

Revision of parenting book.

Please review for:

1. Book title. I like It's Hard Raising Parents vs Supporting the Support (i like the former)
2. Eric + Becca's main comments were:
 - a. too much lead up
 - b. lots of repetition of saying the same thing over and over again
 - c. Need more direction for parentsDid I fix those?
3. I added a Takeaways to each section - In researching non-fiction books, many readers read the introduction and the takeaways.
4. Did I miss anything big?

Addressing/Featuring Keen2:

Since our device has been updated (adding canned gestures), I have continued using Keen2 at the high level. I suggest we include how-to instructions in the appendix and point to the website for up-to-date information.

Tools:

The book features various tools, strategies, and mindsets.

Chapter 18 features a majority of our tools.

I'd like to add a ALL TOOLS section compiling all in one place, either in the appendix or it's own chapter. As quick-guide style, perhaps a tear out for parents or a chart. Could you your input

there.

Note: This book is loosely formatted. In designing the book I
invision the takeaways boxes formatted and call out boxes
formatted.

The subheads not formatted consistently.

Please track changes.

It's Hard Raising Parents

A Parents' Guide to Supporting Kids with
Trichotillomania (Hair Pulling), Dermatillomania (Skin
Picking), Nail Biting,
and Other Body-Focused Repetitive Behaviors (BFRBs)

By Ellen Crupi
With Aneela Idnani
Designed & Illustrated by Mari Larsen
Published by: <HA Logo>

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Medical Disclaimer

People living with body-focused repetitive behaviors (BFRBs) created this book for others living with these conditions and their loved ones. The pages within this book are meant to help parents understand the complexities of BFRBs and learn strategies to support a child of any age in their BFRB recovery journey.

This book is based on lived experience and is not to be perceived as or relied upon as medical or mental health advice. The information in this book is not intended as a substitute for professional medical advice, diagnosis, or treatment by your own physician, nurse practitioner, physician assistant, therapist, counselor, mental health practitioner, licensed dietitian or nutritionist, or any other licensed or registered health care professional.

In fact, we recommend that you consult with a trained provider before using any of the information available in this book.

The strategies, steps, tools, tips, and stories are for you to use at your discretion. By continuing to read this book you agree that you are participating voluntarily and that you are

solely and personally responsible for your choices, actions, and results, now and in the future. You accept full responsibility for the consequences of your use, or

non-use, of any information provided herein and you agree to use your own judgment and due diligence before implementing any idea, suggestion, or recommendation from this book to your life, family or business.

We are not providing health care, medical, or nutrition therapy services or attempting to diagnose, treat, prevent, or cure in any manner whatsoever any physical ailment, or any mental or emotional issue, disease, or condition. We are not giving medical, psychological, or religious advice whatsoever.

This book cannot predict, nor does it guarantee, that you will attain a particular result, and you accept and understand that results differ for each individual. Each individual's results depend on his or her unique background, dedication, desire, motivation, actions, and numerous other factors. You fully agree that there are no guarantees as to the specific outcome or results you can expect from using the information you receive in this book.

Our role here is to share our personal experience (anecdotal) of what we have found useful and to help to support and assist you in reaching your own goals, but

your success depends primarily on your own effort, motivation, commitment, and follow-through.

Dedication (draft)

For everyone living with a BFRB who's carried shame and silence, not knowing that love and light are waiting for them. There is. And you deserve every bit of it.

To Rachel and Julia, who are wise beyond their years and teach me how to love and learn every day.

To my husband, John, for always cheering me on.

And to Rusty, my sweet white dog, who helps make kids feel at ease when he pops in during a Zoom call.

Foreword

Author's Note

We have changed the names and identifying information of many individuals represented in the following stories to protect their privacy. The stories are real.

Contents

(not finished)

Front Matter:

Title page

Copyright

Dedication

Foreword

Author's Note

Introduction - Start Here

Parents Need Support Too

What This Book Offers

How to Use This book

What's Inside

Why I Wrote This book

Before you Begin

Why Ellen

Ellen's Journey

Aneela's Journey

It's hard Raising Parents

Put Your Mask on First

Part I Understanding What You're Facing

Chapter 1 What are BFRBs

Introduction: Start Here

If you're reading this, chances are your child pulls their hair, picks their skin, or bites their nails, and you're looking for answers.

You may feel confused, worried, even desperate. Take a deep breath. You're not alone. This isn't your fault. And there is hope.

What your child is experiencing is called a Body-Focused Repetitive Behavior, or BFRB. These behaviors include pulling hair, picking skin, or biting nails. They affect about 1 in 20 people but are still rarely talked about.

BFRBs are rooted in how the brain manages emotion, sensory input, and stress. They aren't a sign that something is wrong with your child. They reflect how your child's brain is uniquely wired. Just like some kids are more sensitive to sound or movement, children with BFRBs may struggle to manage urges or calm their bodies.

We all have ways of calming ourselves. Adults might scroll through their phones, pour a glass of wine, or shop online to relax. Animals self-soothe, too: birds preen, dogs pace, and cats groom themselves.

With BFRBs, the soothing comes at a price. These behaviors can leave behind signs like bald spots, scabs, or

damaged nails. Sometimes these signs are subtle and easy to overlook, especially if your child is hiding them. Other times, the signs are obvious, which can be frightening for a parent, particularly when you don't understand why or how to help.

But the behavior itself isn't something to panic over. It's a message from your child's nervous system saying, "I need something, but I don't know how to ask for it."

That's the heart of this book: to help you understand what BFRBs really are so you can support your child with less fear and more confidence. With the right tools and support, that sensitivity becomes strength. That signal becomes a guide. The BFRB can become a kind of superpower. So your child can stop feeling ashamed and start listening to what their body tells them.

BFRBs are not failures. They're signals.

Once your child learns to listen, those signals can lead to strength and growth.

This book will demystify BFRBs and provide you with practical, usable strategies to implement in your home today. These tools lead to short-term wins and long-term gains while strengthening your relationship with your child.

Parents Need Support, Too

Parenting is the world's most important and challenging job. Adding a child with a BFRB to the mix can make it even more difficult.

But it doesn't have to be.

Working with HabitAware, meeting thousands of parents and their children, and being a parent myself has made it clear that parents have a journey, too.

Parents want to take the lead, fix it, and make their child's BFRB disappear. I get it. I have two daughters with BFRBs; watching them made me want to jump in and fix it, too. But guess what? My children are not broken, and neither are yours.

Parenting is already hard. Add a BFRB to the mix, and it can feel overwhelming. Parents often feel confused, ashamed, or scared about the future, unsure how to help, what others might think, or whether their child will be okay. If you've yelled, begged, or blamed yourself, you're not alone. We all want to fix it. But your child isn't broken. And neither are you.

Does this sound like you?

If so, this book is for you. Inside, you'll find guidance, perspective, and practical tools to navigate this journey

with confidence. It will help you show up as your best self to fully support your child.

What This Book Offers

This book will help you:

- Understand what BFRBs *really* are—and what they are not.
- Shift from a place of fear and frustration to one of empathy and clarity.
- Learn specific, practical strategies you can try at home today.
- Build a stronger relationship with your child, grounded in trust and mutual respect.

The road ahead will be winding, with its share of ups and downs, as well as progress and setbacks. Sometimes, you'll walk side by side with your child. Other times, they may need space to find their own way, knowing you are there, cheering them on from the sidelines.

This is their brain and body—*their* journey. That makes your child the **Leader**. You are the **Supporter**, the steady presence that helps them navigate, encourages them when they struggle, and celebrates every step forward.

How To Use This Book

This book is designed to meet you where you are on your journey:

If you're just discovering BFRBs

The early chapters will help you understand these behaviors, why they happen, and how to identify if your child has a BFRB. You'll learn that BFRBs are not caused by bad parenting, trauma, or a lack of willpower; they're complex neurobiological conditions requiring understanding and support.

If your child has recently been diagnosed

You may feel overwhelmed or anxious about what this means for your child's future. The middle chapters will teach you how to communicate effectively with your child, create a supportive environment, and begin implementing strategies to help your child manage their behavior.

If you already have a HabitAware Keen2 bracelet

Later chapters will help you maximize Keen2's effectiveness, work through common challenges, and integrate with other management techniques.

What's Inside

This book is organized into three parts:

Part I - Understanding What You Are Facing

Learn what BFRBs are (and are not), why they happen, and how they affect your child emotionally and physically. We'll also address myths, readiness for change, and shifting from blame to understanding.

Part II - Supporting Your Child

Explore how to reframe your role, from fixer to copilot. You'll learn how to build trust through empathy, improve communication, and begin offering support even when your child resists help.

Part III - The Healing Journey with Love, Strength & Awareness

This is where action meets compassion. We'll walk through practical tools and strategies to help your child manage their BFRB. You'll learn how to open communication, build awareness, use supports like the Keen2 bracelet, and shape a home environment that empowers change.

Throughout the book, you'll find personal stories from my experience as both a person with trichotillomania (hair pulling) and as a parent of children with BFRBs, along with insights from coaching hundreds of families just like yours. You'll also learn HabitAware's proprietary behavior change model, centered on **Love, Strength, and awareness**, which has helped thousands take control of their BFRBs.

Why I Wrote This Book

Three reasons:

1. Because the people I help asked for it. Parents asked for it. Their kids asked for it. This is their book.
2. To teach parents the truth about BFRBs—and to offer hope, understanding, and a roadmap for your child and you.
3. To share my own story of hurting and healing. So no parent and no person with a BFRB ever feels alone.

If this book helps just one person, then I've done my job. But my hope is bigger than that. BFRBs are the most common mental health disorder no one wants to talk about—and if that one person doesn't have a BFRB, chances are they know someone who does. I hope that this book not only helps parents and kids feel seen and supported but also educates and normalizes what BFRBs really are—for families, communities, and the world.

Before You Begin

Before you turn the next page, there's something important I need you to know. What you're about to read comes straight from real life, my lived experience as someone with a BFRB, as a

parent of children with BFRBs, and as someone who has spent years supporting families just like yours.

I'm not a therapist. I don't have the letters after my name or the credentials hanging on the wall. But I've sat in dozens of therapist trainings. I've completed Yale's Supportive Parenting for Anxious Childhood Emotions (SPACE) training. I've spent years learning from experts, **but real life has been my greatest teacher. The kids, the parents, and the day-to-day reality of what this actually looks like; that's where the real learning happens.**

What I have to offer is practical wisdom, gathered from the messy, beautiful, day-to-day reality of navigating life with a BFRB.

This is kitchen-table wisdom. The kind that's been shaped through real conversations, trial and error, and figuring it out in the middle of ordinary moments; after school drop-offs, during bedtime routines, or sitting quietly in the car, wondering how to help.

It's not fancy. It's not perfect. But it's real and it works, and maybe that's exactly what the world could use a little more of.

The most important thing to remember is this:

Your child needs your love and understanding more than they need your solutions.

Let's begin this journey together.

Meet Your Guides

Before we dive into learning how you can support your child's BFRB recovery journey, I want to answer a question you might be asking yourself:

Why Ellen?

My lived experience as a child with a BFRB and as a parent of two children with BFRBs gives me unique insight into both sides of the recovery journey. I understand what it's like to struggle and what it takes to support someone through their challenges.

Growing up with trichotillomania (hair pulling disorder), I often felt isolated, ashamed, and lonely. But over time, I found a recovery method that brought me happiness and changed my life. Now, I am grateful to use that experience to support others.

Recovery from BFRBs is possible with a readiness to change, an individualized plan, and a supportive network. This book draws on my experiences from three perspectives: as someone who grew up with a BFRB, as a parent supporting children with BFRBs, and as a peer coach at HabitAware, a company dedicated to helping those with BFRBs. Through these lenses, I offer practical insights to help you support both your child and yourself on the journey to recovery.

Ellen's BFRB Journey

Most of us with BFRBs do not remember the first time we pulled or picked, but I do. It was during gym class in junior high, and I was barely eleven years old. We were outside on the field and about to pick teams. I was not sporty or popular, and I was probably anxious because who would choose me?

I must have been playing with my hair to calm my nerves, and then, for reasons I will never know, I pulled a single strand of hair out of my head. I remember this “zing” feeling and thinking, “That felt kind of cool.”

My next memory started with a scream.

“Sandy, there is something wrong with Ellen!” Sandy’s my mother. The person screaming was Fatima, a hairstylist.

My mother walked over to look closer as Fatima pointed her comb at my head and said, “Look, there are two bald spots behind Ellen’s ears.”

“What did you do!? What’s wrong with you!?” both women asked me.

“Anne put gum in my hair, and I had to pull it out,” I lied. There was no gum. But I was pulling out my hair.

Why did I lie? Thinking back, I realize I felt ashamed and terrified of being different. At that age, nothing felt scarier than standing out as odd, flawed, or broken. Instinctively, I knew being different could mean rejection, isolation, and ridicule. Like an animal separated from the herd, I feared becoming vulnerable and exposed. So, I hid behind a quick lie, hoping to blend back into the safety of "normal."

Why do I pull out my hair? I felt so weird and alone. I wanted to stop. I tried to stop. But stopping was impossible, as my hands seemed to have a mind of their own. I began to dread haircuts. Each time I sat in a stylist's chair, watching as they combed through my hair, the same monologue raced through my mind.

Did I cause any visible damage? Will they see any thinning or bald spots? Should I say anything? Will they say something?

After Fatima, no one said a thing.

Six years after Fatima pointed out my bald spots, I gathered up what little courage I had and confessed my hair-pulling secret to her. This time, maybe, she could

help. Her advice? “If you are going to pull, don’t pull in the back; pull in the front because you have too much hair there anyway.”

I don’t have to tell you that this wasn’t good advice. But it did teach me to keep my hair-pulling a secret.

High school was a blur. It was impossible for me to stop pulling, especially in class. When the bell rang, I would look down to gather my books and see all this hair on the floor. My hair. Hair, I didn’t even remember pulling, followed by fear. *Did anyone see me?*”

This happened over and over again. Each time, I vowed to stop, and each time I failed. *What is wrong with me? Why can’t I stop? I am such a weird, gross freak!*

In college, my pulling intensified. I pulled during class. I pulled in my dorm room. I pulled in the library. I’d say *never again*, only to start up 10 minutes later, the same routine, fleeting relief followed by deep shame. Clean up, hide the evidence, then conceal my thinning hair.

Another clear memory: It’s a warm sunny day, and my friends are playing wiffle ball on our dormitory front lawn. My friend Brian stood beside me and said, “Hey, Ellen. If you were going bald, I would know before you would because I’m taller and can see the top of your head.” I must have been like a deer in headlights.

The next memory is locking my dorm room door, grabbing a hand mirror, and checking the top of my head in the wall mirror. Sure enough, a bald spot was forming.

Then, in the fall of my sophomore year, something changed. As I walked into an Abnormal Psychology class, a word I did not know was on the blackboard. But that word knew me: Trichotillomania.

What is Trich-o-til-lo-ma-ni-a?

Trichotillomania (pronounced trik-o-till-o-MAY-nee-uh), also referred to as “hair-pulling disorder,” is a mental disorder that involves recurrent, irresistible urges to pull hair from the scalp, eyebrows, eyelids, and other areas of the body, despite repeated attempts to stop or decrease hair pulling.

The word trichotillomania comes from combining three ancient Greek words, and it’s a combination of three root words:

Tricho (θρίξ / *thrix*) – meaning hair

Tillo (τίλλειν / *tillein*) – meaning to pull or pluck

Mania (μανία / *mania*) – meaning madness, frenzy, or excessive enthusiasm

Put together, trichotillomania means something like “hair-pulling madness” — though today we understand it as a body-focused repetitive behavior (BFRB) and a mental health condition, not “madness” at all.

I would learn later that in 2013, the term was officially changed to "Hair Pulling Disorder" in the updated DSM-5 to simplify the nomenclature.

As the professor began the lesson, I immediately realized this applied to me. *There is a name for what I do! I'm not the only one!* But that feeling was short-lived, quickly followed by confusion and dread. *Now what?* This was 1984, a time when the internet was not yet available and information was scarce. Years later, I learned that trichotillomania wasn't officially recognized as a mental health condition until 1987.

I knew what I had, but I still couldn't stop, so I continued to hide my pulling as best I could, cleaning up the evidence and pulling in different areas on my scalp so I wouldn't have noticeable bald spots.

During my junior year, I finally confided in one of my closest friends about my hair-pulling habit. An enormous weight lifted off my shoulders. Secrets make us sick, and that one was suffocating. Thankfully, my friend was supportive.

Until she wasn't.

I remember the moment clearly, down to the clothes I was wearing, black velvet pants with royal blue polka dots and a Benetton oversized sweater (it was the 1980s).

I was a hostess at a college pizzeria and bored during a slow shift. Boredom led to pulling as I waited and watched the front door. That's the moment my friend came around the corner and saw me. "Ellen, you are disgusting!" She shot me a look of pure disgust and walked out the front door. I was caught again. Deep sorrow and shame washed over me. What is wrong with me? Why can't I stop?

College ended, but not my pulling. When the internet became available, I secretly searched, "Why do I pull out my hair?" That's when I discovered the Trichotillomania Learning Center, the first organization for BFRBs. It was founded in 1990 by Christina Pearson, who also lived with the disorder.

Today, the organization is known as the TLC Foundation for Body-Focused Repetitive Behaviors. I eagerly read everything I could find, although information about BFRBs was still limited.

It was time. I wanted help. My health insurance gave me a referral to a therapist who claimed to treat trichotillomania. As I prepared to begin my healing journey, I sat in his

office, nervous and excited. I shared my most intimate secret, and this is what he said.

“Ellen, is there something you really want that, if you got it, would make you so happy that you would stop pulling? Perhaps a pair of beautiful gold earrings?” He stroked his earlobe as he talked. “And if you stop pulling, you can wear those earrings. Go out and buy them and then look at them daily as a reminder to stop.”

Are you kidding me? That was like Fatima advising me to pull the hairs in the front of my head. I had been so hopeful and ready to get the help I desperately needed and wanted, but this therapist was a complete disappointment. His lack of understanding made me feel even more misunderstood. He had no idea how to treat trichotillomania. As I left, he said, “See you next week,” but I knew I would never return.

Life resumed, and I continued to chase the cure. I tried acupuncture, hypnosis, antidepressants, N-acetyl Cysteine (NAC) supplements, fidgets, gloves, hats, bandages, and more individual therapy. Eventually, I found a good therapist and joined a professionally led support group for BFRBs. And it worked.

Until it didn't.

The BFRB education and meeting others on the same path were invaluable in helping me initiate my recovery. But I didn't have the real-time awareness. It was so much harder to stop once I started pulling. The eight-week therapist-led group came to an end, along with my accountability and motivation.

Life went on. I got married. We bought a house. While my husband was sleeping, I'd read and pull, depositing the hair behind the bed's headboard—years and years of hair. I'll never forget the day we decided to install new carpeting in the bedroom. I crawled under the bed to clean up years of my discarded hair. Talk about shame!

Then came my babies: two daughters, three years apart. As a parent, you know the feeling: the profound realization that you never knew it was possible to love someone as deeply as you love your newborn baby.

Another vivid memory. I'm nursing my oldest daughter, who is just days old, in the comfy chair, her warmth against mine. My fingers began to scan my hair, and I was pulling before I knew it. I panicked. What if Rachel ends up with trichotillomania like me?

Before wishing for good health, wealth, or lasting friendships, the number one wish on my list was, *"Please do not let Rachel get trichotillomania."* Three years later,

my second daughter, Julia, was added to that universe prayer.

I hid my hair-pulling from my children. Embarrassed and ashamed, I didn't want them to copy the behavior or ask me why I was pulling out my hair. I did everything possible to avoid pulling in front of them.

The car was a tough place for me to control my behavior. As a parent, you are always in the car, picking up or dropping off someone somewhere. As a strategy, I wore rubber bands around my thumbs to block and interrupt the behavior.

During one carpool, Julia's friend in the back seat leaned forward and asked, "Mrs. Crupi, why do you have rubber bands on your thumbs?" She caught me mid-strategy, and I panicked. Looking back, I realized she was just curious, but I removed the rubber bands to avoid being questioned again.

I continued to chase the cure, as if it were searching for the Fountain of Youth. It was exhausting with endless cycles of trying and failing. So, I resigned myself to the idea that I would live and die with trichotillomania.

But that didn't happen. It was May 2017, and I spent my evenings binge-watching TV in my bedroom. For hours, I was entranced in my hair-pulling routine: pulling, playing

with the hair, biting it, and tossing it behind the headboard on repeat.

My elbows and fingertips ached from the repetitive movement. I was afraid to look in the mirror and see the damage I caused. Furious with myself, I rose from the bed, grabbed my laptop, and googled: *What are the latest breakthroughs in trichotillomania treatment?*

I had zero expectations of finding anything new, but to my surprise, the first link in the search results said, “Take control of trichotillomania with HabitAware Keen.”

I had never seen anything like it. A bracelet that gently vibrates when you engage in hair-pulling behavior. I read the founders’ story and learned it was invented by a woman, Aneela Idnani, who grew up with trichotillomania, just like me.

Was this for real? I read how this new invention worked. In less than 30 seconds, you train the bracelet to your specific hair-pulling, skin-picking, or nail-biting wrist motion.

Once trained, the bracelet recognizes when you are engaging in the unwanted behavior and sends a gentle vibration to interrupt and create awareness. The gentle vibrations provide a moment of pause, allowing you to become aware of your hands and then replace self-soothing, unwanted behaviors with healthier ones.

I cried. Decades of defeat gave way to a renewed sense of hope. I immediately bought two.

I was so excited when they arrived that I ignored the directions. Both bracelets gave me too many false alarms to be of use, so they went into my closet, along with my hope. I should have followed the directions.

Then, I received an email from HabitAware offering a free video training call to ensure I was set up for success with Keen. I booked the call and met Aneela's husband and HabitAware's CEO, Sameer.

With Sameer's help, I learned how to properly train my Keen bracelet. That was the starting point of my long-term recovery from trichotillomania—and the key to taking control. It helped me build my “awareness muscles,” which allowed me to recognize when I was about to pull. That awareness gave me the power to explore *why* I was pulling and to replace it with healthier strategies that fit my needs in the moment. Little by little, those small shifts became real, lasting change.

I gained confidence in managing my hair pulling and knew HabitAware was onto something with its power of “Keen” awareness.

I had to help others the way HabitAware helped me. I wrote to Sameer asking to work with the HabitAware team.

That one Google search changed my life. Twice.

Today, I'm nearly **95 percent pull-free** and **100 percent shame-free**—and I have the privilege of supporting people like you and your children as you navigate recovery from hair pulling, skin picking, nail biting, and other BFRBs.

Aneela's BFRB Journey

My hair-pulling started as thumb-sucking as a baby. It was my first way of using my body to self-soothe. Eventually, I moved on from thumb-sucking to hair-twirling and other BFRBs. During puberty, I started pulling at my pubic hair. My eyebrows were so bushy that I began tweezing them. From a seemingly harmless cosmetic chore, my predisposition to BFRBs was triggered, and I developed uncontrollable, subconscious pulling.

Pulling out my hair was a coping mechanism for bullying, academic stress, boredom, and other triggers. It got worse when my father fell sick with cancer, but I still managed to find a way to hide the hair-pulling for more than 20 years. I learned to balance out my pulling—a little from the top, a little from the left, a little from the right—so it would be less noticeable.

My energy was spent on concealing because I had no idea how to start healing.

I was ashamed of engaging in the behavior and afraid of what others would think, including those very close to me, such as my parents, sister, and even my husband.

My husband, Sameer, caught me without eyebrows a few years ago. I was pregnant at the time, and the hormones, along with work stress and exhaustion, drove me to pull out an entire brow just before falling asleep. The next morning, when I entered the bathroom to get my eye pencil, Sameer was stepping out. I didn't have time to cover up the damage from the night before. He looked at me and asked, "Aneela, where are your eyebrows?" That's when I shared my trichotillomania secret.

After that, he started noticing the hair-pulling. One night, sitting on the couch together while we watched TV, he gently took my hand as I was pulling out my eyebrows—and I gently resisted the urge to punch him! Feelings of shame chilled my spine. That was the moment when I wrapped my fingers around my wrist and said, "I wish I had something that notified me, other than you!"

It didn't exist, so we teamed up with our co-founders, Software/Firmware CTO Kirk Klobe and Hardware Engineer John Pritchard, to build a smart bracelet that delivers real-time awareness of specific, trained wrist movements

for hair-pulling, skin-picking, and nail-biting via gentle vibration. With awareness, a person has the opportunity to pause and choose healthier soothing strategies. In time, the goal is to retrain the brain to use the new strategies as the go-to rather than the unwanted behavior.

My work at HabitAware has connected me with thousands of people through peer coaching, bracelet training calls, online support groups, conferences, and HabitAware's online community. I've heard many BFRB stories and know the common threads that bind the community. Our close connections and the common themes we've identified drive our understanding of BFRBs deeper than that of many trained professionals. Our expertise lies in our personal and shared experiences, and is proven by the thousands of lives we have helped change for the better.

We hope to do the same for you and your family.

Wishing you Love ❤️, Strength 💪, & Awareness 👁️,

Ellen & Aneela

It's Hard Raising Parents

When my mother was in the hospital getting a knee replacement, I was her medical advocate, looking out for her and making sure she had what she needed to heal. She was a retired physical therapist and a very difficult patient.

As I was leaving the hospital one night, I began my usual goodbyes and thank yous to the nursing staff for taking such good care of my challenging mom. With a knowing smile, a nurse replied, "It's hard raising a parent."

That made me smile. What about you?

Our job as parents is to raise our children to become independent members of society. Babies get tummy time to strengthen their necks and learn to roll over, crawl, and walk. Preschoolers learn to say "please" and "thank you," as well as how to share. As your kids grow older, you instill your family values, and they test the boundaries of your family. It's hard raising kids, but it's also hard for kids to raise their parents.

Let me explain.

A typical HabitAware Keen2 training begins with the child, wide-eyed and silent, flanked by their parents. The call

starts, and the parents speak on behalf of their child, regardless of the child's age, from 8 to 18.

As I listen, I gently steer the conversation toward the child by asking their age or guessing their grade. Some parents jump in to answer, while others simply glance at their child. That's when I look directly at the child, lean in, and cup my hands around my mouth like I'm about to share a secret. The child leans in, too, and in an exaggerated whisper, I say, "It's hard raising parents." Instantly, everyone laughs, and the tension melts away. At that moment, I'm letting the child know: I've got your back. I'm here to do this with you. You are in charge.

As you embark on supporting your child through their BFRB journey, it's not your journey to control. You are their sturdy supporter, and in the upcoming chapters, you'll learn how to support your child and yourself.

First, let's begin with you.

Put Your Mask on First

There's a reason the airline safety reminder instructs you to secure your own oxygen mask before assisting others.

It's not selfish. It's survival.

If you lose your breath while trying to help, you both end up struggling, or worse.

The same is true as you navigate this BFRB recovery journey.

Your child needs you steady and supported, able to catch your own breath so you don't both end up overwhelmed and worn down.

I know what you're thinking: *I don't have time to take care of myself first, let alone at all.* The same applies. Self-care is not selfish. It's your survival.

You get drained from lack of sleep, stressful workdays, running carpools, finding lost permission slips, managing your health, caring for aging parents, and keeping up with current events. I'm exhausted just writing that sentence!

A depleted parent can't effectively support anyone, not even themselves. When I'm running on empty, everyone feels it. My depletion becomes the undercurrent in the

room, setting the emotional tone for everyone. I know you know exactly what I'm talking about.

Add to that the heartbreak of tucking your child in at night with two eyebrows and waking up to find one half gone. The emotional weight of that moment is real. It's an instant drain on our battery.

Redefining Self-Care

Self-care is a mindset shift. We tend to think of self-care as massages and manicures, which are lovely, but it's much deeper than that.

A Zen proverb says, "If you don't have time to meditate for 10 minutes, you should meditate for 20." This saying reminds us that as life becomes busier, it becomes increasingly crucial to take a step back, slow down, and center yourself so that you can approach challenges with a clear and composed mind.

This isn't just feel-good advice. It's backed by science. Psychiatrist and author Dr. Pooja Lakshmin, who specializes in women's mental health, often says, "When parents do better, kids do better." Research supports this idea. Children co-regulate with the adults in their lives. Your emotional tone, stress responses, and nervous system patterns shape how your child learns to manage their own emotions. When you are steady and emotionally available, your child is more likely to feel safe, connected, and

resilient. Your mental health doesn't just affect you. It shapes the emotional environment your child grows up in.

Think about self-care like recharging your phone. You see the low battery image; that's your signal to find a charger.

My tell? I get snippy and short. I'm quick to point out others' mistakes, and even simple decisions feel overwhelming. My shoulders tense. My back tightens. That's my signal to recharge.



What's your low battery signal?

What happens in your body? What about your reactions? Do you retreat or lash out? Those are your low battery signals. Jot them down.

Next: How do you recharge yourself?

Does that question spark clarity, or bring up a quiet unease because you're not sure what actually fills you back up anymore?

Here's some guidance. Imagine you are in a beautiful location, and the house is full of all your favorite things. What would you choose to do simply because it brings you joy? Who would you invite along, if anyone?

Put a check  next to the activities that fill you up. Put a star  next to the ones you want to test out or know you need more of, and add anything I missed to your list:

Exercise
Sports
Prayer
Meditation
Singing
Dancing
Gardening
Cooking
Friendship time

Writing
Reading
Time in Nature
Socializing
Therapy
Creative Arts
Volunteering

BONUS: When you care for yourself, you're modeling for your child that self-care is necessary and allowed.

Shaded call out box

Take care to give care.

Your well-being isn't a luxury—it's essential.

When you pause to recharge, you show your child that caring for yourself is not just allowed, it's necessary.

End roman numerals

Part I:

Understanding What You're Facing

Chapter 1: Why Understanding Matters

Support starts with understanding. Without it, even the best intentions can lead to fear, frustration, and disconnection..

Let me start with a story that taught me the power of understanding.

On the first day of fifth grade, my youngest daughter, Julia, came home excited about her social studies class. Her first homework assignment was to read a journal entry written by a fifth-grader from colonial times and then build a daily schedule for what life was like back then.

It should have been a simple assignment: Read the passage and make a schedule. For Julia, it was impossible. She didn't understand and felt frustrated, embarrassed, and stupid.

I was equally frustrated and even a little mad. *Why couldn't she get this?* I thought of her older sister, Rachel, who had effortlessly completed the same homework assignment three years earlier. Julia could barely read the passage and didn't understand how to create a schedule.

I was frustrated. She felt ashamed.
I can fix this! I thought. *She needs a tutor.*

That didn't fix it.

I figured it must be her eyes. *Let's go to the eye doctor.*
That will fix it!

Nope.

I bet she is a late bloomer and will grow out of it. That will fix it!

Spoiler alert: It didn't.

As I waited for Julia “to bloom,” the academic gap between her and her friends grew wider. I shared my concern with my best friend, and she suggested Julia might have a learning disability. I dismissed that idea; there was *no way* my child had a learning disability! However, as Julia struggled to grasp what was happening in class, I started to consider the possibility. I knew that if it were true, I had to help her.

But how? I had to understand learning disabilities.

After considerable research, Julia met with a psychologist and underwent testing for learning disabilities. The diagnosis was a triple whammy: receptive language deficit, expressive language deficit, and a whopping case of inattentive ADHD. I had a vague understanding of these diagnoses. The doctor put it this way: Julia struggles with verbal and reading comprehension, is expressive language deficient, and is highly distracted.

I couldn't fix it.

Will she be sent to remedial classes and away from her friends? Will she get bullied? What about soccer? She'll have to quit to keep up with school. I doubt she'll make it to college, and if she doesn't, will she get a job, will she find love?

I share this story because it's your story, too.

Swap "Julia" and "learning disabilities" for "your child" and "BFRB."

Are you asking the same questions?

Will my child get bullied in school? Will they have to quit their sport so friends won't see the balding or skin picking

scars? How will they make it in high school or college? Will anyone want to marry my child with this condition?

Julia can't just stop having a learning disability. She can't just try harder to learn, and I can't make her do the work or do it for her. These neurological differences aren't choices. They are how her brain is wired.

Similarly, your child can't stop having a BFRB because you ask them to. BFRBs are not habits your child can simply break through willpower or desire to please you.

The psychologist explained that learning disabilities do not go away but can be managed. She delivered hope. Julia was bright and capable, and with the right tools, teaching method, and support, she could thrive.

If my husband and I hadn't invested in understanding our daughter's condition, she would still be struggling. Today, she is a proud University of South Carolina graduate with a full-time job! She learned how she learns, which is precisely what she needed.

The psychologist gave me hope, and I want to provide you with the same. The psychologist gave me hope, and I want to provide you with the same. This does not define your

child. With the right understanding, support, and strategies, they can thrive.

Call out: Your child isn't broken—they can learn to manage their BFRB and thrive, and you don't have to do it alone.

Before we can move into the actions, the what-to-dos, you need to understand the whys. I get it—you're here because you want to help your child stop pulling, picking, or biting. You're ready for the action steps. You're thinking, Just tell me what to do. But if we skip over the deeper understanding, the strategies won't land the way you want them to.

Think of it like this: before you can drive, you need to learn the rules of the road. Take the keys without understanding how the car works or what the signs mean, and you're likely to feel frustrated, lost, or even get hurt.

This next section is your driver's ed. It's the foundation. Not tactics yet, but the awareness, knowledge, and mindset shifts that make the tactics work.

Here's what we'll cover:

- What BFRBs really are, and what they're not

- How we define BFRBs at HabitAware, through brain science, lived experience, and self-compassion
- Why BFRBs show up in the first place
- The myths that create confusion, shame, and frustration, so you can let them go

Most people skip this part. Not you. You're here to really understand.

Once you have this foundation, the “what to do” will click into place. I promise.

Chapter 1: What Are BFRBs?

BFRB stands for Body-Focused Repetitive Behavior. These are repetitive grooming behaviors, such as hair pulling, skin picking, or nail biting, that people engage in to self-soothe, often without even realizing it. They are not bad habits. They are coping mechanisms that are not beneficial in the long run.

For people living with a BFRB, these behaviors are the brain's way of trying to manage stress, anxiety, boredom, or sensory discomfort. Aneela, HabitAware's cofounder, often explains it this way: *"For me, hair pulling was my brain's faulty way of helping me feel calm."*

One of the most common questions people ask is, *"Why don't you just stop?"* But it's not that simple. BFRBs are wired into the brain's habit and emotion circuits. They can happen so automatically that the person may not even know they're doing it until the damage is done. It's like asking someone to take a breath when they're stressed; it's not a conscious choice.

The key isn't to fight the behavior with shame, punishment, or force. It's to build awareness, understand the patterns behind it, and learn how to respond differently, with tools, skills, and support. That's what changes everything.

Let's start with how BFRBs are defined by the book, and then we'll talk about why that definition doesn't tell the full story.

Defining BFRBs by the book

BFRB is an umbrella term that includes numerous recurrent body-focused activities where a person compulsively picks, pulls, or tugs at one or more parts of their body.

These include, but are not limited to:

- Dermatillomania: skin, lip, finger or cuticle picking
- Dermatodaxia: skin biting
- Dermatophagia: skin eating
- Morsicatio Labiorum: lip biting
- Moriscatio Buccarum: cheek biting
- Onychotillomania: nail picking
- Onychophagia: nail biting
- Rhinotillexomania: nose picking
- Trichotillomania: hair pulling
- Trichophagia: hair eating

There are many types of BFRBs, but for clarity and simplicity, this book will focus on the three most common: hair pulling, skin picking, and nail biting. The tools and strategies you'll learn often apply to other BFRBs as well.

The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published in 2013 by the American Psychiatric Association, is the definitive reference for mental health professionals. This textbook classifies BFRBs as “Obsessive-Compulsive *and Related* Disorders.”

According to the DSM-5, BFRBs are a mental disorder that involves recurrent, irresistible urges to pick, pull, or bite one's own skin, nails, and/or hair from the scalp, eyebrows, eyelids, and other areas of the body, despite repeated attempts to stop or decrease the unwanted behavior.

Emerging research supported by experts from organizations such as The TLC Foundation for BFRBs suggests that these behaviors may stem from primal grooming instincts. These instincts, initially designed for comfort and cleanliness, have evolved or become “co-opted” by our brains as a means of managing sensory experiences, stress, or emotional discomfort.

Here's how the top three are defined:

Trichotillomania (trik-o-til-o-MAY-nee-uh), also called compulsive hair-pulling disorder, is defined as a mental health disorder that involves recurrent, irresistible urges to pull out hair from one's own scalp, eyebrows, eyelashes, or other areas of the body, despite trying to stop.

To be diagnosed with trichotillomania, one must meet the following criteria:

1. Recurrent pulling out of one's hair, resulting in hair loss
2. Repeated attempts to decrease or stop hair-pulling
3. Hair pulling cannot be explained better by the symptoms of another mental disorder (e.g., attempts to improve a perceived defect or flaw in appearance, such as may be observed in body dysmorphic disorder)
4. The hair pulling or hair loss cannot be attributed to another medical condition (e.g., a dermatological condition)
5. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning

Dermatillomania (derm-a-till-o-mania), also known as excoriation disorder and skin picking disorder, is characterized by:

1. Recurrent skin picking resulting in skin lesions
2. Repeated attempts to decrease or stop skin-picking
3. The skin picking causes clinically significant distress or impairment in social, occupational, or other important areas of functioning
4. The skin picking is not attributable to the physiological effects of a substance (e.g., cocaine) or another medical condition (e.g., scabies)
6. The skin picking is not better explained by symptoms of another mental disorder (e.g., delusions or tactile hallucinations in a psychotic disorder, attempts to improve a perceived defect or flaw in body dysmorphic disorder, stereotypies in stereotypic movement disorder, or intention to harm oneself in nonsuicidal self-injury)

Onychophagia (*on-ih-ko-FAY-jee-uh*), also known as chronic nail biting, is characterized by:

- Recurrent biting of the fingernails, toenails, or surrounding skin, resulting in damage
- Repeated attempts to stop or reduce the behavior
- The behavior causes clinically significant distress or impairment in social, occupational, or other

important areas of functioning

- The nail biting is not better explained by another medical condition (such as dermatological issues) or another mental health disorder

Onychophagia is not formally classified as its own diagnosis in the DSM-5. Instead, it falls under the broader category of Other Specified Obsessive-Compulsive and Related Disorders, which includes BFRBs such as cheek biting and lip biting.

For many, nail biting starts in childhood and can persist into adulthood. It can cause damage to the nails, cuticles, and skin, sometimes leading to infections, swelling, pain, or long-term changes to the nail beds. Emotionally, it can lead to feelings of embarrassment, shame, and avoidance of situations where hands are visible, like school, work, or social gatherings.

While often dismissed as a bad habit, chronic nail biting shares the same patterns as other BFRBs: automatic or focused behavior loops, difficulty stopping despite repeated attempts, and emotional distress tied to the behavior.

These definitions were based on the clinical research available at the time of publication (2013). Over ten years have passed without revision to these definitions.

The textbook definition gives you the what, but leaves out the why and the how. It doesn't explain why the behavior happens again and again, even when someone desperately wants to stop. It doesn't explain why stopping feels impossible—or how to take back control. It only tells you *what's happening*, not what's driving it or what to do about it.

The textbook definition has no direction, insight, hope, or resolution.

So, let's reset your mindset, starting with the HabitAware definition of BFRBs.

How HabitAware Explains BFRBs

We view BFRBs through a more human lens, one grounded in science and personal experience. We define BFRBs as the body's way of reaching for balance. These behaviors, pulling, picking, biting, are physical expressions of an internal need—a need to soothe, feel in control, release tension, or regulate the nervous system when it's out of alignment.

While BFRBs may appear different on the surface, whether it's hair, skin, or nails, they all operate through the same brain-based patterns. They are not choices. They are not character flaws. They are coping mechanisms the brain has latched onto, and with the proper support, they are manageable.

Think of your child's hands as the gateway to their mind. When their nervous system tips into discomfort—whether from anxiety, overstimulation, boredom, or fatigue—their hands respond before their words do. This action comes from the automatic brain, not the intentional one. That's why your child might not even realize they're engaging until the damage is already done.

At HabitAware, we see BFRBs as signals. They're the body's way of waving a flag: *Something doesn't feel right inside.*

BFRBs serve a purpose, yet the textbook definition doesn't tell you what that purpose is. What's missing is this: **The purpose is regulation.** You've learned so far that BFRBs are a coping mechanism, the brain's way of restoring balance when something feels off.

But here's the nuance. While the coping mechanism remains the same, such as pulling, picking, or biting, the reason behind it can change from moment to moment. One

moment, it might be to calm anxiety, the next to manage boredom, or to ground an overstimulated nervous system. The behavior is the brain's best available tool for soothing discomfort, even if it doesn't serve your child well in the long run.

Though it can feel soothing in the moment, the side effects are real. BFRBs take a toll on the body, causing bald spots, skin wounds, damaged nails, and on the mind, fueling guilt, shame, isolation, fear of being judged, and negative self-talk.

Why does your child engage in these unwanted behaviors? Because the repeated, rhythmic, soothing movement helps their mind and body return to balance, what the brain craves most is a sense of calm.

This isn't about eliminating every trigger. That's impossible. Life will always bring stress, stillness, boredom, and discomfort. The goal isn't to avoid being triggered either—it's to learn how to regulate in healthier ways.

HabitAware sees BFRBs as a signal. They're the body's way of waving a flag: *Something doesn't feel right inside*

Two subtypes of BFRBs: Focused and Automatic

The medical community defines BFRBs in two categories.

1. Focused means a person is goal-oriented and aware of their behavior, such as picking or pulling in front of a mirror, with or without tools like tweezers.
2. Automatic means the person is unaware of the behavior. This type typically occurs while engaging in other activities, such as watching TV, reading, studying, or driving.

These labels are misleading. While your child might gravitate towards automatic or focused, most people experience a combination of both. The core of the medical definition of focused and automatic is the presence or absence of awareness of the behavior. While *awareness* might be present in focused pulling, picking, or biting, the issue with both categories is *the lack of control*.

I hear it all the time. *My daughter tells me she knows when she is engaging in her BFRB, but she still can't stop. During coaching calls, kids say it too. "Oh, I know when I'm pulling, so awareness is not my issue."*

Let's reset how BFRBs are defined in the HabitAware way:.

Passive: Pulling, picking, or biting while doing something else, such as reading, watching TV, driving, or studying. It

feels like our hands have a mind of their own, and we are not aware until the damage is done. Even as we notice the hairs in our hands (or on the floor) or the blood under our nails and then yell at ourselves to stop, our hands don't listen. Feeling disconnected from our hands, we find ourselves back in a repetitive loop. Our conscious self is not in control.

Active: Pulling, picking, or biting with intention and knowingly dropping what we are doing to achieve the goal of picking with or without tools like tweezers or a mirror. The act of our BFRB draws us in, and we enter a trance-like state in which we lose track of time. Despite knowing that the BFRB is happening, we are not in control, as the "order" originates from our subconscious, which is triggered by the "fight or flight" response.

Your child is on autopilot in both active and passive BFRB behavior. That includes active behavior such as grabbing the tweezers and actively pulling, as well as biting their nails while passively watching TV. When they realize they're engaging, the behavior is already underway; the neural reward loop has been activated. This makes stopping mid-act significantly harder.

That is why your child says they are aware, yet still feels out of control.

Why Are BFRBs So Hard To Stop?

We discussed the harmful side effects of BFRBs on the body and mind. You'd think they would be easy to quit. Who wants all those side effects?

It's not that simple.

BFRBs have a positive impact that reinforces the behavior. I know what you are thinking. *What could be positive about a BFRB?*

It's the self-soothing effect that reinforces the behavior.

The ritual of picking, pulling, or biting isn't just about the act itself. It's also sensory. Each sense can play a role in reinforcing the behavior:

1. Touch—the way the hair feels between the fingertips, or the bump on the skin, or the nail between your teeth
2. Sound—the "pop" the hair makes when it leaves the scalp or face

3. Sight—of the blemish before and after you pick, the hair root after between the fingers,
4. Taste—of the fingernail or the hair root
5. Smell—of the hair, skin, or nails

While you might wrinkle up your nose at those descriptions and think *ew, gross*. I don't. Your child doesn't. The vast majority of people with a BFRB find the behavior satisfying in some way.

We also know that people without a BFRB will likely find the behavior *ew gross*. That's why we hide it. We are afraid of others' reactions. No one wants to be part of the hair pulling, skin picking, and nail biting club.

What are your coping mechanisms? Maybe you unwind with a glass of wine, scroll your phone, or stay up late binge-watching TV even when you know you'll be tired the next day. These behaviors help you cope in that moment. That's why they are so hard to break.

For example, late-night TV watching helps you unwind after a long day. You sink into the sofa and feel the remote in your hand. You don't even need to press play for the next

episode; autoplay handles it. The dramatic music, vivid scenery, and compelling storyline help you forget the day.

But afterward? Wasted time. Poor sleep. A sore body from sitting too long. And that nagging feeling of knowing better but doing it anyway. You might swear off it the next morning, but by 9 p.m., you tell yourself: *Just one episode. I deserve this.*

This copying mechanism works for you until it doesn't.

Now, imagine someone took that TV away. Or said, *you're not allowed to watch anymore*. How would you react?

That's what a BFRB is like for your child. It's a coping strategy that works, until it doesn't. Your role isn't to take it away. It's to help your child understand why it helps, and what might help more.

Let's continue unpacking BFRBs so you have a clearer picture of what you're facing.

Awareness Is More Than Noticing

BFRBs are often described as behaviors that “just happen.” One minute, your child is reading or scrolling, the next, there's hair on the floor or bloody skin.

Awareness is the first step to change, because you can't change what you don't know.

Let's unpack that statement from the previous section: **I know when I'm doing it. Awareness isn't my problem.**

Not so fast.

Awareness is both the problem and the solution.

To bring this to life, imagine you and I are out to dinner, sharing chips and guacamole. We both know we're eating chips, we're aware. But do we really know *how many*? We might guess seven or eight, but it's actually more like thirty-eight, *each*. That's the difference between surface-level awareness and keen awareness. The same applies to BFRBs.

The Levels of Awareness

- **Trance-like awareness** (the most common type) is akin to being in a fog. Your child is going through the motions without consciously realizing it. They may only notice the behavior after it's already happened. It's vague, reactive, and disconnected.
- **Focused Awareness:** The behavior is observed in real-time. Your child knows it's happening, but often can't stop. They may watch themselves pick or pull, but feel stuck in the loop.

- **Keen Awareness:** Your child not only notices the urge early but has enough clarity to pause, reflect, and make a new choice. This is when awareness becomes truly useful—it's when awareness leads to being **in control**.

This is why the first step in managing a BFRB is to build what we call **keen awareness**, shifting the behavior from autopilot to a conscious choice. And because building awareness is often the most challenging part, it's exactly why HabitAware created the world's first smart awareness bracelet for BFRBs, and why we named it Keen.

Today, we offer Keen2 and KeenLite for Apple Watch—both designed to gently bring subconscious behaviors into conscious awareness. The bracelet doesn't stop the behavior. It's not a cure. Your child still has to do that work. But what it does is help create the awareness that is otherwise incredibly difficult to access, especially before the picking, pulling, or biting starts.

If you remember Aneela's story from earlier in this book, this was the moment that changed everything for her. After years of struggling to stop her own hair pulling, she realized what she needed most was a way to notice the behavior sooner, without relying on someone else to point it out. That's where the idea for Keen was born.

And if you've heard of Keen2, or your child is already using it, you'll learn how to maximize its effectiveness in Part III. If it's new to you, don't worry. We'll explore how it works and how to use Keen2 as a springboard to jump-start recovery, as well as how to utilize it in conjunction with other tools for long-term healing.

Awareness isn't something that just switches on. It's more like a muscle that needs conditioning. At first, it might feel weak or inconsistent. However, with practice and the right kind of support, it becomes stronger. Over time, your child can move from barely noticing their behaviors to catching them early, then choosing how to respond. That's what we mean by building *keen awareness*: developing the mental strength and skill to pause, reflect, and shift direction.

BFRBs Are a Chronic Health Condition

Let's pause for a moment.

By now, you've learned what BFRBs are and what they are not. You understand why your child can't simply stop, how these behaviors manifest, and that even awareness doesn't always result in control.

There's one more piece of understanding that's essential, not to scare you, but to prepare you.

BFRBs are not a phase. They're not a bad habit. They're not something your child will simply outgrow.

BFRBs are a **chronic health condition**.

I know those words can feel heavy. You might feel your stomach drop, wondering, *"Does this mean my child will always live with this?"*

Take a deep breath. Yes, it means this is part of how your child's brain is wired. But it also means this: **it's manageable**.

Chronic doesn't mean hopeless. It doesn't mean broken. It means this is something that requires understanding, support, and the right tools, just like asthma, ADHD, or dyslexia. Chronic conditions don't magically disappear, but with the right strategies, people with chronic conditions can thrive.

It's not your child's fault. It's not your fault. And it doesn't define their future.

Your child can learn to navigate this. They can build skills to regulate their nervous system, manage urges, and meet their needs in healthier ways. They can absolutely live a whole, joyful, thriving life, with their BFRB as just *one part* of their story, not the headline.

Now you know what you're facing.

BFRBs aren't flaws or failures. They're signals that something inside needs care, support, or relief. And now you understand why your child can't just stop, how these behaviors serve a purpose, and why they show up on autopilot, outside of conscious control.

This isn't a phase. It's not something to punish, shame, or wish away. It's a chronic condition, but one that can absolutely be managed. With understanding, with the right tools, and with your steady support, your child can learn to navigate this, meet their needs in healthier ways, and thrive.

Let's review the key takeaways before we move forward.

Takeaways — Chapter 1: Why Understanding Matters

- Your child's BFRB is not a bad habit. It's a brain-based, body-based coping mechanism for managing discomfort, stress, or sensory overwhelm.
- BFRBs are not a choice. If your child could *just stop*, they would. Willpower isn't a solution. Understanding is.

- The textbook definition explains *what* BFRBs are, but fails to explain *why* they happen or how to manage them.
- At HabitAware, we define BFRBs as the body's way of seeking balance. The behavior is a signal that something doesn't feel right inside.
- BFRBs are chronic health conditions, similar to ADHD, dyslexia, or asthma. They don't just disappear, but they can absolutely be managed.
- BFRBs serve a purpose in the moment: to self-soothe, release tension, or regulate the nervous system. This is why they are so hard to stop, even when your child wants to.
- Old labels like "focused" and "automatic" fall short. Whether your child is fully aware (*active*) or zoned out (*passive*), both types of behavior occur on autopilot, and both can feel out of their control.
- Awareness is the first step toward change. But it's more than simply noticing. It's about learning to recognize the earliest cues, before the behavior fully takes hold.

Chapter 2: The Roots of BFRB—Who's Affected And Why

Why me? I always wondered why I got trichotillomania and not my brothers. You might be asking yourself the same thing. *Why my child?* BFRBs likely develop due to a combination of factors rather than a single cause.

The origins of BFRBs are not fully understood. Compared to conditions like depression, anxiety, or OCD, BFRBs have received far less scientific attention, and research is still in its early stages. This lack of awareness has delayed progress in understanding and treatment.

However, we do know that BFRBs are complex conditions arising from both inherited predispositions and neurobiological differences.

Researchers have yet to discover why or how BFRBs manifest. There is some evidence of a genetic component and hormonal influence because the onset typically occurs during early adolescence, coinciding with puberty. As with most conditions, there are exceptions. Onset can occur in toddlers, known as Baby Trich, and older adults may develop a BFRB later in life.

There is also a hereditary component to BFRBs. If you look around the family, someone likely picks, pulls, or bites. My father had chronic nail biting. Likely, that passed down to me, but in my case, the BFRB is hair-pulling.

Do BFRBs Affect Females More?

BFRBs aren't tied to gender. A 2021 study published in the *Journal of Psychiatric Research* supports this, indicating no significant gender differences in the prevalence of BFRBs. This research emphasizes that BFRBs are neurobiological conditions affecting individuals regardless of gender.

Understanding that BFRBs affect all genders equally is crucial for early identification and treatment. It also helps reduce stigma and encourages individuals, especially males who might feel isolated, to seek help.

And yet, even as BFRBs affect so many people across genders and ages, they're still surrounded by silence. Let's look at how widespread BFRBs really are.

How many people have a BFRB?

The non-profit TLC Foundation for Body-Focused Repetitive Behaviors (BFRBs) estimates that 1 in 20 people

experiences trichotillomania or another BFRB condition in their lifetime.

Let's say that again: 1 in 20.

BFRBs are often self-reported, and for that reason, these numbers are likely even higher. That's because most of us with a BFRB feel intense shame and guilt, often hiding our condition from family and friends for fear of being judged and receiving no support. What is the result of this secrecy?

BFRBs are one of the most common human struggles experienced by millions who think they're alone.

That ends now. You are taking the time to learn about BFRBs so that you can help your child. That is a massive step in the right direction.

Takeaways

- The exact causes of BFRBs are still unknown; research is limited but growing.
- BFRBs are complex and likely develop from a combination of genetic, neurobiological, and

environmental factors.

- Many parents ask, '*Why my child?*' There is no single reason. A genetic predisposition may be involved, as BFRBs often run in families.
- BFRBs typically begin before puberty, although there are exceptions. There's no one "type" of onset.
- Despite cultural perceptions, BFRBs affect all genders equally.
- Approximately 1 in 20 people will experience a BFRB in their lifetime. That number is likely underreported due to shame and secrecy.
- BFRBs are one of the most common yet least talked-about mental health conditions.
- Your willingness to learn about BFRBs is a decisive first step toward breaking the silence and supporting your child with knowledge and compassion.

Chapter 3: Common Myths And Misconceptions

Understanding what BFRBs are is only half the picture. It's just as important to know what they're not. When BFRBs are misunderstood, it can lead to feelings of shame, misdiagnosis, and ineffective or incorrect treatment.

When BFRBs are mistaken for attention-seeking, self-harm, or just a bad habit, the result is often judgment and isolation, leaving kids (and adults with BFRBs) feeling confused, ashamed, or blamed for something they don't fully understand.

Let's clear up some myths so you are better equipped to move from "Why won't they stop?" to "What does my child need right now, and how can I help?"

Myth 1: BFRBs are a decision

Have you told your child to "Just stop!" If you did, your child did not think, "Oh, I didn't think of that! Thank you; now I'm cured!" If your child could stop, they would stop. We will discuss the language and concept of 'just stop' in more detail in Part III.

For now, let me put this in terms that will resonate with you. Imagine you are starving. The kind of starving where your

stomach aches, your head hurts, and your mood is beyond cranky because YOU ARE STARVING! Now imagine that someone says, "Just stop being hungry."

You can't just turn hunger off because someone told you to. You can manage your hunger by eating, setting an eating schedule, keeping snacks nearby, and so on, but you can't "just stop" being hungry.

Myth 2: BFRBs are your child's fault

A common mistaken belief is that people with BFRBs can easily control their behavior because they perform it themselves. *These are my hands, why can't I control them?*

What if someone has astigmatism and needs corrective eyeglasses? Can you tell that person, "If only you could make your eyes focus, you wouldn't need those glasses!" I doubt anyone has ever said that.

Myth 3: BFRBs are self-harm

BFRBs are about self-soothing, not self-harm. Self-harm is an attempt to manage intense emotional pain by causing physical injury. BFRBs aren't about pain or injury—they're the brain's way of managing sensory discomfort or stress. This distinction is important because there are different treatment protocols for each.

Myth 4: BFRBs are Obsessive-Compulsive Disorder (OCD)

BFRBs fall under "OCD and related disorders" in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). BFRBs are not OCD. This distinction is important because the current treatments for each mental health condition are different. A person might have OCD and a BFRB, just like a person can have a cold and allergies at the same time: similar symptoms, but different treatments.

Myth 5: BFRBs are just bad habits

BFRBs are medical conditions with a habitual component. The urge to pull, pick, or bite is a signal that the mind and body need balance. BFRBs are attempts to self-soothe or cope with the trigger state. The act of pulling—the how we pull, where we pick, and what we do with the hair, skin, or nail before, during, and after the episode—is the habitual process.

Myth 6: BFRBs are caused by trauma or abuse

At this writing, there is no scientific research that has shown greater rates of trauma, PTSD, or sexual abuse in individuals with BFRBs compared to the general population. An individual may have experienced trauma and have a BFRB, but they are not causally linked. Many people develop BFRBs who have not had traumatic

experiences in their past, and many people who have had traumatic experiences have not developed BFRBs.

Myth 7: My child is doing this to get back at me

Many parents feel this way, and while children might occasionally act out to get attention or express frustration, BFRBs are not among these behaviors. They are not acts of defiance; they are coping mechanisms in response to internal stress. The behavior may occur during emotionally charged moments, but it's not directed at anyone; it's a way for your child to self-regulate when feeling overwhelmed.

Myth 8: BFRBs are yours to control for your child

This is one of the hardest myths for parents to release, because we're wired to protect our children and conditioned to fix what's hurting them. When we see our child struggling, our instinct is to step in and make it better. But BFRB recovery isn't something you can force, trick, or bribe into existence. It's a choice your child has to make for themselves. When parents try to take control, it often backfires, fueling resentment, shame, or defiance. I've seen it happen with dozens of families, including my own. That's why you're here reading this book: to learn how to support your child, not control them.

Understanding what BFRBs are *not* makes it easier to approach your child's condition with clarity, compassion, and confidence. These truths can guide your support in a way that empowers, not pressures, your child.

Takeaways

- Misunderstanding BFRBs can lead to shame, misdiagnosis, and harmful interventions.
- BFRBs are not a choice—if your child could stop, they would stop.
- BFRBs are not your child's fault—the behavior is not about willpower or trying harder.
- BFRBs are not self-harm—they are a coping mechanism for emotional or sensory regulation, not a way to cause pain.
- BFRBs are not OCD—while they fall under the same diagnostic category, they require different treatment approaches.

- BFRBs are not just bad habits—they are chronic conditions with a habitual component, not moral failings.
- BFRBs are not caused by trauma—some people with BFRBs have trauma histories, but many do not.
- BFRBs are not acts of defiance—your child is not doing this to get back at you.
- You can't control your child's BFRB—but you *can* support them in building the skills and safety they need to take control themselves.

Chapter 4: Accepting What Is (Without Giving Up)

You've just built the foundation. You now understand what BFRBs are, what they're not, and most importantly, that your child's behavior is not a sign of failure or defiance. This foundation is crucial before we take action.

A seed can't bloom without prepared soil.

There's one more essential mindset shift to make, and it may be the hardest: learning acceptance.

For decades, I resisted accepting that I had trichotillomania. I thought acceptance meant I had to "like" it. I also falsely believed that acceptance meant giving up and giving in. *Oh well. I have trichotillomania, and I can't do anything about it.*

Looking back, I didn't understand what acceptance meant. It's not giving up or giving in; it's acknowledging that my BFRB exists.

Can you accept that your child has a BFRB?

Does that sentence make you want to scream or throw this book across the room? I get it. Here's how to reframe acceptance.

Acceptance is about meeting your child where they are, seeing them fully, and letting go of the urge to "fix" their BFRB as soon as possible. It's not about giving up or simply "dealing with it." It's about saying, "This is what my child is going through right now, and I am here, walking beside them, no matter what." This way of viewing acceptance shifts you from a mindset of control towards one of compassion.

As a parent, acceptance means understanding that your child's BFRB is not their choice. They didn't wake up one morning and decide to pull, pick, or bite. This behavior is not just a "bad habit" that they must break. As you learned, BFRBs are more complex than that.

It's letting go of blame and thoughts like, "Why can't my child just stop?" and leaning into, "I'm here with you."

I know this isn't easy. Watching your child engage in a BFRB can trigger all sorts of emotions, frustration, anger, sadness, and even guilt, and all those feelings are valid!

Acceptance doesn't ask you to ignore or bury your feelings. It invites you to acknowledge them and then focus on what your child truly needs: a safe, nonjudgmental space where they feel accepted and understood.

Acceptance isn't passive. It's an active process. It empowers you to be their steady supporter and help your child find and build the tools they need without the pressure of "just stop." It allows you to show up with empathy so your child can show up for themselves with resilience.

Call out box: Acceptance in Action

1. Name What You're Feeling—Without Judgment

Start by getting honest with yourself. We call this *Name It to Tame It*. Are you feeling scared? Angry? Helpless? Guilty? Write them down or say them out loud. Consider discussing them with a trusted friend or therapist. When you name your feelings, you move out of resistance and into awareness. And awareness is one of the first steps toward acceptance.

2. Shift from "Fix-It Mode" to "Support Mode"

Every time you feel the urge to jump in and stop the behavior, pause and ask yourself...*“How can I show up right now as a steady support, not the fixer?”* Try replacing reactive thoughts, such as *“Why won’t they stop?”* with *“How can I help them feel safe and understood in this moment?”* This mental reframe shifts your focus from control to connection.

3. Practice saying: “This is hard. And I’m here.”

Acceptance is a muscle that builds over time. One way to strengthen it is by practicing compassionate self-talk. When you witness a BFRB episode or feel overwhelmed, gently remind yourself: *“This is hard. And I’m here for them anyway.”* This kind of internal script reinforces that your role is not to fix, but to walk beside your child with love and steadiness.

Takeaways

Acceptance is not giving up. It’s seeing clearly without judgment. It’s the difference between fighting reality and working with it.

Your child didn't choose their BFRB, and you didn't cause it. Let go of blame and shift your energy toward compassionate support.

Acceptance creates a safe space for healing. When your child feels seen and not shamed, they're more likely to seek support and explore change.

Show up with empathy so your child can show up with resilience. Your steady, loving presence becomes the foundation for their growth, even when things are hard.

Part II: Supporting Your Child

How to connect, communicate, and respond in ways that heal rather than harm

Chapter 6: Who Wants the Change?

Before you start helping, before using tools and strategies, you need one thing first: clarity.

To get there, I ask you to please answer this question:

Who wants the change—your child, or you?

If the answer is *you*, you are not alone. It's one of the most common patterns I see. It's natural. You love your child. You hate watching them struggle.

But here's where things get tricky: if your child isn't ready for change, trying to force it usually backfires. It leads to frustration on both sides, disconnection, and sometimes, unintentionally, more shame.

This chapter is the bridge. It's how you move from understanding BFRBs (Part I) into supporting your child (Part II). Not through control. Not through pushing. But through communication. Connection. Trust.

Real change won't happen because someone else wants it to. **It has to come from your child.**

Behavior change is challenging for kids. It's hard for adults, too. Let's use late-night snacking as an example. It's 10

p.m., and as you open the freezer and grab the ice cream, your significant other says, “It’s late. Don’t eat that now. You’ve got to stop this late-night eating.”

You think, *Why? I don’t have to stop. It doesn’t bother me that I’m eating this right now.* In this scenario, it’s your partner who wants you to change, not you. How do you think that’s going to go?

So, I ask you again:

Who wants the change—your child or you?

I’ve worked with hundreds of families, and I’ve noticed this pattern again and again: the parent is desperate for the child to stop, to take control, to “do something.” However, the child may not be ready, may not want to change, or may wish to change but doesn’t know how, and neither do the parents.

That mismatch creates tension, power struggles, and disconnection.

Take a moment to reflect:

- Who wants the change? Is it me or my child?

- Has my child asked me for help?
- Does their BFRB bother me more than it bothers them?
- Am I trying to fix something my child is not ready to face?

I've been that kid who pulled her hair and bit her nails, and didn't want to stop. I wasn't ready and didn't care about making a change.

And I've been the mom who wanted change more than her child did. Watching. Hoping. Wishing. Remember, I work for HabitAware. *Shouldn't my child want to change?* It doesn't work that way.

I know how difficult it is to watch and not intervene. I also know what it's like to have a parent step in when you don't want their help.

I also know this:

You can't force change.

You can't make them want it.

But you can make them feel safe when they do.

So, how do you determine if your child is ready to change? You know your child better than anyone else. There's no definitive litmus test. But asking yourself those questions, especially: *Does their BFRB bother me more than it bothers them?*—can give you critical insight.

No matter how you answer those questions, keep reading this book.

In Part II, we'll walk through exactly how to open the door to communication when your child wants change and how to respond with compassion and clarity when they *don't*. You can't control their timeline. However, you can control how you show up for your child.

Takeaways:

- **Check in with yourself.**

Ask: Who wants the change, me or my child? Has my child asked for help? Does their BFRB bother me more than it bothers them?

- **Real change starts with your child's readiness.**

Your child's BFRB won't go away just because *you* want it to. Behavior change only happens when your child is ready and willing to take that step and do the work.

- **You want change, but your child doesn't.**

When a parent wants change more than the child, it can lead to tension, power struggles, and disconnection.

- **You can't force change, but you can create safety.**

You can't make your child want to change, but you *can* help them feel safe enough to open that door when they're ready.

Becoming the Steady Copilot

You've laid the foundation. You understand now that BFRBs aren't bad habits or defiance. They're coping strategies. The urge to fix may still linger, but something more important is beginning: **a shift**. Away from blame and toward connection.

Now begins the work of connection.

This section is about showing up for your child, not with control or correction, but with presence, permission, and partnership. Through real stories, conversation tools, and practical strategies, you'll learn how to open doors without pushing through them and how to support the whole child, not just the behavior.

Before we dive into strategies, scripts, and specific tools, I'd like to share a story. Not about BFRBs exactly, but about love, grit, and what it means to support a child through something hard when you can't take the pain away, fix the outcome, or control the process.

Meet my daughter Rachel.

I've mentioned before that she bites her nails. I want to yell, "Stop! Get your hands out of your mouth!" But, I know it won't help if anything, it will make things worse. This is

loosely a story about her nail biting, which you'll see at the very end.

Rachel is five feet tall on the nose. The summer before entering ninth grade, she decided to try out for the volleyball team.

She practiced, went to a summer volleyball camp, and gave it her all. Rachel did not make the team. As a consolation, the coach offered her the manager role, allowing her to practice with the team but not compete.

Rachel was crushed and holding in her tears as she told me the news. She could have said, "Nope, I'm done." But instead, she decided, "All right, I'm gonna do it, Mom. I will take the manager position because at least I can practice with the team."

What happened next is a testament to her grit. At the season's end, the coach said, "My biggest mistake was not putting you on the team." Her determination paid off. All five feet of her made the volleyball team the following year, and then she advanced to the varsity level. It wasn't an easy decision. But it was her decision. Not mine.

Rachel's story taught me a key lesson:

She was the one who had to take charge of her journey by deciding to take the manager position. I couldn't do that for her.

I couldn't tell her how to be the manager or how to play volleyball, but what I could do was buy her knee pads, drive her to practices and games, make cookies for the bake sale, and cheer for the team.

And you know what I remember most from these four years? Not the times her hands were in her mouth, but the times she gave it her all on the volleyball court. **(somehow make this a call out on the page)**

Chapter 7: From Fixer To The Copilot: Redefining Your Role

Your child is the pilot of their BFRB journey. They're the ones on the court, in the game, deciding when to show up, how to practice, and whether or not to keep going. You can't play for them, but you *can* be their copilot.

Think about it: when Rachel didn't make the volleyball team and was offered the manager position, what if I decided for her? What if I had said,

"You're not doing this, it's too painful," or

"You *have* to do it so you can make the team next year"?

How do you think that would have gone?

It would've taken away her power. Her motivation. Her ownership of the process.

Instead, she chose, and I supported her as she took the lead.

This can be scary for parents. Letting your child lead their BFRB journey feels risky, especially when the consequences, like bald patches, bleeding skin, and raw nails, are immediate and visible.

Meet Margorie, a mom to a 13-year-old who picks her scalp and pulls her hair. Like so many parents, Margorie constantly fusses over her daughter's hair, giving instructions on how to hide the thinning spots and bald patches. She's worried. *What if my daughter gets bullied? What if the other kids laugh or tease her?*

Her daughter, on the other hand, hates it when her mom fusses. She wants to wear her hair the way she wants.

As picture day approached, Margorie was consumed with dread about how to help her daughter look "okay." I offered her another approach: *"Ask your daughter if she wants your help and if so, what kind?"* Let her decide how she wants to style her hair. In other words, be the copilot.

It turns out the daughter didn't want help. What happened next surprised Margorie. She felt a weight lift. It wasn't her job to choose her daughter's outfit or hairstyle.

To put it in perspective, Margorie imagined how she would feel if her husband *forced her* to wear a specific outfit for family photos instead of asking her opinion and letting her decide what felt right. That microshift had a macro effect. Her daughter went to school in a basic hoodie with her hair slicked back. Best of all? She left with a huge smile on her face.

Emergency Copilot Takeover

When health and safety are at risk, strict safety measures require the parent to take charge. What your child wears for picture day? That's their decision. But if Margorie's daughter were bleeding, that's a moment for Mom to step in, even if her daughter doesn't want to help.

It's all in the delivery. Margorie can calmly grab the medical supplies and gently help her daughter clean the area, no panic, no yelling, "If you'd just stop picking, you wouldn't be bleeding!" Instead, steady support when it's needed most.

Takeaways:

Your child is the pilot of their BFRB journey, you're their copilot.

Support means following their lead, not steering the wheel. Empowering your child to make decisions builds ownership, resilience, and trust.

Letting go of control creates space for connection.

Like Margorie, many parents feel pressure to manage outcomes. But stepping back and asking, "Do you want

help and what kind?” can lead to surprising relief and stronger bonds.

Health and safety are your cue to step in.

When there’s bleeding, infection, or risk of harm, it’s time for an emergency copilot takeover. Step in calmly, without blame or panic, and lead with care, not control.

Being a copilot isn’t passive. It means staying engaged, attuned, and ready to respond.

So, how do you begin? How do you shift from instructing to inviting, from managing to connecting?

It starts with a conversation.

That’s what comes next. Together, we’ll explore how to open the door to honest conversations and how to respond with compassion, even if your child says they don’t want your help.

Before you start the conversation, let’s hear directly from people who’ve lived it. These are real reflections from adults with BFRBs, sharing what they wish their parents had known.



Inside the shaded callout box:

What I Wish My Parents Knew

“I wish they had tried to understand it from my point of view instead of just trying to stop me.”

“That I wasn’t doing it on purpose. I didn’t want to do it.”

“I needed comfort, not control.”

“That asking me a million times if I was still doing it didn’t help. It made me feel watched, not supported.”

“That their shame became my shame.”

“I wanted them to ask *how* they could help, not just *if* I was doing it.”

“What I needed most was love, even when I couldn’t love myself.”

Chapter 8: Opening The Door To Conversation

Parents ask me all the time, “How do I know what my child wants from me?”

You ask them. You are not a mind reader, and neither are they.

Here’s a proven method I’ve been using with hundreds of parents.

1. Begin the conversation.

Find a time when you are both in good spirits and have allotted alone time. You're the expert on your child. Your child may respond better to conversations in the car, at the park, or while cleaning up after dinner.

Use the following as a guide and adapt to your style and voice.

I know that [hair pulling, skin picking, or other BFRB] is [challenging, scary, frustrating, etc.] for you.

I also know that what I've been doing [saying 'stop,' grabbing your hand away, etc.] is not helpful, and I've been going about this all wrong. I am so sorry! (Apologizing shows you are taking ownership of your actions and that you are learning a new way.)

It might seem like all I focus on is your [BFRB] and not the other wonderful things about you [your sense of humor, love of learning, etc.].

I love you no matter what [with hair or without, with skin scars or without].

Like you are learning about (fill in the blank) in school [or sports or art], I am learning about BFRBs. I now know that what you are going through [the pulling, biting, and/or picking] isn't something you can just stop. I didn't know that before. I also know this BFRB isn't something that will just go away, like strep throat, but it is something that you can manage, like [diabetes, learning disability, ADHD, whatever will resonate with your child] if and when you want to do that.

I didn't understand what was happening, and I got scared, which didn't help anybody. I don't want to operate out of fear anymore, so I am learning about BFRBs, similar to when (dad, sibling, or you had ADHD or dyslexia, etc.).

Throughout the conversation, stay attuned to your child's nonverbal cues, their posture, facial expression, and tone. If they tense up, go quiet, or withdraw, that's your sign to pause or shift. If they lean in, stay open, or nod, continuing may be okay.

2. Pause and check in.

Let this sink in for a short moment, then ask your child, “Is it okay that I’m bringing this up?” Continue to gauge their body language to determine whether to continue or pause for now.

3. Proceed according to your child’s response.

If their answer is NO (or their body language says no)...

Say, “Okay,” smile, and then change the conversation to something you know they enjoy discussing. Prepare for this ahead of time. For example, “Oh, I just remembered. Tell me what day the soccer tournament is again.”

Or leave the space and do it casually, in a no-big-deal way. *This is a critical step - it builds trust.* Your child might be testing to see if you heard their “no.”

Try again in a few weeks. Gauge what timing you feel is right.

If their answer is YES...

Thank them. This is important, saying thank you shows that you appreciate their openness to continuing the conversation.

Say, “I know that this is your journey. You are the one who gets to [important language: ‘get to’ rather than ‘has to’] learn how to manage your BFRB, and I’m here to support you.”

You might stop here and pick it up later or continue.

If your child is open to continuing the conversation...

Ask: “How can I help you?” Ask and be quiet. Let your child think about that. Let there be the awkward silence. It’s okay. Your child might not know what they want, which is normal.

If your child says, “I don’t know,” ask if you can share some information, such as Aneela’s TEDx talk, where the cofounder of HabitAware discusses growing up with a BFRB, struggling with it, and finding her recovery.

Parenting Webinar. (Find these resources on page xyz in the appendix.)

Ask: Would you like to start with understanding what BFRBs are and what they are not?

Share that you are learning, too, and offer to show them this book or get them a copy. If your child is young, you can read parts together.

Ask: “If I see you [picking, pulling, biting], do you want me to say something or cue you somehow, like handing you a glass of water or saying a funny word?”

Here’s an example from my life that you can share with your child.

One evening, while watching TV, I was playing with my hair, and Julia noticed. She knows about my BFRB. She paused the show and said, “Mom, you’re

pulling. Where's your Keen? Want a fidget or a glass of water?"

I wanted to yell, *Shut up! Stop!* but realized she was trying to help, even if it wasn't the help I wanted. So I said, "Julia, please don't do that, it doesn't help me. But here's what you can do. If you see me playing with my hair, just say 'Hi Mom' with a big smile."

Later, she did exactly that. "Hi Mom," with a huge grin, and turned away. That was it! I felt loved and seen but not shamed.

This might work for your family, or it might not. When I asked Rachel if I could try this with her, she said, "I don't know. Maybe. I'll give it a try." Sure enough, when I said, "Hi Rachel," she quickly responded, "Nope, don't do that."

Experiment with your child. Ask if what you're doing feels okay, and encourage them to let you know when you get it right. This way, you'll learn together.

Ask: Would you like to consider the Keen2 bracelet?

Call out box: ★ **Why Kids Love the Keen2 Bracelet**

"You don't have to tell me, Mom—my Keen2 does that."

For many kids, the Keen2 bracelet feels empowering. It's a **private, personal awareness tool**—a gentle reminder on their wrist rather than constant reminders from a parent. It helps shift the dynamic from *“You’re watching me”* to *“I’m learning to notice for myself.”* *Call out box end.*

Be prepared for your child to say, *“Do nothing,”* especially if they’re a teenager. This is challenging. And it’s also a crucial part of your role.

If your child says they do not want help, your job is to remain steady and be prepared for *when* that may change. Sometimes *“no”* really means *Can I trust you not to say something?* They may be testing—*Can I trust that you’ll respect what I ask?*

Ask: “Would you like to talk to someone who has gone through this, a therapist who treats this, or a peer coach who has gone through the same thing?”

Ask: “Would you like to think about this? We can talk later.”

Call out Grid format call out

What to Say

Why It Works

**What It
Reinforces**

“I’ve been going about this the wrong way, and I’m sorry.”	Shows your child you’re reflecting on your past approach and considering their feelings.	Models that apologies are meaningful, healthy, and part of strong relationships.
“I love you no matter what—whether you pull, pick, or not.”	Reassure your child that your love is unconditional.	Reinforces self-worth, emotional safety, and belonging.
“I didn’t fully understand BFRBs before. I’m learning now.”	Shows humility and your willingness to learn and grow.	Models a growth mindset, openness to change, and that learning is lifelong.
“I now know this isn’t something you can just stop.”	Removes pressure, shame, and blame from the behavior.	Reinforces understanding that the BFRB is not a choice or a flaw—it’s a coping mechanism.
“This is your journey. I’m here to support	Gives your child control over their healing.	Reinforces autonomy, self-direction,

you if and when you want.”

and the parent’s role as the steady copilot.

“Can I share what I’ve learned about BFRBs?”

Opens the door to conversation without forcing it.

Models consent, respect, and partnership in communication.

“Is it okay that I’m bringing this up?”

Checks in with your child’s readiness and comfort.

Reinforces that boundaries matter and your child’s voice is respected.

“How can I help you?”

Signals your desire to support in a way that feels right for them.

Reinforces that they are the leader in their journey and their needs matter.

“If I see you [pulling/picking/biting], do you want me to say something? And how?”

Tailors support to your child’s preferences and comfort level.

Reinforces that help should feel supportive, not shaming or controlling.

“Would you like to think about this and talk later?”

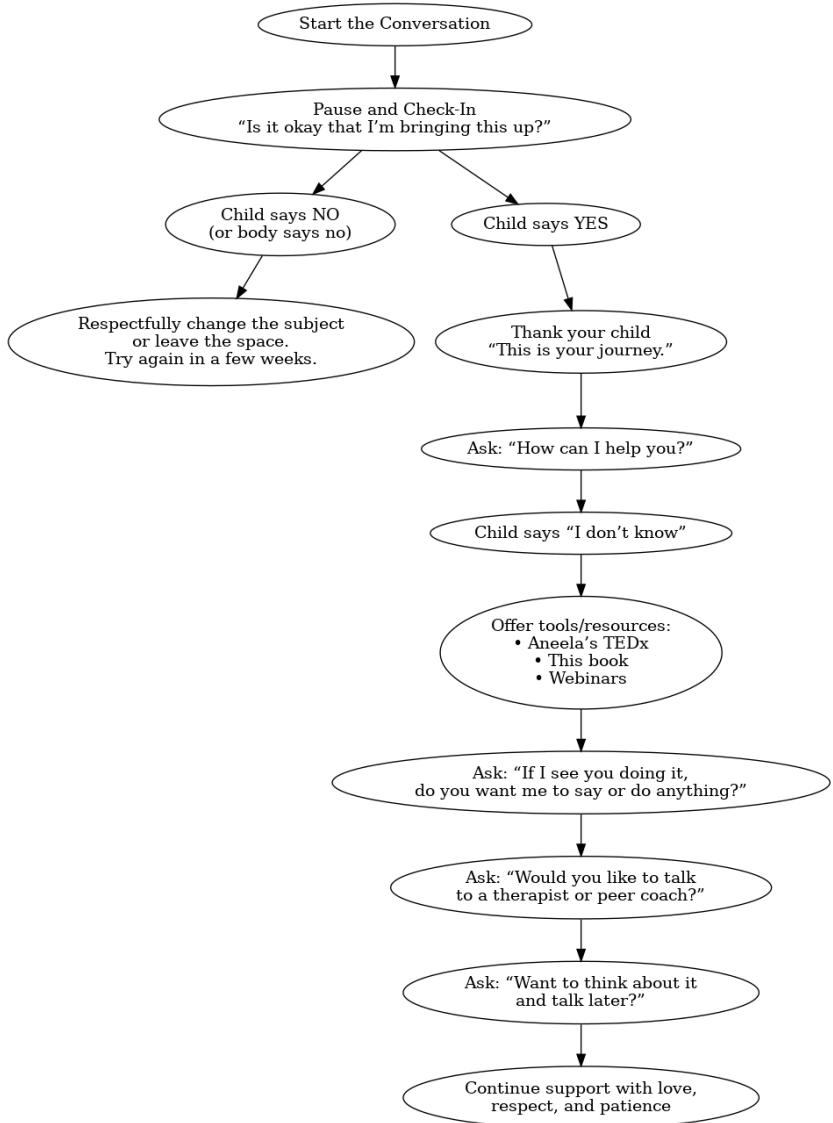
Reduces pressure and allows space for processing.

Models patience, flexibility, and respect for their timing.

“When is it hardest for you? Is it in math class, at bedtime, or while reading?”	Invites reflection to help identify patterns and triggers together.	Reinforces curiosity over judgment and models collaborative problem-solving.
“We can try this. If it doesn’t feel right, you can tell me to stop. We’ll figure out what works together.”	Communicates that this is trial and error, not a demand or fixed rule.	Reinforces flexibility, teamwork, and that feedback is welcome.
“I imagine this feels [frustrating, embarrassing, overwhelming]. Is that right?”	Names possible emotions and shows empathy without assumptions.	Models emotional literacy, validation, and understanding emotions is safe.
“Would you like to hear what helped someone else who’s gone through this?”	Gently introduces the idea of learning from others without pushing.	Reinforces that support can come from community, not just the parent, and that healing is possible.
“I’m here for you no matter what. We don’t have to figure it out all today.”	Eases urgency and reassures your child that	Reinforces long-term commitment, emotional safety,

support is
ongoing.

and unconditional
support.



Takeaways:

Don't guess—ask.

You are not a mind reader, and neither is your child. Open the door by asking if they want your help, what kind of support they need, and when they're ready to talk.

Respecting their boundaries builds trust.

Connection over correction.

Start from a place of honesty, love, and shared learning. Acknowledge past mistakes, affirm your unconditional love, and let your child know you're learning about BFRBs so you can support, not fix, them.

Follow their lead, even in conversation.

If they say no (or show it), honor that with calm and care; it shows you're safe and respectful. If they say yes, thank them and ask how you can help. Be okay with silence, uncertainty, or "I don't know." Your steady presence is what matters most.

Chapter 9: What if My Child Doesn't Want My Help?

This is the situation every parent dreads. You see your child struggling with their fingers raw, their scalp reveals bald spots, their eyelashes thinned, and your heart aches. You want to help. You want to support your child. Yet, when you extend a hand, they pull away. They don't want your help. They're adamant, even angry. So, what do you do when your child doesn't want your support?

You offer them empathy, patience, and connection, not control. This approach is not about imposing solutions but rather about meeting your child where they are, even if that's a place of resistance.

Understanding Why Your Child Doesn't Want Help

Resistance often arises from fear, embarrassment, or loss of control. Kids with BFRBs are afraid of being misunderstood and worry that their parents might unintentionally make things worse.

Before addressing BFRBs, it is essential to understand their perspective. Here are 10 open-ended questions to invite

your child's thoughts without judgment. Choose the ones that resonated with you.

1. It seems like you don't want to talk about this right now. Can you help me understand why?
2. What's it like for you when we talk about your pulling or picking?
3. Is it hard to talk about this because it feels too big or overwhelming?
4. Sometimes it's easier not to talk about something that feels tough. Is that how this feels for you?
5. What would make it feel safer or easier to share how you're feeling?
6. I wonder if this feels like something you want to figure out on your own right now. Is that true?
7. Are you worried I might not understand what you're going through?
8. It's okay if you're not sure what to say. Can you tell me what part feels hardest to talk about?
9. Do you feel like I'm bringing this up too much or in a way that doesn't help? I'd really like to know.
10. If we could change how we talk about this, what would help you feel more comfortable?

If you think these questions will send your child off screaming, start with observations and empathy questions like:

1. I imagine it's hard to talk about something that feels so personal.
2. I get that this might feel frustrating or like I don't understand what you're going through, and I'd like to understand.
3. I'm here to listen if you want to share what feels hardest for you right now.
4. Is there something about this that feels too overwhelming to talk about?
5. Sometimes, when things feel tough, knowing where to start is hard. Does that sound right?
6. I wonder if you're feeling worried that I'll try to fix this when you're not ready. Is that part of it?
7. It's okay if you don't have the words right now. I'm here, and we can figure it out together.
8. I'm curious about what this feels like for you. Can you tell me more when you're ready?
9. You might not want to talk about this with me, and that's okay. Is there someone else who feels easier to talk to?
10. I'm not here to push you. I'm here to understand what this feels like for you.

By showing curiosity and compassion, you're signaling that you're on their team, not against them.

Respect their Autonomy

When your child feels pressured, they're more likely to dig in their heels. Prioritizes collaboration and choice over coercion. Respect their autonomy by giving them space and clarifying that you're there when they're ready. You can say something like:

- I respect that you don't want to discuss this right now. I'm here whenever you're ready.
- You're in charge of how we handle this. My job is to support you, not to push you.

This doesn't mean you're giving up; it means you're giving them control over their journey. Knowing that support is often available without strings attached can ease their resistance.

Focus on Connection Over Correction

Before exploring solutions, prioritize strengthening your relationship with your child. Resistance often softens when trust is rebuilt. Spend time together in ways that have

nothing to do with BFRBs. Play a game, watch a movie, or go for a walk. Show them that your love isn't contingent on their behavior.

If previous attempts to help have caused tension, acknowledge it:

- I realize that how I've tried to help in the past may have felt like too much pressure. I'm sorry for that.

By prioritizing connection, you establish a foundation of trust that enables future collaboration.

Offer Small Steps Instead of Full Engagement

If your child remains hesitant, suggest low-stakes, manageable actions. The goal isn't to tackle everything at once but to plant seeds for future progress.

- Would it help if we tried one idea, and you let me know if it feels right for you?
- If you don't want to talk to me, would you feel more comfortable talking to someone else, such as a counselor, another trusted adult, or someone who has experienced the same behavior and has come out the other side?

Even indirect efforts can make a difference. For example, encourage calming activities like drawing, journaling, or yoga without framing them as interventions. Introduce tools like fidgets or soothing sensory items casually, without insisting they use them.

Normalize the Process of Asking for Help

Children often resist help because they see being helped as a sign of weakness. Normalize the idea that everyone needs support at some point. Share your own experiences:

- When I've struggled with _____(fill in the blank), I've found that talking to someone I trust makes a big difference.
- It's brave to ask for help. It means you're taking control of the situation, not the other way around.
- Model by asking for help yourself.

This can help shift their perspective and reduce the stigma they may feel about their behavior.

Seek External Support if Needed

If your child's resistance persists, consider seeking guidance from a therapist or a support group for yourself. Learning how to manage your emotions and responses can

make a difference. A professional can also offer strategies for fostering communication and trust with your child.

Keep the Door Open

Let your child know that your support is unwavering. Trust takes time to build, and progress isn't linear. Your patience sends a powerful message: I'm here for you, no matter what.

- Whenever you feel ready, I'm here to talk.
- You're not alone in this. We'll figure it out together.

Over time, as your child feels heard and respected, they may become more open to collaboration. Just because your child isn't ready for help now doesn't mean they won't be in the future.

Throughout this entire process, continue to focus on supporting yourself. Continue learning about BFRBs and read this book. The knowledge and skills you're gaining will prepare you to support your child if and when they're ready to take that step.

Remember that, just like the weather, your child's readiness is beyond your control. You can't stop the rain, but you can choose to wear a raincoat. You can't control when your

child will be open to change, but you can control your own actions.

As you take a step back and honor your child's readiness, remember that giving space isn't the same as giving up. It's laying the groundwork for trust. And when your child *does* let you in, even briefly, how you respond matters.

Takeaways:

- **Start with empathy, not action.**

Your child's resistance often masks fear, shame, or a desire to stay in control. Meet them with curiosity, not correction.

- **Respect their autonomy.**

Pushing help when your child isn't ready can backfire. Let them know you're here without pressure and that they get to lead the pace.

- **Focus on the relationship first.**

Trust is built in everyday moments, not just in BFRB conversations. Strengthening your bond creates the safety they need to eventually open up.

- **Offer low-pressure support.**

Try planting small, low-stakes seeds: a gentle

question, a new tool, a shared video—without expectations or urgency.

- **Normalize help-seeking.**

Show your child that asking for support is a strength, not a weakness. Share your own examples to model vulnerability.

- **Your presence matters more than your plan.**

Even if your child isn't ready now, knowing you're calm, informed, and on their side makes all the difference.

Chapter 10: Policing or Partnering

By now, you know BFRBs are not a choice. However, what is often overlooked is how *our reactions* can subtly fuel shame. Every time we say “*Stop*” or check for signs, it erodes trust.

That’s why this next step matters. The way we parent, communicate, and create family agreements helps reduce shame and rebuild connection.

I understand this struggle on both sides. As a kid, when my mom yelled, “*Stop biting your nails!*” I’d yank my hands away in shame, then hide and keep doing it.

Now, as a parent of two kids with BFRBs, I’m in the same seat you’re in, wanting to help but not always sure how.

Take my oldest daughter, Rachel. She bites her nails and the skin around her fingers. Here’s what our exchanges looked like:

Me: “Rachel, stop.”

Her: “Mom, let me be.”

Me: “Okay, I won’t say anything anymore.”

Hours pass, perhaps a day. Who am I kidding? Three minutes later...

Me: "Rachel, stop."

Her: "MOM!"

Me: "Okay, okay."

Her fingers are back in her mouth. *Don't say it, don't say it, don't say it.*

Me: "Rachel, take your hands out of your mouth!" *Damn it. I did it again.*

My younger daughter, Julia, chews the inside of her cheeks and tongue. I'll never forget one Zoom call during COVID with our extended family. We were on the sofa, holding the laptop between us, and her body was warm against mine. She began pressing her fingers into her cheek and biting the inside of her mouth. I could see her doing it next to me and on the Zoom square.

I gently grabbed her hand and placed it in her lap. Next came that piercing if-looks-could-kill look, and she immediately left my side.

Sound familiar?

Parents have eyes in the back of their heads. We know when our kids engage in a BFRB, even when we aren't looking directly at them.

And our kids? They have a spidey sense. They know when we're watching them, even if we think we're being discreet.

During one of my peer coaching calls, a 13-year-old shared that she used to love putting her head on her mom's lap while watching TV, and her mom would stroke her hair. But now, she avoids it because she can sense that her mom is inspecting her skin for signs of picking. The feeling of being watched has killed that special time together.

Melissa, a mom of an 11-year-old, asked me if it was ok to inspect her daughter's head for signs of pulling. As soon as that sentence left her mouth, she realized she knew the answer, looked directly at me, and said, "Oh, right. The answer is no."

Does this resonate? I want to reassure you: it's a common experience. We're all trying to help, but sometimes, our efforts can backfire, creating distance instead of connection. So what do we do? Work on the repair, which we will cover next.

Key Takeaways

You are your child's co-pilot, not their controller. Let them lead their BFRB journey. Your job is to support—not steer—their decisions around change.

Policing adds shame. Partnering builds connection.

Commenting, hovering, or correcting reinforces fear and isolation. Listening and affirming open the door to trust.

Trust is built when your child feels seen, not scrutinized.

Your relationship strengthens when they know you're focused on *them*, not just their behavior.

Focus less on the behavior and more on the bond. A

strong connection is a better motivator than any lecture or rule.

Even when you commit to partnering over policing, mistakes will happen. You'll say the wrong thing. Your child may shut down. That's normal and still happens to me. The good news? Connection isn't built on perfection; it's built on **repair**.

From Despair to Repair

In parenting, a **disconnect** is a moment when there's a break in connection. Maybe you snapped in frustration and

yelled, “Stop biting your nails!” and your child shut down, feeling embarrassed. Or they yelled back, and now you are in a shouting match.

These moments are rough, but they don’t have to define your relationship. What matters is what comes next: repair.

Repair and BFRBs: How It Looks

1. Disconnections Are Normal

We’re human. You may worry about your child’s BFRB; sometimes, that worry manifests as frustration or trying to control the behavior. Your child, on the other hand, may feel overwhelmed, ashamed, or think that they’ve let you down. These moments of disconnect are part of the process and also opportunities to reconnect.

2. Acknowledge the Disconnect

The first step to repairing a disconnect is to name what happened without defensiveness. You can say something like, “Hey, earlier, when I said, ‘Stop pulling,’ I think that upset you. I’m sorry for how I said it.” This lets your child know you see the impact of your words and care about their feelings.

3. Validate their Feelings

Validation is powerful. It tells your child, “Your feelings make sense.” You might say, “I imagine that

embarrassed or frustrated you. I get why you'd feel that way." This is not about fixing their feelings. It's showing them you understand.

4. Take Responsibility

Repair is about taking responsibility for your part in the disconnect. For example, you might say, "I was feeling worried, and I let that show in a way that wasn't helpful. That's on me." Taking responsibility shows your child that it's okay to make mistakes and to admit them too.

5. Reconnect

End with love and reassurance. Remind your child that your love and support are never tied to their behavior. Try saying, "I love you no matter what, and I'm here to support you. We're figuring this out together." These words go a long way in easing shame and rebuilding trust.

6. It's Never Too Late

Disconnects don't expire. A disconnect worth revisiting, whether ten minutes or 10 months ago. You could say, "I've been thinking about what happened earlier, and I realize I could've handled that better. Can we talk about it?" This keeps the door open for connection.

For kids with BFRBs, repair reminds them that they're loved and accepted just as they are. When we, as parents, have

unintentionally caused shame by pointing out our child's BFRB, repair builds trust by showing our child that our relationship is strong enough to handle mistakes and that their feelings matter. It reinforces that you'll always work to reconnect and prioritize your bond, even when things go wrong.

Takeaways

Disconnects are normal. Repair is possible and powerful.

Every parent messes up. What matters most is what you do next.

Acknowledge what happened without defensiveness.

Owning your part shows your child that mistakes are safe to discuss and that repair is always an option.

Validation doesn't fix feelings, but it helps your child feel understood. Saying, "That must have felt hard," goes further than you think.

Taking responsibility models emotional maturity. When you own your actions, you teach your child to do the same.

Love and reassurance rebuild safety and trust. Your child needs to know that your love is unconditional, especially when things feel broken.

When your child resists help, it's tempting to zero in on the behavior you want to change. But that's like trying to understand a book by reading only one chapter.

A BFRB is only one part of your child's story. To truly support them, widen your lens and see the whole picture: their emotions, personality, sensitivities, strengths, and struggles. That's what we'll cover next.

Chapter 11: Understanding The Whole Child

Boys & Girls and Cultural Norms

When it comes to understanding your child and their BFRB, consider your child's assigned sex and self-identifying gender. BFRBs impact boys and girls differently. Research has uncovered a hormonal link to BFRBs, which means they often surface around puberty, a developmental phase already full of challenges.

Then, there's the added layer of cultural expectations. Boys are often taught to "be tough," keep emotions locked up, and "power through." Meanwhile, girls face high-pressure beauty standards that emphasize hair, skin, and nails, the very aspects of appearance that BFRBs tend to affect.

Despite our progress in shifting these norms, your child is likely exposed to these stereotypes through media, social interactions, or people who haven't realized the harm these messages carry.

So, as you walk this path alongside your child, consider:

- Acknowledging cultural nuances that come with your family's race and ethnicity.
- Tuning into your child's unique personality and developmental stage.
- Celebrating their hard work, skills, and passions instead of focusing on appearance.

Sitting with difficult emotions can be challenging for both children and adults. But it's in those moments of discomfort that real growth happens. Our job isn't to make the hard feelings disappear; it's to show our kids they can handle them and be ok.

Many of us were taught to ignore uncomfortable feelings, and now is a chance for you both to grow in a new way.

Start by naming the emotion for them: "It looks like you're feeling really frustrated right now." Naming the emotion helps your child feel understood and allows them to check in with themselves and decide if that label feels right. They might say, "I'm not frustrated, I'm sad." This process empowers them to recognize and acknowledge their feelings.

Validate their experience: "It's hard when things don't go as you hoped." Validation doesn't mean you agree or that the situation is okay; it means you're letting them know their feelings make sense.

Guide them through the discomfort. You can say, “I know this feels so big right now, and I know you can handle it and be ok. I’m here with you while you do.”

Using this approach teaches your child a lifelong skill: that emotions, even tough ones, aren’t scary or evil. They’re manageable and a natural part of being human.

The Mental Health BFRB Spectrum

Just like physical health exists on a spectrum where one person might have a mild ache while another is dealing with chronic pain, mental health looks different from one person to the next.

Picture mental health as a spectrum. For some, a BFRB may sit on the lower end of that spectrum; it’s an occasional nuisance but doesn’t disrupt daily life or evoke feelings of shame. For others, it might rank much higher, sparking isolation, self-doubt, and intense self-criticism. Understanding where your child’s BFRB falls on this spectrum can provide a clear path to the level of support they may need from you.

BFRBs are often linked to feelings of shame, but everyone experiences this differently. For example, someone who pulls their hair might feel deeply self-conscious about visible bald spots and avoid social situations. In contrast, another may pull but feel little shame and remain confident in social settings. Younger children, around ages six to ten, may not be as concerned about missing lashes or brows, but as they grow older, by around thirteen, that same missing feature might feel overwhelming.

BFRBs can range from mild to severe, and understanding where your child falls on this spectrum can help you support them effectively.

Mild BFRBs may occur occasionally, often when your child is bored or stressed, and typically don't interfere significantly with their daily life or confidence.

Moderate BFRBs occur more frequently and can lead to visible effects, such as thinning hair or scabs, which may impact your child's self-esteem or cause them to hide the behavior.

Severe BFRBs are more intense and compulsive, interfering significantly with daily life, relationships, and self-confidence, often causing physical harm and deep feelings of shame.

By understanding the spectrum of BFRBs and where your child's experience falls, you can approach their challenges with empathy and the right level of support.

How Can You Tell Where Your Child Falls on the Spectrum?

This isn't about labeling, it's about understanding your child's experience so you can offer the right level of support. Use the following reflections and observations as a guide.

Mild (Occasional, Low Disruption)

Consider these questions:

- Is the behavior infrequent, such as once or twice a week?
- Does your child seem unconcerned or unbothered by it?
- Are there no visible signs, or only minor ones?
- Does the behavior seem like an occasional response rather than a persistent challenge?

Support at this level might include gentle education, introducing age-appropriate awareness tools, and modeling healthy emotional regulation. At this stage, it's more about planting seeds than stepping in.

Moderate (Visible, Growing Concern)

Ask yourself:

- Is the behavior becoming more frequent or more challenging for your child to stop?
- Are there signs of thinning hair, scabs, or nail damage visible?
- Does your child seem embarrassed, or do they try to hide the behavior?
- Have teachers, coaches, or others noticed and commented?

Support at this level includes compassion-led conversations, exploring tools such as the HabitAware Keen2 bracelet, adjusting the environment, and potentially connecting with a therapist who understands BFRBs. Your role becomes more active, helping them understand and explore their options.

Severe (Frequent, Distressing, Disruptive)

Consider the following:

- Is the behavior happening daily or for long periods of time?
- Is your child avoiding social situations, pulling away from friends, or becoming withdrawn?
- Are there wounds, infections, or other medical concerns?
- Has your child expressed frustration, hopelessness, or shame about their behavior?

Support at this level should focus on reducing shame, reinforcing safety and trust, and partnering with a mental health professional trained in BFRBs. Your child may benefit from structured tools, Keen2, behavior tracking, and a strong support system at home and beyond.

Shame

Meet Lalia, a bright 15-year-old. Her dad was driving Lalia to soccer practice. Lalia happened to be in the back seat, watching the sunset, excited to see her friends at practice.

From the front seat, her dad kept looking at her in the rearview mirror.

“Lalia, stop,” he said as he watched her pulling at her eyelashes.

She quickly pulled her hand away whenever her dad yelled, “Stop.” But it didn’t last. Her hand went back up, and he would yell again. After the third yell, her dad forcefully pulled over, got out of the car, opened Lalia’s door, and pulled her from the car.

He began screaming and pointing his finger in her face, saying, “If you don’t stop pulling your eyelashes, you will look ugly, and no one will want to marry you. Do you hear me? Now stop it. Get back in the car.”

While Lalia is a fictional name, the story is true. Laila’s dad thought he could shame her BFRB away.

Shame is that deep, heavy feeling of believing we’re somehow flawed or not enough. It can take root in our belief systems, thriving on our fear of making mistakes or not being accepted. Shame is often born from how others respond to us or even how we respond to ourselves with that harsh inner critic.

Shame is a barrier to BFRB recovery.

People with BFRBs carry the weight of shame for pulling their hair, picking their skin, or biting their nails. These behaviors are often misunderstood as "gross" or "bad habits," but as you learned in Chapter 1, BFRBs are not "just a bad habit" they are soothing mechanisms tied to mental health conditions.

Aneela peer-coached Mira, who shared a moment many of us know too well: the shame of being exposed.

"I lived with a lot of shame growing up because I pulled out my hair. I was so afraid that people would find out and think something was wrong with me. I still remember one day in class when the boy behind me ripped my beanie off my head.

'Look, all your hair is on the floor,' he laughed, pointing at the pile of my hair. The kids responded with wild laughter.

I wanted to disappear, and from that day forward, I shrank in my seat and tried to sink into the background."

Like Mira, Aneela felt deep shame about pulling out her eyebrows and lashes. During middle and high school, she lived in "stealth mode," doing everything she could to avoid drawing attention to herself. She wore muted colors to blend in, turned down a solo in chorus to avoid the spotlight, and hurried through class presentations.

Consider what your child might be experiencing because of the shame they carry.

In a "thank you" email, another HabitAware customer, Jamie, shared how her parents' well-meaning attempts to encourage filled her with shame:

"Whenever my mom saw me, she would say, 'Stop pulling. . . . What do you mean you're only pulling from the top of your head? I see you playing with your lashes and the hair on the back of your head. Stop already! Don't you want to be pretty and have long hair?"

Shame can weigh heavily on a child, eroding their self-worth and driving a wedge between parent and child.

Turning off shame isn't as simple as flipping a switch.

As a child, Aneela told herself, “I’m a useless, ugly hair-puller who doesn’t belong.” Why? The social cues she received from her peers—eye-rolling, rude questions, and being left out—told her that story.

Supporting your child who feels shame starts with connection and validation. Validate their emotions without judgment and remind them that shame often confuses who they are (identity) with what they do (behavior).

Help your child separate their identity from their behavior by emphasizing that their worth isn’t determined by their actions: for example, “What you do doesn’t change who you are—you are still kind, brave, and loved.” Teaching this distinction provides your child with the tools to rewrite their inner story with kindness and resilience.

Perfectionism

Perfectionism is the constant drive to meet unrealistically high standards, often rooted in a fear of failure or judgment. It can lead to a cycle of self-criticism, anxiety, and overwhelming pressure to appear flawless, making it challenging to accept mistakes or imperfections.

Research has shown that people with BFRBs often experience perfectionism, struggle to relax, work at a typical pace, and feel frustrated, impatient, or dissatisfied when they fall short of their goals. They also tend to experience higher levels of boredom.

Perfectionism and BFRBs often go hand in hand. Kids with BFRBs might set incredibly high standards for themselves—whether it's about how they look, perform in school, or behave. They may pull, pick, or bite to cope when they feel like they don't measure up. Perfectionistic thinking can make BFRBs even more complex to manage. For example, spotting a single flaw, like an uneven hair strand or a blemish, can trigger the urge to “fix” it by pulling or picking. This hyper-focus on imperfections can make the behavior feel impossible to manage.

Perfectionism can also create a vicious cycle of shame. If your child feels they can't control their BFRB, they might think of it as a personal failure. That shame fuels the cycle, making them feel worse and prompting a return to the behavior for relief. Fear of being judged by others can add even more stress, leading them to hide their BFRB and feel even more isolated.

Breaking this cycle means helping your child reframe their perception of perfectionism. Teach them that perfection

isn't possible and it isn't necessary. Focus on progress, not perfection, and celebrate even the smallest wins, such as resisting the urge for a moment or noticing when you want to pull or pick. Help them practice self-compassion and challenge those negative thoughts. By addressing perfectionism alongside their BFRB, you can give your child the tools to break free from this cycle and find healthier ways to cope.

Hypersensitivity

BFRBs can be triggered by thoughts, emotions, and sensations. Hypersensitivity happens when the environment overstimulates your child when their five senses are overly sensitive to what's happening around them. Their body and brain are taking in more sensory input than they can comfortably process, which makes it hard for them to focus and creates a sense of overwhelm, leading them to self-soothe.

A sensation (sight, sound, touch, taste, smell) might be knocking them off balance, triggering the automatic response of a BFRB to re-balance.

Here are some examples of sensory triggers:

Sight: too much light, too little light, or flashing lights

Sound: loud noise, or noise that others can naturally tune out, like a water tap dripping or electricity buzzing

Touch: itchy clothing, a tap on the shoulder

Taste: flavors, textures of food

Smell: perfumes and other smells that are “invisible” to others

Research has shown that some people with BFRBs exhibit increased sensory sensitivity.

Explore this with your child to see if they can relate to it and identify the sensory triggers that contribute to their BFRB. If you understand the trigger, you can devise strategies to block, avoid, or mitigate its impact. For example, wearing headphones and listening to classical music might help if excessive noise is a trigger while studying. You can also work with occupational or psychological therapists to learn how to reduce sensory sensitivity.

Takeaways

BFRBs don’t exist in a vacuum.

Your child’s behavior is shaped by many layers of gender norms, cultural expectations, emotions, personality, mental

health, and sensory experiences. To support them, you need to recognize *all* of these.

Emotions are not problems to fix, they are experiences to name, validate, and move through.

Help your child understand and express their feelings without fear or shame. Sitting with them through discomfort teaches resilience.

BFRBs fall on a spectrum from mild to severe and so does the support needed.

Observe how often the behavior occurs, how disruptive it is, and how your child feels about it to guide your next steps.

Shame is a potent blocker of healing.

Harsh reactions, even unintentional ones, can reinforce shame and push your child away. Separate behavior from identity: remind them they are loved *no matter what*.

Perfectionism and BFRBs often reinforce each other.

Help your child embrace progress over perfection. Small wins matter, and so does practicing self-compassion when setbacks happen.

Some children are hypersensitive to sensory input and their BFRB may be an attempt to self-soothe.

As your child's copilot, it's easy to become hyper-focused on the warning lights: the hair, the skin, the missing lashes. You're watching the gauges, scanning for signs of distress, ready to respond. But if all you ever do is monitor what's going wrong, you miss the beauty of what's going right!

To truly support your child, you need to look up from the dashboard and take in the full view—who they are beyond their behavior. What lights them up? What makes you proud? What do you *love* about this remarkable human beside you?

That's what this next section is all about: turning your attention toward what you want to grow.

What You Focus on Grows

Watching your child go to school with eyelashes and come home missing most of them is hard. It's maddening to find dried blood on the bed sheets and have to wash and change the bedding again. What about the hair on the floor, the sink, and behind the headboard? The constant watching, waiting, worrying.

I get it. As a mom, I would scan my eldest daughter's face for signs of picking.

Research confirms what parents instinctively know: constantly focusing on challenges or problems can raise stress and negatively affect both you and your child.

However, choosing to actively notice, celebrate, and reinforce your child's strengths, positive qualities, and unique gifts promotes stronger emotional health, boosts self-esteem, and can even help reduce unwanted behaviors.

When you focus intentionally on what you admire and adore about your child, you're fostering a warm, nurturing environment and strengthening your bond.

Fun Activity

Set aside concerns about BFRBs for the moment. Picture your child. What do you love, admire, and adore about them? What makes you smile? What sparks awe? What makes you proud?

Close your eyes and see it. All of it. When they were little, up to today. Next, grab a pen and write down those attributes on the next page (add a black page)

A few of mine:

My eldest.

I adore her laugh.

She gets along with all types of people and has several friend groups.

A hard worker

She is a ride-or-die friend

Funny

Her smile lights up a room.

What about you? Write them down:

Now, look at your list. Did you write down how you love, adore, or admire your child's hair, nails, or skin?

Remember Lalia's story on page ____ where her dad yelled at her to stop pulling, threatening that *no one will want to marry you*. He participated in this fun activity. I still remember listening to Lalia read the list during one of our coaching calls. Happy tears all around. And not once did he mention her eyelashes.

We can get caught up in focusing on what we don't want. Now, it's time to focus on what we love.

This exercise works well for spouses and partners, too. But that is a whole other book.

Part III: Love, Strength & Awareness

Where action meets compassion

Chapter 12: From Understanding to Action

An Introduction to the Love, Strength & Awareness™ Method

You've done the foundational work.

You've taken time to understand your child's BFRB, approached with curiosity instead of control, and shifted your role from fixer to co-pilot. That alone is significant. It takes strength to pause, to learn, and to lead with compassion rather than fear.

Now, it's time to put that understanding into action.

You've probably seen us sign off emails and messages with "With love, strength, and awareness." That's not just a feel-good phrase. It's the core of everything we teach. And while there's no cure for body-focused repetitive behaviors, we believe this method comes remarkably close.

I like to think of this framework as a house:

Awareness is the foundation.

Strength is the frame that holds everything up.

Love is the warmth inside that makes this house a home.

Each piece matters. And each supports both your child's healing and your role as their steady support.

Even though we say "Love, Strength, and Awareness," the real work begins in reverse.

It starts with **awareness**. Noticing what’s been automatic.

Then comes **strength**. The ability to stay present with that awareness, even when it’s uncomfortable.

And finally, **love**. The kind that builds connection instead of shame.

This short chapter provides an overview of the method. How your child, when they are ready, can use Love, Strength & Awareness to manage their BFRB, and how you can use the very same method to support you and your child.

In the upcoming chapters, we’ll explore each pillar one at a time.

But first, here’s the method at a glance.

For your Child	For you, the Parent
Awareness means noticing the urge before the behavior begins. Tools like Keen2 help bring their actions into conscious awareness so they can make a choice instead of acting automatically.	Awareness means recognizing your own reactions. You may feel fear, urgency, or the need to fix. This is your chance to pause, stay grounded, and choose a calm response.
Strength means pausing in the moment, tuning into what they need, and trying a new	Strength means offering steady support while your child learns. You focus on

response. Even if it doesn't work perfectly, they are building resilience through practice.	their effort, not just the results. You create space for them to explore without stepping in.
Love means choosing self-compassion. Your child learns to say, "I'm not broken," and to take the next right step with care and kindness toward themselves.	Love means showing up with empathy. You choose connection instead of correction. You help your child feel safe, seen, and supported, even when things are hard.

Consider this chart your quick-start guide. Take a picture to keep it handy. We've also included this guide along with all the tools in section XYZ.

Up next is a deep dive into the first pillar of the program: Awareness.

Chapter 13: The Power of Awareness

It all begins with awareness.

In this book, we continually return to a key idea that is more than just a nice thought; it's a scientific fact. Your brain can't change something it's not aware of. Without awareness, you can't stop; you can only repeat.

As you learned early, most BFRB behaviors happen without even thinking about them, when your child's body acts before their mind catches up. Even if your child says, "I know I'm doing it," that awareness usually comes after the fact. That's exactly why awareness isn't just the first step; it's the essential building block for all progress that follows.

Awareness in action

Meet Trish, a 14-year-old who loves to draw. Trish has pulled her scalp hair since she was eight years old. She tried many things to stop herself from starting, including band-aids on her fingers, gloves, hats, fidgets, and her favorite thing: drawing.

Trish was seeing a therapist, and her therapist recommended that Trish use a Keen2 bracelet to help cultivate awareness.

Trish was skeptical. Nothing worked before. Why would this be any different? During our Keen2 setup call, Trish was resistant. Her facial expression, mannerisms, and body language were, in a word, negative.

I walked her through the process of setting up the bracelet. When we reached the *Let's Check It* section, where she began scanning the hair to test for the vibration, something magical happened.

She laughed.

Her entire face lit up. Her eyes widened. She scanned her hair again and again. Keen2 vibrated. Trish pulled her hand away and looked at me. She began to cry and laugh and cry some more.

She said, "I didn't think this was possible. This is insane. Keen2 is lit."

Trish's newfound awareness was a game-changer in therapy. It interrupted the trance. It gave her the awareness she never knew she could have.

Each time Keen2 vibrated, she smiled and laughed. Trisha wrote me about a month later, sharing that, for the first time, she was able to stop before she started.

How does Keen2 work?

Back in Aneela's story, everything shifted when she realized she didn't want her husband to be the one constantly pointing out when she was pulling.

In a moment of frustration and clarity, she grabbed her own wrists and said, *'I need something other than you to alert me.'* That moment sparked the creation of the original Keen bracelet.

Keen2 and KeenLite for Apple Watch are designed to build **Keen Awareness**. These smart bracelets help bring subconscious behavior into conscious view, creating space for choice and lasting change.

They break the trance.

When the bracelet detects the scanning motion, it vibrates gently, interrupting the process.

Keen2 brings awareness to the moment before the behavior happens. Like Trish said, *for the first time, I was able to stop before the pulling started*.

Not everyone laughs and embraces the vibration.

Here's how you can help your child make the most of that pause.

- **Associate the vibration with something positive.** A hug on the wrist, a deep breath, or a mental cue that brings comfort.
- **Frame it as encouragement, not correction.** The bracelet isn't a punishment device. It's a personal coach saying, "Hey, your hands aren't where you want them to be. Pause for a second. Let's try something else."
- **Customize the gesture training.** BFRB scanning motions vary from person to person, so be sure to adjust the bracelet setting to your child's specific movements. (Need help? A complete setup guide is included in the

appendix.)

How to help support your child's awareness

Remember my story: once I properly trained my Keen bracelet, I started associating the vibration as a “hug on my wrist,” a reminder that I am worth helping. No more: *Ellen, what's wrong with you? Why can't you stop? You suck.* Instead: *Hey, Ellen, your hands aren't where you want them to be. Let's investigate. You've got this.*

I share that story whenever I help a kid set up their Keen2. No one wants to be reminded that they're doing something wrong. No one wants to feel that feeling of:

Why am I doing this again? Reframe the vibration.

Ask your child, “What do you want the vibration to mean for you?” Let them own it. During a training call, one child imagined the vibration as her LOL doll singing that she was a rockstar. Another decided the vibration was his LEGO superhero.

Here's how other kids describe their Keen vibration:

- A superhero has my back
- A secret handshake
- Butterfly kisses

- My best friend
- A high five

Every time your child feels that vibration, encourage them to associate it with one message: **I'm helping me.** It's their private, personal self-care alarm.

You might still be wondering: why does that vibration matter so much?

Because it breaks the trance.

When I was in high school, the bell would ring, and I'd lean down to grab my books, only to see dozens of strands of hair on the floor. The trance would follow me to the next class, to college, to the car, to the couch, to bed. Like your child and anyone with a BFRB, I needed something to gently interrupt that subconscious loop. And I didn't want it to come from someone else. That's what Keen2 is designed to do.

Call out box: I hear this all the time: "I don't need it. I won't engage this time." Maybe you won't, or maybe you will. Let Keen2 be your trapeze safety net, guarding you in case you fall.

The vibration brings your child back into the moment. It shifts behavior from subconscious to conscious. That's when your child can regain control and choose something different.

Takeaways: Chapter 13 – The Power of Awareness

- **Awareness is the foundation for change.** Without awareness, your child can't choose something different—they can only repeat the behavior.
- **Keen2 helps break the trance.** The bracelet vibrates at the moment of behavior, shifting your child from autopilot into conscious choice.
- **Noticing before acting is everything.** That split second between the urge and the action—what we call the “magic window”—is where change happens.
- **How your child interprets the vibration matters.** Help them frame it positively—as a secret handshake, a superhero alert, or a “hug on the wrist.”
- **Let your child define what the vibration means.** Ownership builds buy-in. When the vibration feels like support—not surveillance—kids engage more willingly.
- **Awareness isn't correction—it's empowerment.** The vibration doesn't say “you're bad,” it says “you've got this.” It's a private signal that invites a pause and a choice.
- **Progress starts with one thing: noticing.** Even if nothing else changes yet, learning to notice is the most powerful first step your child can take.

Chapter 14: Parent Awareness

While your child's awareness is paramount in BFRB recovery, there is another awareness that you, the parent, need. Awareness of your thoughts and feelings about your child's BFRB.

A mom emailed me asking for help. She wrote, "I get so angry when my child pulls her hair after it has started to grow in. What should I do? How do I stop being angry at her?"

What do you hear when you read this parent's words? Anger, disappointment, frustration, fear? I sense them all. This mom is allowed to be angry. She cannot stop her emotions, nor should she. Suppressing anger will only lead to it exploding somewhere else. What she is really asking is, *What do I do with these feelings?*

I'm sure you get angry and frustrated; it's part of being human. While you can't simply stop being angry, you can examine the situation from within your circle of control.

Parent Real-time tools

There are things you can do to help yourself when your thoughts and feelings about your child's BFRB begin to hijack your mind.

Circle of Control

Try this: Use the *circle of control* as a way to remind yourself what you can and can't influence. At the center are the things *you can control*: your actions and choices. Outside that circle are the things you *can't control*, like other people, the weather, and the curveballs life throws your way. When you focus on what's in your circle of control, you take back your power and respond in a way that feels right for you.

What about our mom above? She's angry and allowed to feel angry. What this mom does with that anger matters.

As the anger fades, she can examine what's in her control.

Is it in this mom's circle of control to:

Mari: turn this into a circle of control vs a bullet list.

- Control her daughter's pulling? outside
- Stop her daughter's pulling - outside
- Control how fast her daughter's hair grows - outside

- Look away or walk away if her daughter's pulling upsets her? Inside.
- Offer her daughter support? Inside.
- Seek help for herself? Inside

Other examples of your BFRB Circle of Control: (draw in a circle)

Inside the Circle (What Parents Can Control)

1. Their own responses and emotions
2. The environment they provide
3. The resources they offer
4. Communication style
5. Modeling self-care
6. The rules and boundaries they set
7. How they educate themselves
8. The support network they build
9. Offering encouragement
10. Prioritizing quality time

Outside the Circle (What Parents Cannot Control)

1. The child's urges or behaviors
2. The child's feelings
3. How others perceive their child
4. The speed of progress

5. The outcome of interventions
6. Triggers in the outside world
7. Past experiences
8. What their child thinks about themselves
9. Their child's readiness to change
10. Social dynamics

Thoughts vs Facts

What about your thoughts? Research says a person has thousands of thoughts daily, and you cannot control what pops into your head. My head gets so noisy, from mundane daily tasks to deeper contemplations. I can't prevent the thoughts, but I can control how I address them, and you can, too.

Try this: Thoughts are not facts. Just because you think something is true doesn't make it true. Fact-check your thoughts.

Call out visual thoughts = facts with a cross out showing it's not true or something like that.

Thought: My daughter will never get married. No one will want her if she continues to pick at her face.

Fact check: How do I know that? What evidence do I have? Does she even want to get married? She is 13. Is this something to focus on right now?

Are you laser-focused on your child's BFRB? Shift your focus toward what you love, adore, and admire about your child, as you did in the exercise on page _____ .

Mind-Body Connection Connection

Try this: Practice your awareness.

What is happening in your body? Where do you feel tension? In your back, shoulders, or gut? Think of this as your “check engine light” coming on. Use those physical feelings as a signal to check in with yourself.

Name It to Tame It

Try this: I mentioned this in Part I when we discussed acceptance. This science-backed technique takes the power away from your emotions and gives the power back to you. Research shows that when you name an emotion, it calms the brain’s alarm system and activates the thinking part of your brain. It creates space between you and the feeling, helping you respond instead of react.

Let's use the Mom from page _____. She is angry that her daughter is pulling.

Using *Name It to Tame It*, this mom will name her emotions: I am feeling angry. Or, I notice that I am feeling angry, taking that momentary time out so she can respond vs react.

BE THIS

Try this: This simple exercise is my go-to. BE THIS is an acronym to help you remember the steps, which are:

B - stands for Breathe.

Put your hands on your heart and take a few deep breaths.

E - stands for Emotions.

Name what you are feeling: Anxious, angry, frustrated, etc.

T - stands for Touch.

Touch your hands together or feel your feet on the ground. Touch something.

H - stands for Hear.

What do you hear? The air conditioner, the birds, the dishwasher, for example.

I - stands for Intentional stretch.

Stretch your body. Put your arms over your head, grab one wrist, and gently stretch. Repeat on the other side. Or do whatever stretch feels comfortable.

S - stands for See/smell.

What do you see? The trees out the window, the traffic. I smell my coffee and the fresh breeze coming through my window.

You can complete BE THIS in under ten seconds, or take your time with each step.

Try a few of these exercises and see what works best for you. You can also teach your child these grounding exercises.

Add a reader reflection box - Take a moment. What stories are you telling yourself about your child's behavior? About your parenting? Are they helpful or hurtful? What's in your circle of control right now?

Takeaways: Chapter 14 – Parent Awareness

- **Your awareness matters too.** How you think, feel, and react to your child's BFRB significantly impacts the emotional environment at home.

- **You can't control everything, but you can control your response.** Use the *Circle of Control* to focus your energy on what's truly within your reach.
- **Thoughts are not facts.** Just because a fear pops into your head doesn't make it true. Fact-checking your thoughts helps reduce anxiety and overreaction.
- **Your body gives you clues.** Tight shoulders, a clenched jaw, or a sinking feeling in your gut? That's your check engine light. Use it as a cue to pause and reset.
- **Grounding tools like *Name It to Tame It* and *BE THIS* give you back your calm.** They help you move from reaction to intention.
- **Self-awareness is a form of leadership.** When you care for your own nervous system, you model emotional regulation—and you show your child they're safe, loved, and not the cause of your stress.

Chapter 15: Awareness of the Mindsets That Shape Us

Henry Ford's quote, "If you think you can or you think you can't, I believe you," highlights the profound impact of mindset on outcomes. It means that your belief in your ability to succeed or fail can significantly affect the actual outcome.

This quote also reminds me of Carol Dweck, a psychologist and Stanford Psychology professor concepts of growth and fixed mindsets. These mindsets are critical in understanding and managing BFRBs.

A fixed mindset is the belief that our abilities, traits, or behaviors are static and unchangeable. For a child struggling with BFRBs, this might look like:

- Believing, "I'll never be able to stop this behavior."
- Thinking, "This is just who I am. There's no point in trying to change."
- Avoiding challenges or triggers out of fear of failure.
- Interpreting setbacks as proof that recovery isn't possible.

This mindset is the "I can't" in the Henry Ford quote. It leads to hopelessness, frustration, and avoidance of helpful strategies or support systems.

A growth mindset is the belief that abilities and behaviors can improve with effort, learning, and persistence. For someone with a BFRB, adopting a growth mindset can look like:

- Believing, “Recovery is a journey, and I can make progress over time.”
- Viewing setbacks as learning opportunities rather than failures.
- Trying different strategies and tools, even if they don’t work perfectly at first.
- Celebrating small wins, like identifying a trigger or pausing before engaging in the behavior.
- Recognizing urges may always exist, but managing them can improve with practice.

Here are some ways you can foster shifting from a fixed to a growth mindset.

Let’s say your child thinks, “I’ll always pull [or pick or bite] because I’ve done it for so long.”

You can help them reframe this thought to a growth mindset by saying, “You’ve done this for a long time, so it may take time to rewire your brain, and I know you can learn new ways to cope.”

Or, say your child thinks, “I failed today, so I might as well give up.”

You can say, “Today was hard, but it doesn’t erase your progress.” Or suggest that your child say, “I made some mistakes, but that doesn’t mean I’m starting over. I’m starting from experience.”

For parents supporting a child with a BFRB, adopting a growth mindset means:

- Believing that your child’s behavior can improve with time and effort
- Encouraging your child to see setbacks as learning opportunities
- Supporting your child in trying various strategies without pressuring for immediate results

The Power of Yet

The word “yet” may just be the most powerful in our language.

Where “I can’t stop picking my scabs” is finite, “I can’t stop picking my scabs, yet” indicates openness to taking the time to try! Adding “yet” to belief statements makes the impossible possible.

Carol Dweck coined the concept of the "power of yet" as part of her work on the growth mindset. She introduced it during her research on motivation and learning, emphasizing how adding the word "yet" to statements can shift the focus from fixed limitations to possibilities for growth.

The same can be transformative for you, supporting your child with BFRBs. It shifts the focus from discouragement to hope and resilience, emphasizing that goals and progress are not out of reach; they just haven't been achieved yet.

Setbacks are inevitable in managing BFRBs. You can use "yet" to remind your child that setbacks are part of the process, not the end of the road.

For example: "You had a tough day and engaged in the behavior, but you're still working on it. You haven't gotten it down yet, but I'm so proud of the effort you're putting in."

Managing BFRBs involves learning skills such as identifying triggers, utilizing tools, and practicing effective coping strategies. You can frame these as learnable.

For example: "You haven't mastered when to use your fidget tools yet, but every time you use them, you teach your brain something new."

You might struggle with your feelings of frustration, guilt, or helplessness. Using "yet" in your self-talk can help you model resilience for your child:

- I don't fully understand how to help yet, but I'm learning more every day.
- I haven't seen significant changes in their behavior yet, and growth takes time.

With the power of yet, you can help shift a fixed-mindset child to a growth mindset, and you can nurture and encourage a child with a growth mindset to continue developing a self-belief system of continuous improvement.

BONUS! This applies beyond your child's BFRB. Use the same approach for academics, sports, navigating relationships, and other life experiences.

As your child builds a growth mindset, it's also time to rethink what success looks like—and let go of goals that sound empowering but set them up for shame.

The Language You Use Matters

Whoever said, “Sticks and stones may break my bones, but names will never hurt me!” does not understand the mind-body connection.

The words you use with your child matter—they shape how they see themselves and navigate the world. Language becomes the foundation of your child’s inner voice, influencing their confidence, emotional resilience, and sense of self-worth. Language can build a child’s confidence and emotional resilience or unintentionally foster shame and self-doubt.

Names do hurt. Language does matter.

Your words have creative power when you speak your mind; you breathe life into those thoughts. If you or your child talk negatively, for example, “I’m never going to be good at math” or “I’m never going to stop”, you invite that negative thought to become your focus.

Our brains want to be correct, thanks to a powerful part of the brain called the Reticular Activating System (RAS). The RAS acts like a filter, focusing on what we think and say.

So, if you tell yourself, “I’m not a good mom,” your RAS will filter and look for evidence to prove you right. But when you and your child speak positively, you train your RAS to seek out more goodness! This intentional shift in language is just one piece of the puzzle.

I’m not suggesting you filter the world through rose-colored glasses. However, I encourage you to use productive language to influence and reinforce this process. For instance, have you ever said to your child, “Don’t drop it!” when they are carrying a glass of water? When they hear “drop,” their RAS latches onto that word, making them more likely to drop the glass. Instead, say, “Hold on to it.” With this language, their RAS filters for “Hold,” increasing their chances of success.

The language you use with yourself, your inner voice, works the same way. It influences your self-esteem, core beliefs about yourself and the world, and even your mood. The same is true for your child. By being mindful of the words you choose, you’re not just changing a conversation; you’re reshaping how the brain processes the world.

Language influences your thinking; your thoughts shape how you feel, and your emotions, in turn, impact how you behave.

As you support your child's BFRB recovery journey, it is essential to use loving, encouraging, productive words when speaking to your child and to yourself!

The “Just Stop” Trap

One of the most damaging phrases I hear from well-meaning parents, and one I've caught myself saying, is “Just stop.” Let's unpack why that language hurts more than it helps.

In peer coaching hundreds of kids with the HabitAware Keen smart bracelet, the same question kept coming up with their parents:

Why can't my child just stop?

Trust me, if your child could “just stop,” they would.

As you learned in Part I, BFRBs are chronic medical conditions with genetic and hormonal components. Your child can't “just stop” having this chronic condition, just as someone with diabetes can't stop or declare a “diabetes-free day” and head to the candy shop.

Why can't my child just stop their BFRB? is the wrong question for several reasons. Whether it be in

conversations with your child, your partner, or your internal dialogue, here's why you should shift away from language that encourages "stopping."

First, asking why your child can't stop is like saying, *There's something wrong with Ellen*. Do you remember the story where Fatima shouted that to my mom? The question hints at a need to be fixed. This language places blame on your child.

Make this a call out box: In the BFRB world, "Stop" is a bad four-letter word.

Second, defining a successful recovery as "completely stopping" is a goal that places incredible pressure on your child. It is an all-or-nothing mindset that impedes recovery. It's finite, leaving no room for trial and error, mistakes, learning, or making step-by-step progress.

By changing this one question, you shift your mindset from helpless to helpful on the road to recovery.

Reframe: *Why can't my child just stop their BFRB?*

to

How can my child manage their BFRB, and what support can I offer them?

This language shift moves you away from blame and shame and toward curiosity and action questions, such as:

What might be holding my child back from managing their BFRB?

And

What can I do to help my child manage their BFRB?

Similar to how someone with diabetes must monitor their blood sugar levels, diet, and exercise, someone with a BFRB needs to be mindful of both internal and external stressors and create an effective daily management plan.

What about you? Consider this example.

Mornings can be maddening, and getting out of the house can feel like an impossible task. Breakfast and backpacks. Permission slips and soccer gear. Coffee. Where is my coffee!?! The screaming and yelling. As a fellow parent, I know you've been there. We are pressed for time, and then we yell. What if you made a goal to stop? Just stop yelling.

Never, ever yell again. That is impossible. But you can manage your yelling.

When you can see and navigate the roadblock more clearly, you can continue to ask questions with this loving curiosity, and—BONUS!—this new language transcends BFRBs. You can now ask, *How can my child manage their homework? Their chores? Their allowance?*

“Free” Is NOT Freedom

Another goal I’ve seen shared countless times in online support groups is going “pull free,” or “pick free,” or “nail-biting free.”

If your child wants to achieve freedom from their BFRB, let go of the notion that being “pull free,” etc., means never, ever, EVER doing it again.

This sentiment of being “free” is similar to the “just stopping” goal, focusing on a highly unattainable, perfect outcome. Instead, you can encourage your child to pull, pick, or bite “less.” “Less” aligns with our success metric of bounce-back rate. The goal is to reduce the size of the BFRB burden in your child’s life from the heavy burden of a

backpack to a small coin purse in their pocket, still with your child, but barely noticeable.

Without this notion of perfection hanging over your child's head, freedom rings!

A New Definition of Success: The Bounce-Back Rate

Shifting from “stopping” to “managing” opens the door to a new way of defining success in BFRB recovery.

When stopping is the goal, success only comes with never, ever, ever doing a BFRB again! This success metric, “stopping,” is heavily tied to the outcome: the health of your child's hair, skin, or nails.

The reality is that what your child looks like on any given day will fluctuate, as will their BFRB urges. When you shift to “managing,” the success metric focuses on your child's EFFORT and RESILIENCE and is measured by their Bounce-Back Rate.

Bounce-Back Rate measures how long it takes your child to notice a BFRB episode and redirect to a healthier, soothing strategy. The goal is to put effort into reducing the time between noticing and taking healthy action.

Now, this doesn't mean you go out and buy a stopwatch. This measurement of success can be determined simply through a "gut check." You can simply talk with your child to gauge whether the time between an urge and a healthy action to self-soothe is decreasing over time, focusing on their effort rather than the end result of that effort.

Imagine your child gets overwhelmed and defeated on the soccer field when they miss a shot on goal. The more your child works on their soccer skills and drills, the better they will perform. But it's not all about performance. It's about how well they bounce back when they don't perform.

Notice how your child is handling the situation. Can they pick themselves up and dust themselves off quickly, regardless of the play? The measure of resilience and Bounce-Back Rate is the rate at which they can do this. It's the same with BFRBs.

Here's another example: if your child studied ferociously for a chemistry test and it paid off with an excellent grade, you could say, "Yay, you got an A on your Chemistry test!" and leave it at that. Alternatively, and more effectively, you can acknowledge their effort: "Yay, I saw you worked so hard, went to tutoring hours, and studied for so long." Even if not an A, you can always focus on that bounce-back rate:

“Well, you got a C last time, you studied longer this time, and you got a B-. That’s movement in the right direction!”

Focus on the efforts and their bounce-back rate, not the outcome.

Chapter 16: The Power of Strength

Let's recap. Awareness is the first step in lasting behavior change. Your child and you can't change what you don't realize is happening. Awareness is key because it interrupts the unwanted behavior. Now, let's move forward and learn how to build strength—the second step in the Love, Strength & Awareness methodology.

The Power of the Pause

Keen2 vibrates interrupting the behavior. That's awareness.

Now What?

Pause.

It's simple, but simple doesn't mean easy.

Awareness >>> Pause>>>>>Strength

It's during the pause that your child learns to recognize what's happening beneath the surface so that they can respond intentionally, not automatically.

Said another way, it's the middle part between noticing the unwanted BFRB and choosing what comes next.

Think of strength like a detective's magnifying glass.
When your child pauses before acting on a BFRB, they are not

just resisting an urge. They are examining the scene. They are using their clues to look outside and inside: What just happened? What am I feeling? What triggered this moment?

It takes strength to slow down, observe, and investigate rather than react automatically. That pause is the mental muscle. It might be small at first, but each time your child picks up their internal magnifying glass, they build the strength to choose a different response.

Use the Clues: A Self-Discovery Tool

Use the clues is a series of questions to uncover why the BFRB might be happening.

- What am I doing? (*actions*)
- What am I thinking about? (*thoughts*)
- What time is it?
- Where am I? (*place*)
- How am I feeling? (*emotions*)
- Who am I with?

You are not new to *using the clues*. Remember when your child was a baby? When they cried, you used the clues,

such as a wet diaper or the time of their last bottle, to figure out what they needed. The BFRB is like that crying baby, calling out for love and care. As you once tuned in to your baby's cries, your child is now learning to tune in to their own signals.

That power to choose comes from shifting the behavior from the subconscious to the conscious. Sometimes, your child may still choose to engage in the BFRB, and that's normal and part of the process. Each time they try a healthy replacement strategy, they send a new message to their brain: *I got you. You're safe.* Over time, your child will retrain their brain to no longer rely on noisy hands to get their attention.

When your child reframes the BFRB as a signal of discomfort or imbalance, they can *use the clues* to help define the source. Here are common states that can move your child, and most humans, off their baseline:

- Overwhelm: stressed, anxious, excited
- Underwhelm: bored, disinterested, apathetic
- Engaged Distraction: focused, absorbed, zoned in
- Neutral Discomfort: thirst, hunger, tiredness, full bladder (physical discomfort)

The clues uncover: What is my BFRB trying to tell me that I need?

Use the clues can be fun. Here's where your child steps into the role of scientist, putting on their imaginary white lab coat to experiment with different hypotheses and strategies. The answers to those questions *are the clues*—they inform your child about what they might need at that moment.

With the scientist's lens or a detective's eye, your child gets to investigate.

Example:

Keen vibrates. *Awareness interruption*

Pause. *Building Strength.*

Ask and answer: *Figurative weightlifting, building Strength.*

How am I feeling? → nervous

Where am I? → math class

What's going on? → I have no idea how to answer this question, and everyone else is already finished. Looking back, that was me in fifth grade.

That's valuable data. The hypothesis might be: *I'm biting my nails to help calm down because I'm nervous.*

From there, your child can test a hypothesis and strategy: *What if I played with a fidget to occupy my hands and then raised my hand to ask the teacher for help?*

That's a hypothesis in action. Next, your child observes the outcome to test their hypothesis and strategy. That's how they build strength through awareness, experimentation, and trying again. The key is to stay curious.

With your support, your child can start to spot patterns. Maybe they pull more when they're tired. Perhaps they pick when they're worried. Maybe biting shows up more when they're bored or alone. They won't solve the mystery overnight, but with each pause, each clue, they're building strength.

Your role is to encourage the pause. Celebrate the effort. Reflect without shame. Remind them they are learning to care for themselves in a new way.

Turn this into a call out box: The more your child learns to meet their needs in the moment and return to a sense of calm, the more they can view their BFRB as a signal, not an enemy.

Charlie's Story: From Data to Strategy

Let's examine how one child and his family *used the clues*. Meet Charlie, a hilarious 11-year-old boy who wants to take control of eyelash-pulling.

I asked Charlie when he thought he pulled the most. His initial answer was everywhere and all the time. I get that, and it certainly can feel that way. However, as Charlie wore his Keen2 bracelet and paid attention to the vibration, it made it easier to be a scientist. He thought of Keen2 as his laboratory microscope. The clues revealed he pulled more in school during social studies class, after school while watching TV, and during homework times.

Looking at the clues, Charlie and his mom discovered that social studies was challenging for Charlie, and pulling helped him calm down and concentrate. In the afternoon, pulling served a different purpose; it helped him decompress after school.

Social studies triggered Charlie. Simply walking into the classroom was enough to make him want to pull. Skipping class was not an option; he couldn't eliminate that trigger, but he could take action to help him cope with the unease.

Here's how Charlie's parents supported him:

- Arranged extra help for Charlie in social studies
- Filled a pencil case with some fidgets
- Place a tube of Aquaphor in Charlie's backpack to apply to his lashes, making them slippery and creating an additional barrier to pulling.

The other trigger time was when he was doing homework in his bedroom.

Mom wanted to take control and create a homework station in the kitchen. Instead, she returned to her copilot role and asked, "What do you think would be better for you, working in your bedroom with the door open or trying a different space?" Together, they devised a solution:

Charlie chose the dining room. It was close enough to feel the presence of others but far enough away to give him some quiet. His homework station consisted of a tray that had a small clock, pens, pencils, markers, the usual homework stuff, plus some fidgets: a Koosh ball, a paintbrush (to play with the bristles), water, and snacks.

Watching TV after school was another time and location where Charlie would pull. Charlie ran an experiment. Before sitting on the sofa, he spent about 20 minutes moving his body, either riding his bike, playing basketball, or running around the house playing chase with his dog.

He also prepared himself before turning on the TV. Fidgets were useless during TV time as Charlie put them down, but putting band-aids or rubber bands on his pointer fingers worked. That strategy created an additional barrier and extra awareness. He kept a basket of Band-Aids and rubber bands next to the remote control, making the tools easily accessible when needed.

The changes Charlie made didn't happen immediately. He failed several times. That's part of the process. His mom reminded him of this by using baseball as an example. Charlie didn't pick up a bat and immediately hit home runs. He had to learn how to stand, adjust his grip, swing, and follow through. Keeping his eye on the ball was the hardest part—and, of course, practice.

During a coaching call, Charlie shared that he can now pause and be in the moment. Before Keen2 and these interventions, stopping in the moment felt impossible. Today, Charlie might pull an eyelash or two, but the difference is that he recognizes the urge as a signal that something is amiss and that he can take action about it.

Charlie's story shows what happens when a child is the pilot and he has his trusty copilot, mom, to lean on. He wanted to use Keen2 and be the scientist in his own

healing process. Charlie built strength with each experiment, and so did his mom.

Janie's Story: When a Child Doesn't Want Help

Charlie is 11. What if he were 17 and didn't want your help?

Meet Janie, a bright 17-year-old high school senior who picks at her face when she concentrates. She doesn't pick in public and usually does her homework in the library to avoid triggering the behavior.

Her mom knows this.

But Janie hates it when her mom offers advice. Each time her mom suggests what to do, it ends in a fight.

Janie has college applications to finish, and the library is closed. Her mom can see the mounting pressure and feels the tension ripple through the house. Janie is irritable and overwhelmed.

Instead of giving advice or trying to take control, her mom takes a different approach. She gently says, "Hey, I'm heading to Starbucks to get some coffee and work done. Do you want to come with me? You can do your thing, and I'll do mine."

That small invitation changed everything.

Janie felt seen and supported, not judged. Her mom gave her space to feel capable while still being close. She held back from stepping in, but not from showing up.

But what if your child, like Janie, still doesn't want your help or won't talk about their BFRB? That can be painful and frustrating, especially when you want to support them. No parent wants to see their child hurting.

When that happens, your job becomes helping yourself. As I mentioned earlier, when your child won't let you in, the focus shifts to what's in your circle of control (see page ____). Here's what that looks like in my own parenting

Taking Care of You: A Parent's Perspective

Witnessing my daughter bite her nails drives me crazy. Saying something typically makes it worse, so I hold my tongue. That is in my circle of control. When Rachel is biting her nails, I look away or remove myself, and I'm discreet. That means no dirty looks or stomping out of the room. I operate in stealth mode.

Driving to Rachel's birthday dinner, I sat next to her in the back. During the 20-minute ride, she chatted and laughed while biting and picking at her nails. What did I do? I looked

out the window and enjoyed the laughter. Seeing Rachel bite her nails bothered me, so I looked away.

If I had gently taken her hand or said something, it would have ruined the night. Instead, I focused on me.

There will be times when your child does something you don't like or want to see. In those moments, ask yourself, if I say something, will it help or hurt? If it's the latter, remove yourself from the situation or focus on something else. That is what's in your control.

Keen2 Stats: Turning Data into Action

There is power in “Keen” awareness, and there is also power in the data. In therapy, one of the first tasks is to track the behavior. The HabitAware app and bracelet system automate this process. Tracking the data provides insight into when the unwanted BFRBs are happening.

These charts enable you and your child to shift the conversation from shame and blame to one of compassion and curiosity. Instead of asking if they pulled or picked today, you can say, “Let’s see, what do the Keen2 stats tell us today?”

Stepping back to observe the data allows you and your child to examine the BFRB objectively, like a scientist, and identify trends in BFRB scenarios. From this place of non-judgment, you are ready to *use the clues* to help you choose a healthier, soothing mechanism for the moment.

Cassey's Story: Tiny Adjustments, Big Impact

Meet Cassey, a wise and independent 13-year-old. She loves gymnastics and is happiest when she is on the uneven bars. When we met, Cassey was overwhelmed and unsure if she'd ever be able to get the nail biting under control.

The data collection helped her transition from subjective thinking, '*I'm biting everywhere all the time*', to objective tracking. Seeing the data, including the date, time, and number of vibrations, and then filling in the gaps—place, activity, and mood —Cassey was able to make behavioral changes.

Since Cassey had facts, it made it easier for her to create her plan. She didn't think she was biting her nails while on the uneven bars, but she was. Keen2 helped her discover that she typically put her hand in her mouth right before she would mount the equipment. With awareness, she even pinpointed that she started biting her left thumb. With

these newfound *clues*, she added Liquid Bandage to her thumbs. This covering helped protect her thumb and provided an additional barrier, making it harder for her to bite.

Cassey experimented. She began squeezing her fists by her side before mounting the bars, thinking of this as *you've got this signal*. It worked. Armed with Keen2 vibration and data, she began to make progress in creating healthier behaviors.

Takeaways: Chapter 16 – The Power of Strength

- Awareness first. Strength is the mental muscle that makes it possible to pause and choose what happens next
- Pausing is a skill that takes practice. It helps your child slow down, observe, and make intentional choices rather than acting automatically.
- Use the clues as a self-discovery tool. By asking questions like “What am I doing?” or “How am I feeling?” your child gathers important information about their patterns.

- Small experiments build confidence. Trying out strategies and reflecting on the results helps your child feel more in control of their behavior.
- Success includes slip-ups. Even when your child engages in the behavior, the act of pausing and exploring still builds strength and progress.
- Tracking brings clarity. Data from Keen2 helps shift conversations from frustration to understanding and allows you and your child to explore patterns together.
- You are the steady guide. Support your child's process by encouraging reflection, offering choices, and celebrating effort without taking over.

Chapter 17: The Power of Love

I've heard it many times: "Can't Keen2 shock me instead of vibrate?" I immediately cringe. Then I ask, "After all the years of self-loathing and shame, why do you want a shock? Don't you want love?"

What I hear in that question is fear.

Fear is probably what led you to pick up this book. Fear can be a motivator. Your child might study harder to avoid failing a test or train longer to avoid losing a race. But fear only gets us so far.

The science is clear. Fear activates the brain's threat response and shuts down the parts responsible for reflection, learning, and lasting change. It may create short-term compliance, but it rarely builds trust, resilience, or self-understanding.

Love works differently. It calms the nervous system and activates the brain's social and emotional learning centers. Love fosters the safety and connection necessary for curiosity, exploration, and genuine change to flourish.

I hope that the foundations you've built so far have started to quiet that fear so you can begin to lead with love.

Awareness >>> Pause>>>>>Strength >>>>>Love

Meet Emily, a 15-year-old dancer. Mom and Dad won't let her out of their sight for fear she'll pull her hair. The only time she is allowed to be without them is at school.

Even then, if Emily showed signs of pulling, her mom threatened to homeschool her if it didn't stop. I'm not exaggerating when I say her parents wouldn't leave her alone. Emily wasn't allowed to be in a room without one of her parents, including the bathroom. One of her parents even slept in Emily's room.

This is a prime example of acting out of fear. I gave the parents the same fun activity I gave you: *What You Focus On Grows* on page _____.

During one of our coaching calls, Mom read aloud the list of things they loved, admired, and adored about Emily. I'm thrilled to report it made all of us cry happy tears.

This is what we mean when we say **living with the awareness to summon the strength to choose love.**

For parents, leading with love means approaching situations with compassion, understanding, and a desire to connect. Love opens the door to growth, trust, and honest conversations. For so long, you've foraged in fear. When you choose love, especially in the challenging moments,

you create a space where you and your child can move forward together.

Meet Jack, a 15-year-old boy who plays the drums. He shared how his mom constantly pretended she wasn't watching him, but he always knew she was. If he spent more than five minutes in the bathroom, she would yell, "What are you doing? Don't pick!" Her response made him want to pick more. It was like when a partner says, "Don't eat that ice cream; it will make you fat." I understood what Jack's mom was feeling. She was operating out of fear that her son would cause damage to his face.

Jack told his mom that constant watching wasn't helpful. But if he was picking and she noticed, he told her to say, "Want to listen to Dave Grohl, or are you learning anything from Dave Grohl?" He's the famous drummer from the Foo Fighters. That little tweak helped both Jack and his mom lead with love.

For your child, leading with love is leading with self-compassion.

It's the hug

It's acknowledging I'm having a hard time, and I can handle this.

It's when your child loves themselves.

For you, the parent, it's recognizing your child's needs and treating them with kindness, care, and understanding.

Leading with love opens the door to approach the BFRB with curiosity and patience rather than judgment or frustration.

Kids do well if they can

Sometimes, even with the best intentions, fear takes over. You want to protect your child, stop the behavior, and do whatever it takes to help, but in the process, it's easy to miss what's really going on beneath the surface.

This is where Dr. Stuart Ablon's philosophy can help reframe the situation.

“Kids do well if they can.” This principle suggests that children naturally want to succeed. When they struggle, it's usually due to a lack of necessary skills rather than a lack of desire or effort.

It's likely hard for your child to choose love when they haven't found any success.

Managing a BFRB requires a combination of understanding and specific skills. Without both, your child can't take control. It's like being on the soccer field with knowledge of

the game, but constantly missing the ball because they lack the necessary skills.

When you were a kid, what was hard for you? School? Sports? Playing a musical instrument? I bet you weren't lazy or stupid.

I was terrible at math. I wasn't lazy or stupid. I lacked the skills.

Keep that phrase close as you navigate this journey, like a legend on a map. It will help you refocus on your child's needs rather than fixating on what's "wrong" with them.

Choosing love doesn't have to be a grand gesture. Sometimes, it's as simple as how you pay attention. What you notice and how you respond can either build your child up or quietly reinforce shame.

Now that we've explored what it means to lead with love, let's talk about what it looks like in everyday moments. It starts with Loving Attention.

Loving Attention

The truth is, when our mothers held us, rocked us, stroked our heads—none of us ever got enough of that.

We all yearn in some way to return to those days when we were completely taken care of—unconditional love, unconditional attention. Most of us didn't get enough.

From: *Tuesdays with Morrie* by Mitch Albom

This quote and its lesson come from Morrie Schwartz, a wise, dying man, in the book *Tuesdays with Morrie*. It reminds us of the universal need for love and attention. By reading and applying this content in this book, you can give your child the “enough” that you may not have received yourself.

As a parent operating from fear and social pressure, you might be focused on what your child can't do, shouldn't do, or needs to do better. Our culture trains parents to look for the negative as a protective mechanism. This makes it hard to see when your child is doing something with effort and kindness, which is what we need to encourage.

It's not just about giving your child attention, but more about giving them *Loving Attention* by catching them being good to themselves, their community, others, and their environment. You know that saying about parents having eyes in the back of their heads? Kids are just as tuned in. They can sense your gaze even when you think you're being subtle.

Loving Attention encourages you to focus on what your child is doing well to inspire more positive actions. These might be showing kindness, putting effort into a school project, or choosing a healthy meal. Celebrate these moments with a hug, a thank-you, a high five, or heartfelt praise, offering them the unconditional love and attention they need.

Parents aren't perfect. You have your own whirlwind of thoughts and emotions that can lead to knee-jerk reactions. While I've encouraged you to build awareness and respond with intention, I know how hard that can be. Give yourself grace. When you slip up, offer your child a hug and an apology. And don't forget to focus on your own bounce-back rate—how quickly you can recover and reconnect.

By offering *loving attention*, you show your child, “I see you.” When you acknowledge their positive actions, say, “Thank you for bringing your plate to the sink and wiping the table.” This will help build their confidence.

If you notice your child studying while engaging in their BFRB, avoid paying attention to the unwanted behavior. Instead, focus on encouraging the positive. Celebrate their

good choices with kindness, such as saying, “Great job using water as your replacement strategy.”

Loving Attention helps you focus on your child’s strengths. The more you practice this, the more you teach your children to see the positive within themselves, empowering them to make healthy choices.

Takeaways: Chapter 17 – The Power of Love

- **Fear may lead to short-term change, but love creates lasting growth.** Connection builds trust, and trust opens the door to healing.
- **Love helps the brain stay open and calm.** When your child feels safe, they are better able to reflect, learn, and make new choices.
- **Compassion creates space for change.** Responding with understanding instead of judgment allows your child to explore what they need.
- **Loving attention helps your child feel seen.** Noticing effort, kindness, or small wins helps reinforce positive behaviors without shame.

- **Self-compassion gives your child a way forward.** Saying, “This is hard, and I’m doing my best,” is a powerful step toward healing.
- **You don’t have to get it right every time.** What matters is how you show up afterward. Repair, reconnect, and keep going together.

Chapter 18: Tools to Support the Road Ahead

You've come a long way.

By now, you understand what BFRBs are and what they are not. You've shifted your mindset from fixing to supporting. You've learned how awareness, strength, and love work together to help your child take the lead in their healing.

Now it's time to put that knowledge into action.

This chapter is your toolkit. Inside, you'll find practical resources, strategies, and ideas to support your child as they manage their BFRB, and to support yourself as you walk alongside them. Some tools are simple. Some take practice. Not every one will be the right fit right now.

You don't need every tool in this chapter. You just need the one that fits your child, your family, and this moment.

Let's explore what's possible so you and your child feel prepared for the road ahead.

Practical Tools for Daily Support

Pause Pack

Whenever I talk with kids and their parents, I recommend making a *Pause Pack*. A *Pause Pack* is a pack of joy in a baggie or other container that holds “stuff” your child can use when their bracelet gives them that “hug on the wrist.”

The vibration cues your child to pause and grab the right strategy from the pause pack.

The purpose of the Pause Pack is to have a handful of “things” to occupy your child’s hands instead of engaging in the BFRB.

Keen2 vibrates >> Cue >> Grab something from the Pause Pack.

As your child uses this tool, new behaviors take hold, and they may naturally reach for something from the pack even before experiencing the BFRB urge.

Depending on your child’s age, let them have fun by decorating their Pause Pack. Next, make several and place them around the house, such as:

- Bedroom nightstand
- Desk
- By TV remote
- School backpack
- Car

Then, use the clues to fill the pouch with what your child might need to feel calmer and more balanced during a BFRB urge. Pause Pack items often help with boredom, focus, or letting go of tension

Here are some ideas:

- Squishy ball
- Fidget toys
- Hair ties
- Lip balm
- Hand cream
- Nail file
- Smooth or bumpy rocks
- Love notes from you
- Inspirational quotes
- Pencil erasers
- Cuticle oil
- Silly putty
- Stress ball
- Clean makeup brush (sensory)

Sometimes, the BFRB urge comes from a sensory input need. The fingertips are very sensitive and may want some stimulation similar to a course or poking hair, rubbing skin bumps, and so on. In this case, try to find fidget toys that fulfill these sensory needs.

As the copilot, you can replenish and replace packs for your child.

Medi-Pack

Similar to the Pause Pack, your child might also need a Medi-Pack. The purpose of this pack is to have first aid readily available.

The difference between a first aid kit and a MediPack is visibility. A first aid kit is loud and attention-grabbing, thanks to its bright red color and bold labels. The MediPack is quieter. It's designed to be subtle, so your child can reach for it when they choose, without feeling exposed.

This Medi-Pack may include:

- Antiseptic wipes
- Aquaphore
- Band-aids
- Pimple patches
- Medical tape
- Lip balm
- Gauze

Environment Setup

Once you have a sense of healthier soothing mechanisms to experiment with, the next step is preparation. These strategies are most effective when they're easily accessible in the moment. If a glass of water is across the room, or a fidget toy is buried in a drawer, that becomes a barrier.

Many of these strategies are effective in multiple settings. That's okay. The goal is to set up each environment in a way that makes it easier to pause and harder to engage in the behavior. Here's how to think through each space:

Bathroom

- Reduce visual triggers: cover, decorate, or remove mirrors (especially magnifying mirrors).
- Change the lighting: try dimmers or soft pink/red bulbs, which make it harder to see the imperfections.
- Remove tools that enable BFRBs, or make them harder to access (e.g., toss the tweezers, put them on a high shelf in the closet, or even freeze them in a container.
- Leave an egg timer in the bathroom as a playful reminder to set it, beat the timer, and get out of the bathroom.
- Consider washing up in the kitchen if mirrors are a known trigger.

Living Room (TV)

- Keep a Pause Pack within reach to keep hands busy.
- Prepare a bowl of healthy snacks, such as apple slices, before settling in.
- Sit in the middle of the couch to make it harder for your hand to drift toward your face or hair.
- Set a time limit for screen time to prevent binge-watching and prolonged sitting.

Studying or Homework Area

- Keep water, snacks, and a Pause Pack nearby.
- Use a timer to break up long focus sessions with short movement breaks.
- If helpful, set up the study space in a location where others are present to reduce isolation.

Bedroom

- Keep a Pause Pack on the nightstand.

- Cover or remove mirrors if they're a bedtime trigger.
- Set a time limit for reading in bed.

Car

- Put a Pause Pack on the side door where your child sits
- Cover the vanity mirror with tape or consider removing it
- For teenage drivers, add a ribbon or string to the steering wheel for an always-there fidget.

You can find a comprehensive list of strategies on page ####.

Chapter 19: Families in Action

You've done the hard work of understanding what BFRBs are, how to shift your mindset, and how to support your child without trying to control the process.

This chapter examines what it truly looks like when families apply the Love, Strength, and Awareness approach in real life.

Real Families in Action

Meet Carla, the proud mom of 10-year-old Lizzy. When I asked Carla what she loves and admires most about her daughter, she said Lizzy has an incredible sense of humor, a talent for dance and theater, and a fierce loyalty to her friends and to doing what is right.

Lizzy pulls her eyelashes and picks at her lips. Carla used the conversation starters in this book, and Lizzy said, "I don't want to help, Mom."

That stung. But because of what Carla learned in this book, she felt a sense of relief. Before, she was constantly on edge, always bracing herself to "help" by saying "stop". It

was exhausting always on guard, searching for signs of her daughter's pulling.

Carla fought the urge to yell, "Stop!" Instead, she chose to lead with love and focus on rebuilding trust. She stayed true to her word by respecting her daughter's wishes not to discuss eyelash pulling but offered help with homework and friendship challenges.

Jenny is the mom of 14-year-old Sarah. Sarah loves to read. She possesses this quiet wisdom that seems far older than her years. When it comes to support, Sarah has made one thing clear: she wants her mom to speak up when she notices her pulling. But the question was how.

Sarah decided she wanted a code word: Homework. Sarah was into academics, so it made perfect sense. When Mom noticed Sarah scanning or pulling, she would say, "Hey Sarah, did you finish our homework?" Or, "How much homework do you have tonight?"

Since this idea originated with Sarah, it was successful. She felt seen and loved but not shamed.

Meet Joey, a charismatic 16-year-old who picks his face.

Unlike Sarah, Joey does not want his mother's help. It is hard for Mom, Samantha, to see her son enter the

bathroom and then come out with red blotches and bloodied pimples.

The only thing Samantha has control over is herself. She would gasp when she saw the damage and then tell Joey that he would get infections if he didn't stop picking. But her reaction only made Joey retreat further.

Today, Samantha says nothing. If the wounds bother her, she looks away without emotion or fanfare. However, health and safety take precedence over looking the other way. The difference today is that Samantha doesn't gasp or inspect for infection. Instead, she made several first aid kits, which I like to call medi-packs, that include Band-Aids, antiseptic wipes, Aquaphor, and pimple patches (hydrocolloid patches) in a nondescript small pouch. She placed them around the house, including the car, so Joey could quickly help himself.

If she notices Joey bleeding, she will let him know without emotion, just as you would let a child know they have food in their teeth.

While Samantha was eager to help, she remained steadfast in her role as copilot, awaiting instructions. In the meantime, she reports that their mother-son relationship is steadily improving, thanks to her new outlook as a copilot.

Meet Dana, age 13, and her Mom, Sandra. This was one of my favorite coaching calls. Dana pulls at her eyelashes. As I began explaining what BFRBs are and what they are not, Sandra's jaw dropped. She realized she had a BFRB, too. Hers was nail-biting. What hit home was Sandra remembering her mother telling her to stop biting her nails. She said, "That used to really piss me off and make me want to bite more!"

She turned to her daughter, Dana, and said, "I'm so sorry, honey, I didn't understand. If you are willing, maybe we can do this work together."

Our kids will always be our kids, regardless of how old they become. I'm nearly 60, and I'm still my mother's kiddo, and she still worries about me.

Meet Jasmine, 23 years old, and her mom, Pat. Jasmine started pulling her scalp hair in fifth grade. It began during quiet reading time, and at first, she didn't even notice what she was doing. But when the hairbrush started catching on thinning spots, she realized something wasn't right.

She hid it from everyone, including her mom, Pat. For years, Jasmine pulled in secret, wore headbands, tight buns, and avoided questions.

During college, her pulling increased, and she decided to take action. Like me, Jasmine discovered HabitAware during a late-night Google search.

She ordered one and started tracking her pulling. Over time, she developed awareness, adopted new strategies, and began to feel more in control.

At 22, she told her mom the truth.

“I’ve been living with this since I was a kid,” she said. “I didn’t tell you because I didn’t know how.”

Pat cried when she heard. Not from disappointment, but from the heartbreak of not knowing. And from pride. Jasmine had figured out how to manage on her own and was now choosing to let her mom in.

Today, Jasmine is 23. She coached her mom on how to be the support she needs, which is to listen, not offer advice, when Jasmine has a slip-up.

The families you just read about weren’t perfect. None of us are. But they kept showing up, stayed open, asked questions, and adapted when things got tough.

Siblings and Parent Alignment

When one child has a BFRB, it touches everyone in the family because families are systems. What affects one member also affects the others. That's why healing works best when the whole family is involved.

A Nod to Siblings

Siblings see more than we realize. If they don't understand what's happening, they may worry, feel confused, or even be frustrated. This can be particularly hard when the child with the BFRB doesn't want their sibling to know.

When the child with the BFRB is ok with or wants their sibling to know, let them in. You don't have to overexplain, but you can say something simple like, "Your sibling's brain works a little differently when feeling stress, boredom, or overwhelm. It's their way to cope, even if those ways don't always make sense to us."

Read sections of this book to your other children or give them a copy. A great example is Mike and Joan, the parents of a 12-year-old girl named Lily, who pulled her scalp hair. The younger sister, Jamie, was 11 months behind Lily, and they had the same friend circle.

Once Mike and Joan explained what was happening, Jamie was relieved. It was an incredible transformation. Now that Jamie understood what her sister was going through, she could support her sister in ways her parents couldn't.

When Parents Disagree

In many families, one parent wants to jump in and fix it, while the other wants to step back. That's normal. The key is to talk about it privately, not in front of your child. Ask each other:

- What are we each worried about?
- What do we both want for our child?
- What's one small thing we can agree on today?
You don't have to match styles, but your child will feel safer when the message from both of you is steady and supportive. You can say, "We're both learning how to support you in the best way we can."

Call out box:

Try One Thing This Week

Real change starts with one small shift. Choose one of these to practice this week:

1. Stay silent instead of stepping in.

When you see your child engaging in their BFRB, resist the urge to say “Stop.” Try looking away or changing the subject. Give them space without shame.

2. Ask a curious question.

Instead of offering advice, ask: “When is it hardest for you?” or “Is there something that helps?” Let the conversation open gently, without pressure.

3. Acknowledge the effort, even if the behavior happened.

Your child might have reached for a fidget or paused before the urge took over. You can say, “I noticed you tried something different.” Let them know the effort counts.

Choose one and see how it feels.

Takeaways

- Progress isn't neat or predictable. It often looks like small wins, setbacks, and trying again
- You don't have to fix it. Just keep showing up.
- Trust is built in the quiet moments when your child feels seen, not scrutinized.
- Let your child take the lead. You're there to walk beside them.
- Small shifts add up—one conversation, one pause, one choice at a time.
- Love, Strength, and Awareness isn't a destination. It's a way to travel the road together.

Chapter 20: When to Seek Help / Therapy / Medication

There may come a point when you feel stuck, overwhelmed, or unsure of what to do next. That's not failure. It's a sign that it might be time to bring in a trained professional.

So, how do you know when it's time to reach out?

Here are some signals:

- **It's interfering with daily life.** If the BFRB is interfering with school, sleep, social life, or self-esteem, a therapist can help clarify what's really going on.
- **You've tried strategies but feel stuck.** If home-based tools like the Pause Pack or Keen2 aren't enough and your child's BFRB isn't improving or you're not sure how to support without causing tension a therapist can help guide the way.
- **There are signs of anxiety, depression, or ADHD.** Children who pull or pick might also struggle with anxiety, perfectionism, or ADHD. They may be impulsive, distracted, overwhelmed by transitions, or have difficulty sitting still. If you notice any of these symptoms alongside the BFRB, working with a clinician who understands co-occurring conditions can make a significant difference.
- **Signs That Medical Care Is Needed.** If your child has open wounds, infections, scabs that won't heal, or is in physical pain, see your child's primary care

physician.

- **Your child doesn't want to manage their BFRB, and that's affecting you.** It's hard to watch someone you love struggle, especially when they're not ready to change. If you're feeling helpless, frustrated, or emotionally drained, that's a sign you deserve support too. It's okay for *you* to see a therapist. A trained professional can help you process your emotions, learn how to set healthy boundaries, and stay grounded, allowing you to continue showing up with love and strength.

What About Medication?

There are currently no FDA-approved medications for BFRBs. In some cases, doctors may prescribe medication to help with co-occurring issues like anxiety, depression, or ADHD, but these are not direct treatments for BFRBs. A therapist or pediatrician with experience in both BFRBs and other conditions can help you carefully navigate your options.

Supplements:

You may have heard of N-acetylcysteine (NAC), an over-the-counter amino acid that's shown mixed results in BFRB research. I personally tried NAC under my doctor's

care and didn't notice meaningful relief and I've yet to meet someone who has. I'm not endorsing or dismissing NAC, but if you're curious, talk to your child's physician before starting.

Evidence-Based Therapies for BFRBs

General Mental Health Therapies

These therapies help with underlying emotional regulation, self-awareness, and resilience:

- **Cognitive Behavioral Therapy (CBT)** helps individuals recognize and change unhelpful thinking patterns and behaviors. It's collaborative, structured, and practical.
- **Dialectical Behavior Therapy (DBT)** focuses on emotional regulation, mindfulness, distress tolerance, and building healthier relationships. DBT teaches skills for managing intense emotions while honoring the need for both acceptance and change.
- **Acceptance and Commitment Therapy (ACT)** helps individuals accept uncomfortable thoughts and feelings instead of avoiding them, while taking action guided by personal values. It builds psychological flexibility and supports value-driven

living.

BFRB-Specific Therapies

These approaches are tailored to the unique nature of BFRBs:

- **Habit Reversal Training (HRT):** Includes awareness training (noticing the behavior), competing response training (doing an alternative action), and support training (help from trusted allies).
- **Comprehensive Behavioral (ComB) Treatment & SCAMP Model:** Identifies what's driving the BFRB across five domains: Sensory (how it feels), Cognitive (what you're thinking), Affective (how you feel emotionally), Motor (your physical routines), and Place (where you are). The goal is to find healthier replacements specific to each domain.

Where to Find Support

Look for therapists with specific experience in BFRBs and who use evidence-based practices, such as CBT, HRT, ComB, DBT, or ACT. Getting professional help is not giving up; it's building your team.

Call out box: **Getting Support for Yourself**

Your healing matters, too.

If your child isn't ready to manage their BFRB or if the journey is wearing you down emotionally, you don't have to carry that alone. Seeking therapy for *yourself* isn't selfish. It's smart. It provides a space to unpack worry, frustration, and heartbreak, allowing you to continue showing up with steadiness and love.

Call out sidebar: Questions to Ask a Therapist

Use these questions to guide your search and get the clarity you need:

- Do you have experience treating BFRBs like hair pulling or skin picking?
- What approaches or therapies do you use? (Look for CBT, HRT, ComB, DBT, ACT.)
- Have you worked with kids or teens before?
- How do you involve parents or caregivers in the process?
- How do you handle situations where the child isn't ready to make changes?

- Do you have experience treating co-occurring conditions like ADHD, anxiety, or depression?
- What does progress typically look like? How do you track it?
- Do you offer virtual sessions or in-person only?

You don't have to ask all these at once, but having a few ready can help you feel more prepared and empowered to find someone who's a good fit for your child *and* your family.

Chapter 22: Putting It All Together and Living What You Learned

You've come a long way in understanding BFRBs, your child's unique needs, and your own role in their journey. Now, it's time to put what you've learned into daily practice.

The next phase involves helping your **child develop their own support plan**. That means encouraging them to explore what works, build routines, and learn to listen to their own needs. Whether using a code word, setting up a Pause Pack, or choosing when to reach for a fidget or take a break, they're learning to steer their own journey. You're still the copilot, nearby, but you are letting your child take the wheel.

Remember Sarah? She decided she wanted a code word: "homework." When her mom noticed her pulling, she would say, "How much homework do you have tonight?" This discreet and respectful question, which was Sarah's idea, helped her feel supported without feeling shamed.

Expect fluctuations, not perfection. There will be great days and harder ones. Your job isn't to fix or control those moments. It's to guide your child toward a bounce-back mindset. Progress is measured in how quickly they recover, pause, pivot, and engage in the behavior less.

Part of your plan also includes **preparing your own responses**. What will you do when you notice your child engaging in their BFRB? Sometimes, the right move is to say nothing at all. At other times, you may gently step in with a pre-agreed-upon signal, a quiet redirect, or an offer of support. The more you think this through in advance, the easier it will be to respond in ways that help rather than harm.

You'll also need to learn **when to intervene and when to remain quiet**. If your child is bleeding or in distress, step in calmly, just like Marjorie did in her emergency copilot moment. However, when the behavior is occurring and your child appears calm or unaware, pause. Ask yourself: Do they want my help right now? What have we agreed to? What will serve as a connection over control?

The goal is always the same: **empower independence while staying connected**. You're not walking away. You're walking beside them. Your presence, your belief in them, and your steady support help them build resilience. You're showing your child they are capable and don't have to do it alone.

Along this journey, be curious, not critical. Be kind, not cruel. Keep your eyes and heart wide open. Remember that practice makes progress.

When you feel lost on your journey, this book can serve as a map to help you find your way back to nurturing your Love, Strength, and awareness.

Key Takeaways

1. Put your mask on first ❤️
2. LISTEN to your child, always 👁️
3. MAKE PLANS on how to do # 1 and #2, adjust & tweak 💪
4. LOVE your child with your whole heart unconditionally ❤️ 💪 👁️

Thank you for being part of the Keen Family. Remember, we're here to support you and your child every step of the way on this journey.

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Design Notes:

- Use a soft page break or graphic element to visually signal that The Journey Forward is a reflective closer.
- Consider centering the text or using italics for select lines if you want it to read like a poetic letter or sendoff.
- Keep it visually separate from the contact info and closing lines of Chapter 16.

The Journey Forward

You've made it to the end of this book, but this isn't the end of your journey. It's just the next chapter.

You now understand that your child's BFRB is not a flaw. It's not a choice. It's not your fault.

You've learned how to shift from reacting to connecting. From controlling to supporting. From fear to love.

You're not here to be the perfect parent. You're here to be the present one. The steady one. The one who keeps showing up with curiosity, compassion, and commitment, no matter how many setbacks come.

Some days will feel hopeful. Some will feel hard. But now,
you're equipped. With insight. With tools. With a roadmap.
And most of all, with love.

So take a breath. You've got this.
Your child has you.
And that means everything.

References and Notes

Notes

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 - **Neff, K. (2011).** *Self-Compassion: The Proven Power of Being Kind to Yourself.* William Morrow.
 - **Siegel, D. J., & Bryson, T. P. (2012).** *The Whole-Brain Child: 12 Revolutionary Strategies to Nurture Your Child's Developing Mind.* Delacorte Press.
-

Organizations and Professional Resources

- **TLC Foundation for Body-Focused Repetitive Behaviors**
<https://www.bfrb.org>
- **HabitAware: Keen2 Awareness Device for BFRBs**

<https://habitaware.com>

- **BFRB Changemakers**
<https://bfrbchangemakers.org>
 - **Picking Me Foundation**
<https://pickingme.org>
 - **Not Alone Notes Project**
<https://notalonenotes.org>
-

Additional Clinical and Scientific References

- **DSM-5 Criteria & Classification for BFRBs**
 - Canadian BFRB Network overview:
<https://www.canadianbfrb.org/learn/what-the-dsm-5-says-about-bfrbs/>
 - Merck Manual summary:
<https://www.merckmanuals.com/professional/psychiatric-disorders/obsessive-compulsive-disorder/obsessive-compulsive-disorder-overview>

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- NCBI DSM-5 criteria table:
<https://www.ncbi.nlm.nih.gov/books/NBK519704/table/ch3.t27/>

- **Family Environment & BFRBs Research**

- TLC article on family dynamics:
<https://www.bfrb.org/articles/the-role-of-the-family-environment-in-adolescent-hair-pulling>
- Keuthen et al. Academia.edu article:
https://www.academia.edu/12723356/Family_environment_in_adolescent_trichotillomania

The Big List of Strategies and Mindset Shifts

Below is a compilation of replacement strategies and mindset shifters.

One size does not fit all! There is no perfect replacement. Try several.

Create *resistance* to make it harder to pick, pull, or bite, and add tools that *help* you, making it easier to choose healthier options. For example, gloves increase resistance, making it more difficult to reach your hair, skin, or nails. Additionally, gloves can be helpful when it takes little to no effort to grab them.

Occupy restless hands with:

- String
- Ribbon (put on the steering wheel to play with)
- Knitting
- Needlepoint
- Pipe cleaners
- Rubber bands
- Hand cream
- Cuticle cream/oil
- Nail file
- Toothbrush (play with bristles)
- Makeup brushes (use face or body for sensation)

- Squishy ball
- Playdough
- A small ball (toss between your hands)
- Pencil Eraser (touch texture)
- Any kind of fidget toy that feels good to you
- Spinny ring or necklace
- Painting your nails (giving yourself a mani or pedi)
- Put a face mask on your hands
- Coloring
- Painting
- Paintbrush (play with bristles)
- Eyebrow/lash spoolie
- Snacks (celery, apples, carrots cut into tiny pieces to slowly eat while reading, watching TV, driving)
- Athletic tape (to tear)
- Uncooked rice (put it in a cup or baggie and roll the pieces with your fingers)
- Teleties hair ties (move the logo disc around the hair tie)
- Water to sip
- Yo-yo
- Celery (pull it into strings and pull that between your teeth)
- Toothpicks
- Dental floss
- Chewing gum

Create a Pause Pouch (similar to a pencil case, or use a baggie). Ensure you have several pouches and place them in high-traffic

areas, making them easy to access. For example, keep them on your nightstand, in your car, in the TV room, in your backpack, on your desk, in the kitchen, and so on.

Blockers—things that build in resistance and make it more difficult to get to your hair, skin, and nails.

- Gloves
- Finger glove on thumb and/or pointer finger
- Finger cots
- Hat or head covering
- Headband
- Liquid bandage (put on thumb and pointer finger - makes it feel weird when you try to pull/different sensation)
- Wet your hair
- Small spray bottle of water (spray parts of your hair to make it wet; this doubles to spray on your face or skin)
- Put hair in a towel
- Hair or scalp treatment
- Something slippery like Vaseline or an eye ointment, Gen-teal (put on lashes and brows or scalp hair)
- Glasses for those who pull eyelash/eyebrow hair
- Bandages on fingertips
- Shower cap
- Long sleeves, long pants
- A towel near the toilet (so you can put it over legs to make it harder to pick)
- hydrocolloid bandages

Bathroom/mirror strategies

- Remove tools—mirrors, tweezers.
- Cover mirrors with whiteboard marker messages, art, notes, privacy tape, duct tape a pillowcase, and privacy film
- Change light bulbs to pink or red, as that light makes it harder to see imperfections
- Add dimmers
- Put an egg timer beneath or next to the mirror and set a timer for 5 minutes to remind you to get away from the mirror
- Get dressed without a mirror
- Freeze your tweezers, put them in a Tupperware in water, and stick them in the freezer
- Give your tweezers to a trusted friend, or toss them all together
- Have someone else groom your eyebrows
- Put makeup on without a mirror, then do a quick check and fix
- Leg/public hair: put a towel on your legs when sitting on the toilet
- Use palms for applying lotion to face vs fingertips (fingertips are more sensitive)
- Brush your teeth and wash your face in the kitchen (away from mirrors)

Driving

- Tie a ribbon/string to the steering wheel to play with
- Put a Pause Pouch in your car with your fave fidgets

- Leave a pair of gloves and a hat within reach
- Snacks
- Hold sunglasses
- Rubber band or hair tie on the tips of the thumb or pointer finger
- Tap the steering wheel or your thigh (along with the music)
- Deep breathing
- Noticing the 5-senses—5 things you can see, hear, touch, feel, and smell

Desk/office/school/library

- Prepare a Pause Pack and have it within reach
- Sip water
- Stand up and stretch
- Stay seated and stretch
- Get up and take a walk
- Ask for a bathroom break
- Deep breaths - count breaths in and out, and make the out breaths longer than the in to calm down your parasympathetic nervous system (for example, five breaths in and six breaths out)
- Five senses activity. What are five things you can hear, see, smell, feel, and touch?
- Spray hand sanitizer on your hands (the smell might keep you away from your face)
- Small spray bottle with water—spray/wet the area of the head or body that you pull/pick
- Hand cream

- Cuticle oil/cream
- Fave fidgets
- Using essential oils (sniff lavender oil)

Healthy lifestyle additions

- Movement—walking, running, biking, group exercise class, yoga, etc.
- Drinking water
- Eating fruits, veggies, and healthy snacks
- Making sleep a priority
- Adding something creative to your life, such as art or music (either making it yourself or enjoying it)
- Gratitude practice

Make your list of the top 10 strategies. Keep that list with you, and when you feel the urge, choose one thing that is doable off that list—no thinking required.

Emotions, Mantras, and Productive Self-Talk

When you feel unsettled, and your hands (and mind) get restless, acknowledge your feelings. Name it to tame it. For example, I'm scared, nervous, anxious, tired, mad, uncomfortable, bored. It's okay to feel uncomfortable; although it doesn't feel good, it's a temporary feeling. All feelings are temporary.

Thoughts are just thoughts; they are not facts.

Challenge your negative thoughts. Is that thought true? Reframe and focus on the process, not the outcome.

Mantras

- I have plenty of time and know just what to do! (Say this even if it isn't true, as it will calm your mind so you can think.)
- This is temporary.
- You are starting from experience!

Journaling

Writing out your fears and what's on your mind

B.E. T.H.I.S grounding exercise

B - Breathe - take a deep breath (as many as you need)

E - Emotion - list how you are feeling (sad, frustrated, angry, bored, etc)

T - Touch - touch something. Your two hands together or feel your feet on the ground

H - Hear - notice the sounds around you

I - Intentional Stretch - Stretch it out! You are giving your brain something that feels good when your brain doesn't feel good

S - See/Smell - notice what you see and smell

HabitAware Keen2 FAQ

Leaving empty because what we have now is outdated when moving to canned gestures.

Prob copy from the website and put here