

database of treatment professionals who are knowledgeable about this disorder and can help you in your search for a local treatment provider.

Psychologists and therapists who specialize in cognitive-behavioral therapy, which addresses both the thoughts of an individual and their behaviors, are good resources for skin-picking problems. Dermatologists or psychiatrists can also prescribe medications that may help to eliminate skin irritations or reduce urges to pick, but results vary widely. Either option (or both) may prove useful depending upon your needs and personal approach to treatment.

What is the treatment and is it effective?

The primary treatment approach for CSP is a form of cognitive-behavioral therapy called Habit Reversal Training (HRT). Over the years, HRT has been expanded to become a comprehensive approach to understanding the physical and emotional triggers, situational factors and associated behaviors involved in problems like chronic skin picking. Once these factors are understood, alternative coping strategies are taught. This includes instruction in competing motor responses that actually prevent you from picking—for example, keeping your hands busy by holding and squeezing a rubber ball whenever you feel the urge to pick at your skin.

Another approach to treatment is called Stimulus Control (SC), which involves modifying physical aspects of a skin picker's environment to reduce sensory input that leads to picking. For example, if looking closely at your skin in the bathroom mirror causes you to pick your face, then the sensory input of seeing your pores needs to be modified. Try putting a piece of tape on the floor to remind you not to get too close to the mirror. If just touching your skin is a trigger for you, you might wear gloves, Band-Aids or rubber fingertips to prevent you from feeling your skin and help you resist the urge to pick. Or you might be instructed to avoid or alter situations that are high risk to you, such as sitting for long periods of time reading or using the computer. Overall, it is important to recognize that skin picking can be a complex problem and might need to be approached from several different angles to treat it properly.

Although few studies have been conducted to assess the effectiveness of these treatments, several case studies and small investigations support the use of HRT and SC for skin picking. In addition, there is some research support for the use of certain medications known as selective serotonin reuptake inhibitors (SSRIs), including fluoxetine, fluvoxamine, sertraline, paroxetine, citalopram and escitalopram. Additionally, there is preliminary research that indicates the effectiveness of certain medications in reducing impulses for specific behaviors (such as alcohol abuse) may also be useful in treating CSP.

Where can I find help?

If you are concerned with any medical aspects of your skin picking—a wound that may be infected, for example, or lesions that have not healed over time—it is important to first consult with your primary care physician or a dermatologist. (Do not be alarmed if your doctor is not familiar with CSP; you may have to educate him or her about your skin picking and its impact on you.) After any medical concerns are addressed, it is recommended that you seek help from a psychologist or therapist who can work with you to develop a behavioral program to address your chronic skin picking.

It also is important to determine the level of experience and the treatment approach of any professional you plan to go to for help. When interviewing a potential treatment provider, ask if he or she has specific training in treating body-focused repetitive behavior (BFRB) problems such as skin picking. Ask them to describe their treatment approach to you, and listen for terms like “cognitive-behavioral therapy,” “habit reversal training” and “stimulus control.” Self-education and self-help are also options for people who are unable to locate trained professionals; TLC (www.trich.org) can provide additional information and help in locating or starting self-help support groups in your area.

If your insurance company does not have professionals trained to treat this problem, request that they provide out-of-network coverage for providers with this training. Insurance companies are required to make exceptions when they cannot provide services within their panel of providers. Ideally, you will want to find a professional who is trained specifically in cognitive-behavioral therapy for BFRBs.

If you are unable to find someone trained in BFRB treatment in your area, you may need to find a professional who is experienced with behavior therapy and willing to learn more about skin picking. Professionals trained in the treatment of obsessive-compulsive disorder are also often familiar with behavior therapy for conditions like chronic skin picking and may be well-positioned to adapt their skills to help with BFRBs.

About TLC

Founded in 1991, the Trichotillomania Learning Center, Inc. (TLC) is a nationally based nonprofit organization that works to improve the quality of life of children, adolescents and adults with trichotillomania (chronic hair pulling) and related body-focused repetitive disorders such as skin picking. Our mission includes information dissemination, education, outreach, alliance building, and support of research into the causes and treatment of these disorders.

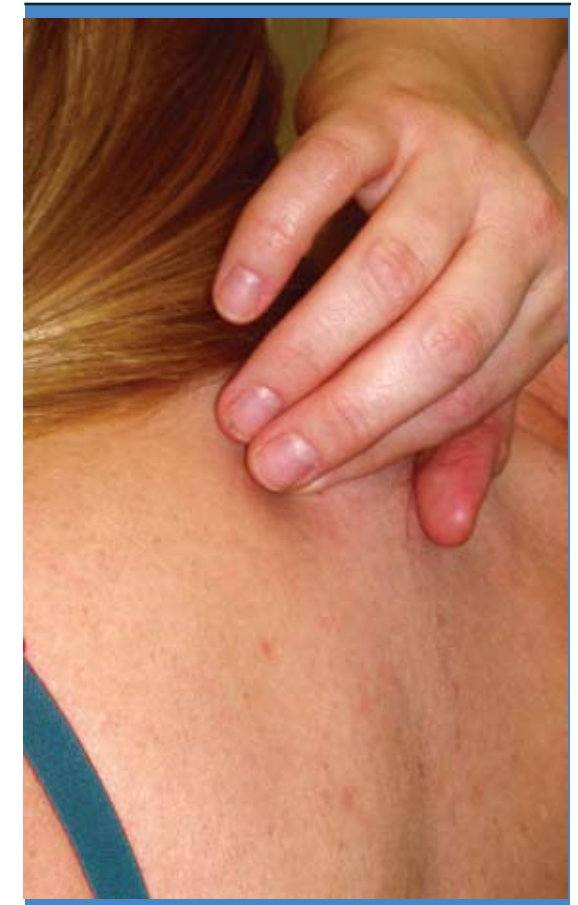
TLC's staff is happy to answer your questions by phone or email and to provide referrals to any local treatment providers who have experience in treating skin picking. TLC organizes local and national educational workshops, retreats and conferences each year that may be helpful to you and your family.

For help with referrals or additional information, contact TLC:
207 McPherson Suite H • Santa Cruz • CA • 95060
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Chronic Skin Picking:

An Informational Guide



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What is chronic skin picking?

Chronic skin picking (CSP) is a serious and poorly understood problem. People who suffer from CSP repetitively touch, rub, scratch, pick at or dig into their skin, often in an attempt to remove small irregularities or perceived imperfections. This behavior may result in skin discoloration or scarring. In more serious cases, severe tissue damage and visible disfigurement can result.

CSP is now thought of as one of many Body-Focused Repetitive Behaviors (BFRBs) in which a person can cause harm or damage to themselves or their appearance. Other BFRBs include chronic hair pulling (trichotillomania), biting the insides of the cheeks, and severe nail biting.

Skin picking or other BFRBs can occur when a person experiences feelings such as anxiety, fear, excitement or boredom. Some people report that the act of repetitively picking at their skin is pleasurable. Many hours can be spent picking the skin, and this repetitive behavior can negatively impact a person's social, work and family relationships.

Though skin picking often occurs on its own—unconnected to other physical or mental disorders—it is important to identify whether or not skin picking is a symptom of another problem that needs treatment. For example, skin picking could be a symptom of illnesses such as dermatological disorders, autoimmune problems, body dysmorphic disorder, obsessive-compulsive disorder, substance abuse disorders (such as opiate withdrawal), developmental disorders (like autism) and psychosis. Establishing whether skin picking is an independent problem or a symptom of another disorder is an important first step in creating an appropriate treatment plan.

Am I the only one who picks my skin?

No, most people pick their skin to some degree. Occasional picking at cuticles, acne blemishes, scabs, calluses or other

skin irregularities is a very common human behavior. It also is not unusual for skin picking to actually become a problem, whether temporary or chronic. In fact, studies indicate that 2% of all dermatology patients and 4% of college students pick their skin to the point where it causes noticeable tissue damage and marked distress or impairment in daily functioning. It is important to remember that you are not alone with this problem.

When is skin picking a serious problem?

There is no universally agreed-upon standard as to when skin picking becomes a serious problem. In more serious cases, though, the picking is generally time-consuming, results in noticeable tissue damage, and causes emotional distress. When it is even more severe, people often suffer impairment in social, occupational and physical functioning. This can include avoiding social activities such as going to the pool, gym or beach; being late for work or other events because of the time it takes to cover up the picking; and avoiding contact with anyone who may notice bleeding, scars or sores.

What causes chronic skin picking?

The cause of this disorder remains a mystery. However, research shows that some animals also pick or chew at their bodies, causing great damage. Because of this similarity, and the fact that in some women skin picking can fluctuate with the menstrual cycle, many believe that skin picking has an underlying genetic or biological cause.

Skin picking may also serve as an emotional outlet for some people. Repetitive skin picking appears to be a way for some people to increase their activity levels when they are bored, or to control their emotions when they are feeling anxious, tense or upset. The fact that some individuals can actually regulate their emotions by picking their skin may be why they develop this problem in the first place. Skin picking may cause a person to “numb” or “zone” out as a way of dealing with feelings that seem overwhelming. However, this has not been scientifically proven.

Is skin-picking a self-injurious behavior, like cutting or burning yourself?

No. Chronic skin picking can sometimes be confused with self-injurious and self-mutilating behaviors like cutting or burning of the skin because of the appearance of skin wounds and the fact that skin picking is self-inflicted. However, it is very important to distinguish between these two types of behaviors. People with CSP do not wish to cause themselves pain in order to relieve a sense of numbness or to assert a level of control over their bodies like those who cut or burn themselves. While people who pick their skin may find picking to be a pleasurable act, the aftermath is actually one of distress and remorse.

How does chronic skin picking start?

Skin picking can begin in a number of ways, but two in particular are quite common. First, a person may experience an injury to or disease of the skin. When the wound starts to heal, a scab forms and sometimes starts to itch. This may lead the person to pick or scratch at the scab. Unfortunately, with further trauma, the skin never completely heals. This can result in repeated scabbing and itching, which is then relieved with further picking. In other cases, people with chronic skin picking report that picking began during, or soon after, a very stressful event in their lives. The person slowly learns that skin picking can work to control their feelings and emotions and they continue to pick in the future.

At what age do people usually start picking?

The behavior can begin at any age, from pre-teen to older adult, and last for months or years. How the disorder progresses depends on many factors, including the stresses in a person's life, and whether or not the person seeks and finds appropriate treatment.



Why does skin picking become a problem for some people and not for others?

A large number of people habitually pick their skin, but it only becomes a severe problem for a relatively small number of people. The reasons for this are unclear, but one school of thought is that some people have a genetic or biological predisposition and thus are more likely to develop CSP. A second possibility is that those who develop a skin picking problem experience greater levels of anxiety, stress or boredom than those who do not.

Am I damaging my skin when I pick?

A number of things can happen when you pick your skin. While it is possible that you will not cause any permanent damage, in some cases an infection can develop in the area that was picked. You can tell that your skin has become infected if it is red, warm and tender. (If this red, warm and tender area does not heal quickly or begins to grow and spread from its initial location, you should seek medical treatment for the infection.)

Repeated skin picking also can cause the skin at the picking site to change color when it heals. It may take many months for the skin to return to its normal color and this will only happen if the spot is not picked. But it is also possible that the skin will remain permanently discolored.

You can get scars from repetitive skin picking. Scars can occur if you pick all the way through the top layer of the skin, called the epidermis, down into the next skin layer, called the dermis, or beyond. Picking this deep removes melanin, the pigment that gives skin its color. Most scars are small, but extensive, deep skin picking can lead to visible scars or uneven skin texture that will not go away.

Is help available?

Yes, help is available for chronic skin picking, but it can be hard to find. Since CSP is still a largely misunderstood problem, few medical and mental health professionals are adequately trained to treat the behavior successfully. However, as chronic skin picking becomes a more recognized and understood problem, more professionals are becoming familiar with interventions that can help. The Trichotillomania Learning Center (TLC) keeps a