

Reintroducing Actives

Managing the September restart on Fitzpatrick IV-VI — including the clients who already started without you.

THE PATTERN

They restart in September whether you plan it or not

The drawer gets opened the first week the weather turns. By the time a client books, they have usually been back on something for two to three weeks and are booking because it isn't going well.

Assume self-restart until proven otherwise. Your September intake should be built to surface it, because clients consistently under-report — not to deceive, but because they don't consider an old product they already owned to be a change.

STEP ONE

Intake questions that actually work

- **Ask about the cabinet, not the routine.** “What’s in your bathroom right now, including things you’re not using?” gets a different answer than “what are you using?”
- **Ask when the frequency last changed.** Not whether. When. The presupposition does the work.
- **Ask what they bought in the last month.** Recent purchases predict next month’s problem.
- **Ask what they tried and stopped.** A product abandoned after five days usually means a reaction they didn’t report — and that reaction is your tolerance data.
- **Ask about tools.** Cleansing brushes and scrubs reappear alongside actives and multiply the irritation.

STEP TWO

The client who arrives already inflamed

This is the September consultation you will have most often, and the instinct to treat is the error. They are motivated, they are unhappy, and they want something done today.

STOP EVERYTHING

All actives, all tools, all exfoliation. Cleanser, moisturizer, sunscreen only. Yes, all of it — partial stops give you uninterpretable data.

RE-BASELINE BEFORE YOU TREAT

Two to four weeks of barrier-only, then reassess. You cannot read a skin that is currently reacting, and any pigment you see now may resolve on its own once the driver is removed.

BOOK THE FOLLOW-UP BEFORE THEY LEAVE

A client sent home with “stop everything” and no appointment finds a new product instead. The follow-up is the intervention.

Say it out loud: doing nothing for three weeks is a treatment plan, not a lack of one. Clients need to be told that explicitly or they will read it as being turned away.

STEP THREE

Purge versus irritation

The distinction that costs the most when it goes wrong. “Push through it” is appropriate advice in a narrow set of circumstances and catastrophic outside them.

	Purge	Irritation
Location	Where they habitually break out	New areas, or diffuse across the face
Lesions	Comedonal, surfacing faster than usual	Papules, stinging, textural roughness, no clear comedonal pattern
Timeline	Settles within about four to six weeks	Persists or worsens past that
Barrier	Intact — moisturizer still feels fine	Compromised — previously tolerated products now sting
What it means	Can continue at current frequency	Stop. On IV–VI this is a pigment event in progress.

STEP FOUR

The reintroduction framework

Governing principle: escalate only from a calm baseline. A client who is still recovering from the last application does not advance, regardless of what week the schedule says they are in.

PHASE 1 · BUFFERED, WEEKLY

Lowest frequency, buffered application, short contact. Purpose is tolerance confirmation, not results.
Gate to Phase 2: a full week with no burning on application, no persistent erythema, and no new pigment.

PHASE 2 · STEPWISE FREQUENCY INCREASE

One increment at a time, held for a minimum of two weeks before the next. Repeat a step as often as needed. Never increase frequency and strength in the same step — change one variable.

PHASE 3 · MAINTENANCE AT TOLERATED FREQUENCY

Hold at the highest frequency sustainable without reaction, which is frequently lower than the client’s pre-summer number. Frame this as the correct endpoint rather than a failure to get back.

STEP FIVE

Actives against in-office treatment

Your treatment calendar and their home routine are one system, and clients do not connect the two on their own.

- Establish a hold window before and after any resurfacing and state it in days, not vaguely. “A few days before” is heard as “the night before.”
- Nothing new introduced by the client mid-series. Make this an explicit agreement at consultation, not an afterthought.
- Re-confirm home use at every single visit. It changes between appointments and they will not volunteer it.
- A client mid-reintroduction is not a candidate for aggressive correction. Pick one project at a time.

STEP SIX

Consultation language

Use these verbatim if they're useful.

“Your product didn't stop working and your skin didn't become sensitive. Your tolerance reset over the summer, the way it does every year. We're going to rebuild it, and it takes about six weeks.”

“If you go back to where you left off, you'll get a reaction, and on your skin a reaction leaves a mark that lasts into spring. Six weeks of patience now, or six months of correction later. That's the actual trade.”

“I want you to stop everything for three weeks. That is the treatment. I'm not sending you away — I'm going to see you in three weeks and then we start.”

“One new thing at a time. If two things go on at once and something reacts, we lose both and we start over.”

Scope. Practice within your state scope of practice. Product and frequency selection remain your clinical judgment; this reference is a decision framework, not a protocol.

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