and nonthreatening way to do this (in other words, private, not public) is to continue supporting TLC’s work by renewing membership, making donations, and getting involved in various ways that work for the individual or family.

This has been a powerful exercise for me as we introduce new member services (as discussed in the enclosed letter) and strengthen existing services.

I thank you for your tremendous support in helping us embrace a wider understanding of what membership means! –CP

9
During the third session, the two leaders introduced themselves and described behaviors associated with BFRBs. Group members also introduced themselves and shared how long they had been experiencing these behaviors, how it had or was currently affecting their lives, and their expectations of the group. The didactic addressed the ABCs (Antecedents, Behaviors, and Consequences) of BFRBs. More specifically, the antecedents/cues that precipitate a picking or pulling episode (e.g., days of the week/time of day, activity engaged in, location/environ-ment, sensory cues, and emotions and physiological state), behaviors/activities that are engaged in during a picking/pulling episode (e.g., focused vs. automatic, environmental aids, motor activities, and the consequences of the emotional and/or physical results of a picking/pulling episode (e.g., resulting damage, emotions at the end of a picking/pulling episode, being successful in reaching picking/pulling goals) were addressed. Members were guided through completing an individualized BFRF sheet, identifying their own specific antecedents, behaviors, and consequences of their picking and/or pulling behaviors. They brought these forms home with them, with instructions to modify the form if appropriate, and to bring it to the following session.

The second session included a review of the individualized BFRB plans, and members discussed any difficulties they had experienced before, during, or after their picking and/or pulling episodes between the first and second sessions. The leaders encouraged members to provide each other with support and feedback during this and each subsequent session. The didac-tic focused on developing effective sensory-related strategies to reduce picking and/or pulling behaviors, specifically addressing ways to decrease or block visual input (e.g., reducing access to mirrors or lights) and tactile cues (e.g., using gloves, band-aids, etc.). Members were also provided with alternative tactile stimulants (e.g., washing and/or brushing hair or skin for stimula-tion) and encouraged to use different interventions to soothe and heal the hair and/or skin (e.g., using lotions and medicated creams, washing skin/hair, putting cold packs on the legs). During the third session, didactics focused on describing how certain environments, including physical locations (e.g., bathroom), availability of certain objects (e.g., mirrors, chain, tweezers), time of day (e.g., right before bed), and certain activities (e.g., reading, watching TV) can cue picking and/or pulling behaviors through association. Ways members could change their environment to reduce picking and/or pulling behaviors were also offered. The strategies dis-cussed included both minimizing time spent in environments associated with picking and/or pulling stimuli (e.g., covering mirrors, lowering lights, changing environments, minimizing time spent alone). The fourth session’s didactic and ensuing group discussion focused on identifying emo-tions and other internal states (e.g., anger, sadness, boredom, nervousness, fatigue, etc.) that can lead to picking and/or pulling episodes, and adaptive ways to identify and meet those needs other ways (e.g., exercising, talking with others, yoga/relaxation exercises, taking a warm bath, etc.).

In the fifth session, distorted cognitions that can trigger picking and/or pulling behaviors, and interventions that can be employed to challenge such distortions, were explored. The belief that imperfect hair or bothersome areas on the skin had to be “fixed” with picking/pulling was countered by raising awareness that hair and skin have natural variations, and that healthy interventions (such as going to a dermatologist for skin-care, using hair dye to disguise gray hair, and applying skin cream to soften and heal the skin) can be adaptive alternatives. Further, members’ beliefs that they were unable to resist the urge to pick and/or pull was disputed by describing how urges are transitory, and that “delaying and distracting” tactics can be effective. Members were also encouraged to think of “flip-ups” and “bad weeks” as not being “back to square one,” but as learning opportunities. Concerns that none of these strategies would be effective was addressed by encouraging mem-bers to modify their individual plans when appropriate and to also increase motivation through use of a Premack or reward system.

The sixth session addressed the motor/habit aspects of picking and pulling. The didactic included a discussion on focused vs. automatic picking and interventions that could be used to delay pulling and increase awareness. This included making it hard to pick or pull (e.g., use of finger band-aids, self-mon-itoring, keeping hair wet, wearing gloves and/or scarves), using barriers (response prevention) to cover problem areas (e.g., wearing gloves, scarves, clothes, and using competing response training with alternative motor activities (e.g., playing with an eraser, Kossh ball, etc.).

The seventh and eighth sessions were spent reviewing mem- bers’ understanding of content areas addressed in previous sessions. Ways to maintain gains and prevent relapse, such as the importance of using several treatment techniques simultane-ously (e.g., cognitive strategies, changing environmental cues, competing response training, etc.), were also addressed. During the eighth and final session, members were provided with evaluation forms regarding their experience in the group. Members reported that they felt comfortable talking about their TTM and/or SP because the group was comprised of all women, that the individualized BFRB plans were well utilized and helpful between sessions, that the mind-body activities were relaxing and helpful, and that the structure of the group was very useful in meeting members’ TTM and/or SP needs, and that other members were generally supportive. Some mem-bers also recommended that future groups have an equal ratio of men with TTM to SP larger sessions, and a higher num-ber of total sessions. Overall, members reported fewer pull-ing/picking behaviors, urges to pull/pick, and distress related to pulling/picking, as evidenced by a decrease in the average score from pre-test assessment during the first session attend-ed (13.40; 54.75) compared to post-test assessment during the eighth session (9.60; 49.00) with the Massachusetts Hair-pulling Scale and the Hair/Skin Impact Scale, respectively.

In summary, group treatment for TTM and SP may be a viable alternative or adjunct to individual therapy for those suffering from Body Focused Repetitive Behaviors. Group treatment provides much of the therapeudic guidance and psycho-education-ational information that is present in individual treatment, with the addition of a supportive environment in which members can share their experiences of the disorders with each other, adding to the therapeutic value of treatment.

References:

—Katherine, 16 years old

TLC Member

A POEM FOR TRICHERSTERS

Feelin’ the tingle and the shame
I feel the smile yet the pain
Each day I live with true regret
Oh lord, I wish I could forget

The day when I first pulled my hair
I did it with such little care

Dear God this is my only wish
If only I could stop the itch

Please let me now control the urge
Oh lord, please give me faith and courage
I promise I will make things right.
If you will give me strength tonight.

~Katherine, 16 years old

TLC Member

Clinical Psychiatry, 67, 1877-1888.
Dr. Jon Grant also reviewed some of the neurotransmitters believed to be involved in BFRBs, including serotonin, dopamine, and glutamate. While drugs that increase serotonin levels, such as selective serotonin reuptake inhibitors, can improve BFRBs, he cautioned that drugs which increase dopamine levels such as stimulants can worsen picking. N-acetylcysteine (NAC), a glutamate modulator, has been shown to reduce hair-pulling. Dr. Grant also described ongoing and unpublished clinical trials of dronabinol. Dronabinol is an FDA-approved legal cannabinoid agonist which is thought to suppress damage from excess glutamate. Interestingly, 2/3 of study participants taking dronabinol showed a decrease in hair pulling. Final results are pending.

Other ongoing research studies were presented at the poster session. Topics included a controlled trial of habit reversal training in youth, styles of hair-pulling in adolescents, developmental factors and comorbidities of TTM, validity of diagnostic criteria in TTM, attentional bias in TTM, impulsivity in skin picking, trichodagomia (hair biting), outpatient dermatologist knowledge of psychodermatology, and assessment of 2010 TLC retreat attendee experiences.

BFRBs can lead to serious physical, emotional, and social consequences which are often overlooked. In a talk entitled “Picking and Pulling 101,” Dr. Fred Penzel presented a comprehensive summary of not only the basics, but some of the finer points and nuances in the treatment of BFRBs. Large studies of a non-clinical representative college student sample showed that 1.5% of male students report hair-pulling, 3.6% of female students report hair-pulling, and 4.6% of students suffer with skin picking. Despite these numbers, Dr. Penzel presented the TIP-A study by Woods et al. in 2006 which showed that 53% of health-care providers were either not knowledgeable about TTM or had only “heard” of TTM. This is not surprising since psychiatrists and psychologists receive little if any training in the diagnosis and management of BFRBs. Similarly, dermatologists who frequently encounter patients with BFRBs receive little instruction in psychopharmacology or therapy leaving the newest generation of dermatologists, psychologists, and psychiatrists largely unprepared to treat this population.

To accommodate this need, TLC recently created a series of training DVDs for healthcare professionals wishing to treat BFRBs. The course is led by expert Drs. Charles Mansueto, Fred Penzel, Ruth Goldfinger-Golomb, LCPC, and Dr. Suzanne Mou-}

2012 CONFERENCE ON
HAIR PULLING & SKIN PICKING DISORDER
MAY 4-6, 2012 | CHICAGO MARRIOTT O’HARE

Register online through May 1!

INFORMATION AND REGISTRATION: WWW.TRICH.ORG OR CALL 831-457-1004

Call for Submissions
Share your Art and Inspire Others

TLC seeks original works of:
• Non-fiction Narratives
• Poetry
• Success Stories
• Anecdotes
• Drawings
• Photography

Topic should pertain, either directly or indirectly, to living with Body-Focused Repetitive Behaviors.

We are particularly interested in articles about:
• Success
• Skin Picking
• Triumph

Articles that explain or depict treatment protocols will be reviewed by TLC’s Scientific Advisory Board prior to publication.

There is no submission deadline; TLC reserves the right to publish submissions as space is available.

Please submit your piece with the following information:
• Name
• Age
• Address
• Author credit as you would like it printed (full name, first name only, initials, etc.)

Please email submissions to: leslie@trich.org or mail to: TLC / ATTN: InTouch 207 McPherson Street, Suite H Santa Cruz, CA 95060

And so, while there may not be a simple “cure,” there are an increasing number of therapeutic and psychopharmacologic options, bolstered by rapidly evolving research, and I have come away from this conference with hope, looking very much forward to the next.

About the medical complications of picking and pulling such as repetitive strain injuries, tendinitis, skin infections, gastrointestinal blockage due to eating hair, eye irritation, and medical conditions caused by avoiding medical visits. He urged practitioners to also assess the emotional consequences of BFRBs such as low self-esteem, shame, secrecy, isolation, and loneliness.

Co-occurring psychiatric illnesses are common among patients with TTM. In fact, 26% of people with TTM have OCD, 23% have major depression, and 23% have generalized anxiety disorder. BFRBs are common, yet treatment options have historically been limited. Dr. Penzel presented staggering prevalence data about the BFRBs. Large studies of a non-clinical representative college student sample showed that 1.5% of male students report hair-pulling, 3.6% of female students report hair-pulling, and 4.6% of students suffer with skin picking. Despite these numbers, Dr. Penzel presented the TIP-A study by Woods et al. in 2006 which showed that 53% of health-care providers were either not knowledgeable about TTM or had only “heard” of TTM. This is not surprising since psychiatrists and psychologists receive little if any training in the diagnosis and management of BFRBs. Similarly, dermatologists who frequently encounter patients with BFRBs receive little instruction in psychopharmacology or therapy leaving the newest generation of dermatologists, psychologists, and psychiatrists largely unprepared to treat this population.

To accommodate this need, TLC recently created a series of training DVDs for healthcare professionals wishing to treat BFRBs. The course is led by expert Drs. Charles Mansueto, Fred Penzel, Ruth Goldfinger-Golomb, LCPC, and Dr. Suzanne Mou-
Dear Ones,

Finally! The sunburst clock, high on my office wall, portrays “correct time” once again. As I see no relevant need for the somewhat irritating “jiggle” twice a year created by Daylight Savings Time, I keep that one clock at what I consider to be regular time. This choice requires a subtraction of one hour when I look at the clock for about 5 months each year.

"Why on EARTH does she do that?" you might be wondering.

I have come to understand that I need clear “reference points” in life to navigate well. When I don’t have them, I tend to get caught up in the swirls and eddies of distraction, deterring or refocusing my journey for a while in various ways. I use my clock setting as a metaphor to remind me of this need.

As you probably know, last year marked TLC’s 20th Anniversary. During this time, I have tried to ground myself in what is truly important to me. TLC is growing up. And so is my own role in this unfolding story. What do I really need to be doing in this world? Are BFRBs still the cause that needs me most? How will I feel most fulfilled?

The answer has been unfolding within. Thrumming beneath all my work is the driving pulse of sorrow, the tone of which I hear all too clearly daily. It is a fundamental “reference point” in my life. And it is still too loud, too unceasing, still so often achingly alone and forlorn, that I MUST respond. I am crying now, with both joy and sorrow, because I understand that yes, this is my work, for the next twenty years, perhaps the rest of my life.

I recognize an ephemeral, delicate beauty, deeply powerful, but still a bit fragile, unfolding within this very work. It is precious to me – and ultimately what this mission is all about. I don’t know exactly what forms my work will need to take, but I feel I must continue to foster and recognize this inherent beauty, to help it find room to blossom in the light.

And you are the community I most cherish. You who have been rallied together by hope, love, and, yes, sorrow. I want you to know that I welcome (and need) your companionship, insight, and support. Thank you for traveling this path with me as Members of TLC.

Love, Christina

P.S. My hair: Yes, it’s growing long! Come to the Conference and see me to let go of the old identifier of “creating and running” TLC, and take on my new role.

The answer is: A lot! All thanks to your support.

The picture at TLC’s office is busier than ever right now. As Christina likes to say, things are “full-tilt boogie” as we orchestrate the last details for our Annual Conference in Chicago, May 4-6th. And, of course, the five of us are always busy answering the 300-500 requests for information and advice we receive each month. But that’s not all…

This February, over one hundred people attended our workshop in Virginia with Christina, Ruth Golomb and Sherrie Vavrick. We are now planning events for San Jose in June, Minneapolis in October, and more. Our Annual Retreat will be held this September at Pema Osel Ling near Santa Cruz, California, Sept 20-23, 2012.

Thanks to your Membership, your Annual donations, and the special gifts so many of you made to the Anniversary Fund, we are also adding exciting new programs this year.

In February, we launched an Education Campaign for Behavior Therapists: 3,000 Behavior Therapists received our publication “Expert Consensus Treatment Guidelines” and up-to-date information about resources to help them provide best practice treatment for their patients with hair pulling and skin picking disorders. We will be following up throughout the year with information about TLC and current treatment resources.

In June, we will introduce Webinars, free to Members. These sessions will range from intimate Q&A’s with Christina, to presentations by clinicians or researchers, to teens sharing success stories, to TLC Members’ favorite recovery tools or strategies. We are excited to provide an easily accessible new way to learn and share for those who may not always be able to travel to TLC Conferences and events. We will announce each webinar to you by email and at www.trich.org, so make sure you are receiving TLC E-lets. Let us know what you want to see scheduled!

With love and gratitude,

Jennifer Raikes
Los Angeles, CA
Jennifer@trich.org

We will inaugurate a new and improved Professional Training Institute, October 19-21, 2012. For the first time, we will be offering follow-up supervision for attendees to enable more in-depth mentoring by experienced clinicians and address treatment questions that arise as PTI graduates put their new knowledge into clinical practice.

We will expand our support for research this year. The research grant applications for the 2012 cycle were the most internationally diverse ever: we received submissions from the United Kingdom, Australia, Germany, Finland, and South Africa (and, of course, the United States). We look forward to announcing the winning recipients and reporting on recent scientific developments in our summer “Research” issue of In Touch.

Truly, we are making progress in our mission to end the suffering caused by hair pulling and skin picking disorders.

Christina, Dana, Leslie, Alice and I (the TLC Staff) all want you to know how greatly we cherish you, our Members. We witness on a daily basis the difference your support makes in real people’s lives. The calls and emails we answer each day range from a Mom who needs help finding a knowledgeable treatment provider, to persons in deep distress who need sympathy and guidance. Many of the people we serve don’t become Members.

But you have chosen to help. And that is truly special. Thank you for being a committed Member of this community.

This month, we are launching new Membership benefits and some changes to Membership structure and pricing – all described in a letter enclosed with this newsletter. (The price of basic membership remains the same, as it has for over a decade.) We are excited about these changes and hope you will find them helpful. As always, we will greatly appreciate your feedback.

With love and gratitude,
Jennifer

The TRAIN*: Texting Recovery Across the Inter-Net

The TRAIN has arrived… it’s time to jump on board!

Sometimes it is the little things that can trip us up, and sometimes it is the little things that can catch us when we begin to stumble! Sign up for a weekly text messaging program and receive an inspirational message from Founding Director Christina Pearson every Monday. For only $7.00 PER YEAR, let Christina’s weekly message become part of your toolbar, helping you to stay focused on the goal of recovery.

Each week, Christina will share her personal thoughts, or favorite sayings and quotes, carefully chosen to inspire, motivate and create new perspectives on our situation. Sample messages can be read at www.trich.org. Give yourself some TLC: sign up online: www.trich.org or by phone: 831-457-1004.

Founding Director’s Report…

Christina Pearson
Santa Cruz, CA

Executive Director’s Report…

Jennifer Raikes
Los Angeles, CA
Jennifer@trich.org

In October, we launched an Education Campaign for Behavior Therapists: 3,000 Behavior Therapists received our publication “Expert Consensus Treatment Guidelines” and up-to-date information about resources to help them provide best practice treatment for their patients with hair pulling and skin picking disorders. We will be following up throughout the year with information about TLC and current treatment resources.

In June, we will introduce Webinars, free to Members. These sessions will range from intimate Q&A’s with Christina, to presentations by clinicians or researchers, to teens sharing success stories, to TLC Members’ favorite recovery tools or strategies. We are excited to provide an easily accessible new way to learn and share for those who may not always be able to travel to TLC Conferences and events. We will announce each webinar to you by email and at www.trich.org, so make sure you are receiving TLC E-lets. Let us know what you want to see scheduled!

With love and gratitude,
Jennifer

TRAIN*: Texting Recovery Across the Inter-Net

The TRAIN has arrived… it’s time to jump on board!

Sometimes it is the little things that can trip us up, and sometimes it is the little things that can catch us when we begin to stumble! Sign up for a weekly text messaging program and receive an inspirational message from Founding Director Christina Pearson every Monday. For only $7.00 PER YEAR, let Christina’s weekly message become part of your toolbar, helping you to stay focused on the goal of recovery.

Each week, Christina will share her personal thoughts, or favorite sayings and quotes, carefully chosen to inspire, motivate and create new perspectives on our situation. Sample messages can be read at www.trich.org. Give yourself some TLC: sign up online: www.trich.org or by phone: 831-457-1004.
Become a TLC Bridge Builder:
Make a monthly pledge to TLC and make a difference where it counts.

Please select all that apply:
- adult TTM  - adult skin picking  - child TTM  - child skin picking  - educator  - health professional  - other

Name (and title if applicable): ____________________________________________________________

If parent, child’s name and age: _________________________________________________________

Phone: __________________________ Email: ____________________________________________

Street: _____________________________________________________________

City: ___________________________________________ State: ____________ Zip: ______

Yes! I would like to make a pledge to TLC of:
- $100/mth  - $50/mth  - $30/mth  - $20/mth  - $15/mth  - $10/mth  - $______ other amount

- I would like to make my donation on the _____ day of each month, beginning in May 2012.

- I would like to make a one-time gift of $ ___________ to support TLC’s mission and work.

Please initial:
- I understand that I can change or cancel my pledge at any time by contacting TLC.
- I understand that I will receive a receipt from TLC each year for my tax records.

- Please apply my donation to the TLC Scholarship Fund

TLC is a 501(c)(3) tax-exempt organization and all contributions are tax deductible. Our TAX ID number is 77-0266587.

Please select a payment method:
- Check or money order enclosed (US funds only)
- Electronic funds transfer (please enclose a voided check, if possible)
- Appreciated securities (TLC will contact me)
- Charge my credit card: (we accept all credit cards) Amount to be charged: _________________________

Card number: ___________________________________________________________________________

Exp. Date: __________________________ 3-Digit Security code __________________________

(from the back of the card. AmEx users, please provide the 4-digit number from the front of the card)

Cardholder’s Name: _____________________________________________________________________

AuthorizationSignature: __________________________________________________________________

Mail completed form to:
TLC • 207 McPherson Street, Suite H • Santa Cruz, CA 95060 or fax to 831-426-4383
831-457-1004 • www.trich.org • info@trich.org

Become a TLC Bridge Builder:
Make a monthly pledge to TLC and make a difference where it counts.

Please select all that apply:
- adult TTM  - adult skin picking  - child TTM  - child skin picking  - educator  - health professional  - other

Name (and title if applicable): ____________________________________________________________

If parent, child’s name and age: _________________________________________________________

Phone: __________________________ Email: ____________________________________________

Street: _____________________________________________________________

City: ___________________________________________ State: ____________ Zip: ______

Yes! I would like to make a pledge to TLC of:
- $100/mth  - $50/mth  - $30/mth  - $20/mth  - $15/mth  - $10/mth  - $______ other amount

- I would like to make my donation on the _____ day of each month, beginning in May 2012.

- I would like to make a one-time gift of $ ___________ to support TLC’s mission and work.

Please initial:
- I understand that I can change or cancel my pledge at any time by contacting TLC.
- I understand that I will receive a receipt from TLC each year for my tax records.

- Please apply my donation to the TLC Scholarship Fund

TLC is a 501(c)(3) tax-exempt organization and all contributions are tax deductible. Our TAX ID number is 77-0266587.

Please select a payment method:
- Check or money order enclosed (US funds only)
- Electronic funds transfer (please enclose a voided check, if possible)
- Appreciated securities (TLC will contact me)
- Charge my credit card: (we accept all credit cards) Amount to be charged: _________________________

Card number: ___________________________________________________________________________

Exp. Date: __________________________ 3-Digit Security code __________________________

(from the back of the card. AmEx users, please provide the 4-digit number from the front of the card)

Cardholder’s Name: _____________________________________________________________________

AuthorizationSignature: __________________________________________________________________

Mail completed form to:
TLC • 207 McPherson Street, Suite H • Santa Cruz, CA 95060 or fax to 831-426-4383
831-457-1004 • www.trich.org • info@trich.org