Comprehensive Behavioural Intervention for Tics (CBIT): Case-based Applications

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Tourette OCD Alberta Network

Disclosures

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in relation to the content of this presentation

Learning Objectives

1. Identify tools to assess tic symptoms and track therapy progress

2. Apply principles to choose effective competing responses for tics

3. Create function-based intervention plan with provide parent-friendly explanations.

4. Recognize client factors that may hinder progress and adapt therapy accordingly

Case #1

Assessment and tracking

Maya, a 22-year-old university student in her final year, was referred for behavioral treatment due to persistent motor and vocal tics that began in childhood. Starting with eye blinking and head jerks at age 9, her symptoms progressed to stomach tightening, arm extensions, and occasional throat clearing. Stress and fatigue worsen her tics, which have become more disruptive during her last two years of university.

A neurological evaluation at age eleven confirmed **Tourette syndrome** and **Obsessive compulsive disorder.** Maya was recently diagnosed with **Social anxiety disorder** by a psychologist that she sees privately.

Maya lives with her partner, who is supportive but sometimes struggles to understand the impact of her symptoms. She reports that tics interfere with studying, social activities, and confidence in professional settings.

Pre-Treatment Assessment

Clinical Interview

- History of tic disorder and past interventions
- Review of comorbid conditions, particularly ADHD & OCD
- Current tic presentation
- Awareness of premonitory urge, suppressibility
- Current distress, motivation for change
- Comfort level in discussing tics

Assessment Measures

- Yale Global Tic Severity Scale (YGTSS) - *number, frequency, intensity, complexity, interference*
- Premonitory Urge Scale for Tics (PUTS)
- Parent Tic Questionnaire (PTQ) or Adult Tic Questionnaire (ATQ)

Yale Global Tic Severity Scale (YGTSS)

- **clinician-administered, semi-structured interview** used to assess severity and impairment of tics

How to Administer

- Complete **symptom checklist** of motor and vocal tics with the client and/or caregiver
- Determine ratings for tics across five dimensions for motor and vocal tics separately: *number, frequency, intensity, complexity, interference*
- **Scoring:** Each of the ten dimensions (five for motor, five for phonic) is rated on a 6-point scale from 0 (none) to 5 (severe).
- **Total Scores:** The scores from each dimension are summed to produce:
  - **Total Motor Tic Score** (range 0-25).
  - **Total Phonic Tic Score** (range 0-25).
  - Combined **Total Tic Score** (range 0-50).
- The **Overall Impairment Rating** is completed based on how much tics interfere with daily functioning (range 0-50).
- Total Tic Score and the Impairment score can be summed to create a **Global Severity Score** (range 0-100).

YALE GLOBAL TIC SEVERITY SCALE

NAME: Maya S. TODAY'S DATE : / /

RATER:

MOTOR TIC SYMPTOM CHECKLIST (Check motor tics present during **past week** and **worst ever period**.)

CURRENT	WORST EVER
•**Simple Motor Tics** (Rapid, Darting, "Meaningless"):	
☑ Eye blinking	☐ Eye blinking
☑ Eye movements	☐ Eye movements
☐ Nose movements	☐ Nose movements
☐ Mouth movements	☐ Mouth movements
☑ Facial grimace	☐ Facial grimace
☑ Head jerks/movements	☐ Head jerks/movements
☐ Shoulder shrugs	☐ Shoulder shrugs
☐ Arm movements	☐ Arm movements
☐ Hand movements	☐ Hand movements
☐ Abdominal tensing	☐ Abdominal tensing
☐ Leg, foot, or toe movements	☐ Leg, foot, or toe movements
☐ Other (describe):	☐ Other (describe):
•**Complex Motor Tics** (Slower, "Purposeful"):	
☐ Eye movements	☐ Eye movements
☐ Mouth movements	☐ Mouth movements
☐ Facial movements or expressions	☐ Facial movements or expressions
☐ Head gestures or movements	☐ Head gestures or movements
☐ Shoulder movements	☐ Shoulder movements
☐ Arm movements	☐ Arm movements
☐ Hand movements	☐ Hand movements
☐ Writing tics	☐ Writing tics
☐ Dystonic postures	☐ Dystonic postures
☐ Bending or gyrating	☐ Bending or gyrating
☐ Rotating	☐ Rotating
☐ Leg or foot or toe movements	☐ Leg or foot or toe movements
☐ Blocking	☐ Blocking
☐ Tic related compulsive behaviors (touching, tapping, grooming, evening-up)	☐ Tic related compulsive behaviors (touching, tapping, grooming, evening-up)
☑ Copropraxia	☐ Copropraxia
☐ Self-abusive behavior	☐ Self-abusive behavior
☐ Paroxysms of tics (displays), duration ___ seconds	☐ Paroxysms of tics (displays), duration ___ seconds
☐ Disinhibited behavior (describe):*	☐ Disinhibited behavior (describe):*
☑ Other (describe): Jump + crouch	☐ Other (describe):

Eyes open + head shake

PHONIC TIC SYMPTOM CHECKLIST (Check phonic tics for **past week** and **worst ever period.**)

CURRENT	WORST EVER
•**Simple Phonic Symptoms** (Fast, "Meaningless" Sounds):	
☑ Sounds, noises (circle: coughing, throat clearing, sniffing, or animal or bird noises)	☐ Sounds, noises (circle: coughing, throat clearing, sniffing, or animal or bird noises)
☐ Other (list):	☐ Other (list):
•**Complex Phonic Symptoms** (Words, Phrases, Statements):	
☐ Syllables (list)	☐ Syllables (list)
☐ Words (list)	☐ Words (list)
☑ Coprolalia (list)	☐ Coprolalia (list)
☐ Echolalia	☐ Echolalia
☐ Palalalia	☐ Palalalia
☐ Blocking	☐ Blocking
☐ Speech atypicalities (describe)	☐ Speech atypicalities (describe)
☐ Disinhibited speech (describe)*	☐ Disinhibited speech (describe)*

* Do not include disinhibitions in ratings of tic behaviors

NUMBER

	Current		Worst Ever	
	Motor	Phonic	Motor	Phonic
None	0	0	0	0
Single tic	1	1	1	1
Multiple discrete tics (2-5)	2	2	2	2
Multiple discrete tics (>5)	3	3	3	3
Multiple discrete tics plus as least one orchestrated pattern of multiple simultaneous or sequential tics where it is difficult to distinguish discrete tics	4	4	4	4
Multiple discrete tics plus several (>2) orchestrated paroxysms of multiple simultaneous or sequential tics that where it is difficult to distinguish discrete tics	5	5	5	5

FREQUENCY

	Motor	Phonic	Motor	Phonic
NONE No evidence of specific tic behaviors	0	0	0	0
RARELY Specific tic behaviors have been present during previous week. These behaviors occur infrequently, often not on a daily basis. If bouts of tics occur, they are brief and uncommon.	1	1	1	1
OCCASIONALLY Specific tic behaviors are usually present on a daily basis, but there are long tic-free intervals during the day. Bouts of tics may occur on occasion and are not sustained for more than a few minutes at a time.	2	2	2	2
FREQUENTLY Specific tic behaviors are present on a daily basis. Tic free intervals as long as 3 hours are not uncommon. Bouts of tics occur regularly but may be limited to a single setting.	3	3	3	3
ALMOST ALWAYS Specific tic behaviors are present virtually every waking hour of every day, and periods of sustained tic behaviors occur regularly. Bouts of tics are common and are not limited to a single setting.	4	4	4	4
ALWAYS Specific tic behaviors are present virtually all the time. Tic free intervals are difficult to identify and do not last more than 5 to 10 minutes at most.	5	5	5	5

INTENSITY

	Current Motor	Current Phonic	Worst Ever Motor	Worst Ever Phonic
ABSENT	0	0	0	0
MINIMAL INTENSITY Tics not visible or audible (based solely on patient's private experience) or tics are less forceful than comparable voluntary actions and are typically not noticed because of their intensity.	1	1	1	1
MILD INTENSITY Tics are not more forceful than comparable voluntary actions or utterances and are typically not noticed because of their intensity.	2	2	2	2
MODERATE INTENSITY Tics are more forceful than comparable voluntary actions but are not outside the range of normal expression for comparable voluntary actions or utterances. They may call attention to the individual because of their forceful character.	3	3	3	3
MARKED INTENSITY Tics are more forceful than comparable voluntary actions or utterances and typically have an "exaggerated" character. Such tics frequently call attention to the individual because of their forceful and exaggerated character.	4	4	4	4
SEVERE INTENSITY Tics are extremely forceful and exaggerated in expression. These tics call attention to the individual and may result in risk of physical injury (accidental, provoked, or self-inflicted) because of their forceful expression.	5	5	5	5

COMPLEXITY

	Motor	Phonic	Motor	Phonic
NONE If present, all tics are clearly "simple" (sudden, brief, purposeless) in character.	0	0	0	0
BORDERLINE Some tics are not clearly "simple" in character.	1	1	1	1
MILD Some tics are clearly "complex" (purposive in appearance) and mimic brief "automatic" behaviors, such as grooming, syllables, or brief meaningful utterances such as "ah huh," "hi" that could be readily camouflaged.	2	2	2	2
MODERATE Some tics are more "complex" (more purposive and sustained in appearance) and may occur in orchestrated bouts that would be difficult to camouflage but could be rationalized or "explained" as normal behavior or speech (picking, tapping, saying "you bet" or "honey", brief echolalia).	3	3	3	3
MARKED Some tics are very "complex" in character and tend to occur in sustained orchestrated bouts that would be difficult to camouflage and could not be easily rationalized as normal behavior or speech because of their duration and/or their unusual, inappropriate, bizarre or obscene character (a lengthy facial contortion, touching genitals, echolalia, speech atypicalities, longer bouts of saying "what do you mean" repeatedly, or saying "fu" or "sh").	4	4	4	4
SEVERE Some tics involve lengthy bouts of orchestrated behavior or speech that would be impossible to camouflage or successfully rationalize as normal because of their duration and/or extremely unusual, inappropriate, bizarre or obscene character (lengthy displays or utterances often involving copropraxia, self-abusive behavior, or coprolalia).	5	5	5	5

INTERFERENCE

	Motor	Phonic	Moter	Phonic
NONE	0	0	0	0
MINIMAL When tics are present, they do not interrupt the flow of behavior or speech.	1	1	1	1
MILD When tics are present, they occasionally interrupt the flow of behavior or speech.	2	2	2	2
MODERATE When tics are present, they frequently interrupt the flow of behavior or speech.	3	3	3	3
MARKED When tics are present, they frequently interrupt the flow of behavior or speech, and they occasionally disrupt intended action or communication.	4	4	4	4
SEVERE When tics are present, they frequently disrupt intended action or communication.	5	5	5	5

IMPAIRMENT

	Current	Worst ever
NONE	0	0
MINIMAL Tics associated with subtle difficulties in self-esteem, family life, social acceptance, or school or job functioning (infrequent upset or concern about tics vis a vis the future, periodic, slight increase in family tensions because of tics, friends or acquaintances may occasionally notice or comment about tics in an upsetting way).	10	10
MILD Tics associated with minor difficulties in self-esteem, family life, social acceptance, or school or job functioning.	20	20
MODERATE Tics associated with some clear problems in self-esteem family life, social acceptance, or school or job functioning (episodes of dysphoria, periodic distress and upheaval in the family, frequent teasing by peers or episodic social avoidance, periodic interference in school or job performance because of tics).	30	30
MARKED Tics associated with major difficulties in self-esteem, family life, social acceptance, or school or job functioning.	40	40
SEVERE Tics associated with extreme difficulties in self-esteem, family life, social acceptance, or school or job functioning (severe depression with suicidal ideation, disruption of the family (separation/divorce, residential placement), disruption of social tics - severely restricted life because of social stigma and social avoidance, removal from school or loss of job).	50	50

SCORING

	Number (0-5)	*Frequency (0-5)*	*Intensity (0-5)*	*Complexity (0-5)*	*Interference (0-5)*	*Total (0-25)*
Motor Tic Severity	4	4	2	3	2	15
Vocal Tic Severity	2	3	4	4	5	18

Total Tic Severity Score = Motor Tic Severity + Vocal Tic Severity (0-50)	33
Total Yale Global Tic Severity Scale Score (Total Tic Severity Score + Impairment) (0-100)	63

Leckman, J. F., Riddle, M. A., Hardin, M. T., Ort, S. I., Swartz, K. L., Stevenson, J., & Cohen, D. J. (1989). The Yale Global Tic Severity Scale: Initial testing of a clinician-rated scale of tic severity. *Journal of the American Academy of Child & Adolescent Psychiatry, 28*(4), 566–573. https://doi.org/10.1097/00004583-198907000-00015

Maya S.

SCORING

	Number (0-5)	Frequency (0-5)	Intensity (0-5)	Complexity (0-5)	Interference (0-5)	Total (0-25)
Motor Tic Severity	4	4	2	3	2	15
Vocal Tic Severity	2	3	4	4	5	18

Total Tic Severity Score = Motor Tic Severity + Vocal Tic Severity (0-50)	33
Total Yale Global Tic Severity Scale Score (Total Tic Severity Score + Impairment) (0-100)	63

YGTSS Total Tic Severity Score	Tic Severity
0-6	Borderline/Normal
7-10	Mild
11-27	Moderate
28-43	Marked
43-46	Severe
47-50	Extreme (inferred)

YGTSS Global Severity Score	Tic Severity
0-9	Borderline/Normal
10-25	Mild
25-55	Moderate
56-81	Marked
82-96	Severe

From: McGuire JF, Piacentini J, Storch EA, Ricketts EJ, Woods DW, Peterson AL, Walkup JT, Wilhelm S, Ramsey K, Essoe JK, Himle MB, Lewin AB, Chang S, Murphy TK, McCracken JT, Scahill L. Defining tic severity and tic impairment in Tourette Disorder. J Psychiatr Res. 2021 Jan;133:93-100. doi: 10.1016/j.jpsychires.2020.12.040. Epub 2020 Dec 13. PMID: 33338735; PMCID: PMC7867408.

Premonitory Urge for Tics Scale (PUTS)

- self-report questionnaire
- Developed to measure severity of premonitory urges
- used with children 10+ years
- rated on scale 1 – 4, with range of 9 - 36

Premonitory Urge for Tics Scale (PUTS)

By Douglas Woods, Ph.D.

Journal of Developmental and Behavioral Pediatrics, volume 26, number 6, December 2005 pp397-403

Name Maya S. Age _____ Place: school clinic home other

Date _____ Diagnosis (if known) _____

How I feel	*Not at all*	*A little*	*Pretty much*	*Very much*
Right before I do a tic I feel like my insides are itchy		X		
Right before I do a tic I feel pressure inside my brain or body		X		
Right before I do a tic I feel "wound up" or tense inside			X	
Right before I do a tic I feel like something is not "just right"	X			
Right before I do a tic I feel like something isn't complete	X			
Right before I do a tic I feel like there is energy in my body that needs to get out			X	
I have these feelings almost all the time before I do a tic				
These feelings happen for every tic I have		X		
After I do the tic, the itchiness, energy, pressure, tense feelings or feelings that something isn't "just right" or complete go away, at least for a while				X
I am able to stop my tics even if only for a short period of time			X	
Total scores (except item number ten) *On a scale of 1-4, from least to most*				

Total score = 21

Interpretation: Nine is the minimum score possible.
12.5-24.5 indicates medium intensity of premonitory urges for tics.
25-30.5 indicates high intensity which may be associated with marked impairment.
Scores 31 and above indicate extremely high intensity with probable severe impairment.
Thirty-six is the maximum score possible.

Comments: _____

Woods, D. W., Piacentini, J., Himle, M. B., & Chang, S. (2005). Premonitory Urge for Tics Scale (PUTS): Initial psychometric findings and clinical correlates in children and adolescents with Tourette syndrome and tic disorders. *Journal of Developmental & Behavioral Pediatrics, 26*(6), 397–403. https://doi.org/10.1097/00004703-200512000-00001

Case #2

Choosing a target tic

Ethan, a 9-year-old boy, is being seen for behavioral treatment due to persistent motor and vocal tics that began at age 6. At a psychiatric evaluation several months ago, he was diagnosed with Tourette Syndrome, with moderate severity. He also met criteria for Oppositional Disorder and ADHD, with symptoms of hyperactivityand distractibility affecting his school performance.

Ethan lives with his parents and younger sister. His mother has a history of anxiety, and his father has ADHD. While the family is close and supportive, they report increased stress due to the impact of Ethan’s tics and behaviour on daily life.

Develop a Tic Hierarchy

- Make a list of current tics (already have YGTSS as guide)
- Ask child first but check-in with parent
  - Consider child as expert if something is a tic
  - Parent as "what things look like from the outside"
  - If parent observations are different, add with question mark
- After tics have been listed, get operational definitions
- Finally, go back to each tic and get a distress rating

- **Finger stretching**
  - Mildly noticeable, occurs frequently during idle moments
  - Minimal social impact
- **Occasional throat clearing**
  - Infrequent, usually when relaxed or distracted
  - Slight embarrassment in quiet settings
- **"Chirping" sounds**
  - More frequent, noticeable in classroom and social settings
  - Causes self-consciousness
- **Facial grimacing**
  - Visible and socially noticeable
  - Ethan reports moderate embarrassment
- **Shoulder shrugging**
  - Most frequent and physically effortful
  - Highly noticeable, often draws attention from peers

YGTSS Results for Ethan

Domain	Score
Motor Tic Severity	14
Vocal Tic Severity	8
Total Tic Severity	22
Impairment Score	6
Overall Score	28

10 I can't stand it!!

9

8 So frustrating!

7

6 Uncomfortable

5

4 I don't like it

3

2 Not too bad

1

Name: **Ethan**

#: _____

Tic Hierarchy

Tic Name	Description	SUDS Level – How annoying/distressing is this tic to you? 0 = totally gone or not bothersome 5 = pretty irritating/painful/frequent 10 = worst ever/can't stand it						Competing Response
		Date						
		5/6						
Finger Stretching	**fingers span out on both hands**	**4**						
Throat clearing	**quick, small cough sounds - repeated**	**2**						
Chirping	**high-pitched squeaks, rapid succession**	**8**						
Shoulder shrugging	**shoulders up rapidly, hold and release**	**8**						

Choosing the First Target Tic

Most important criterion: distress

Other considerations:

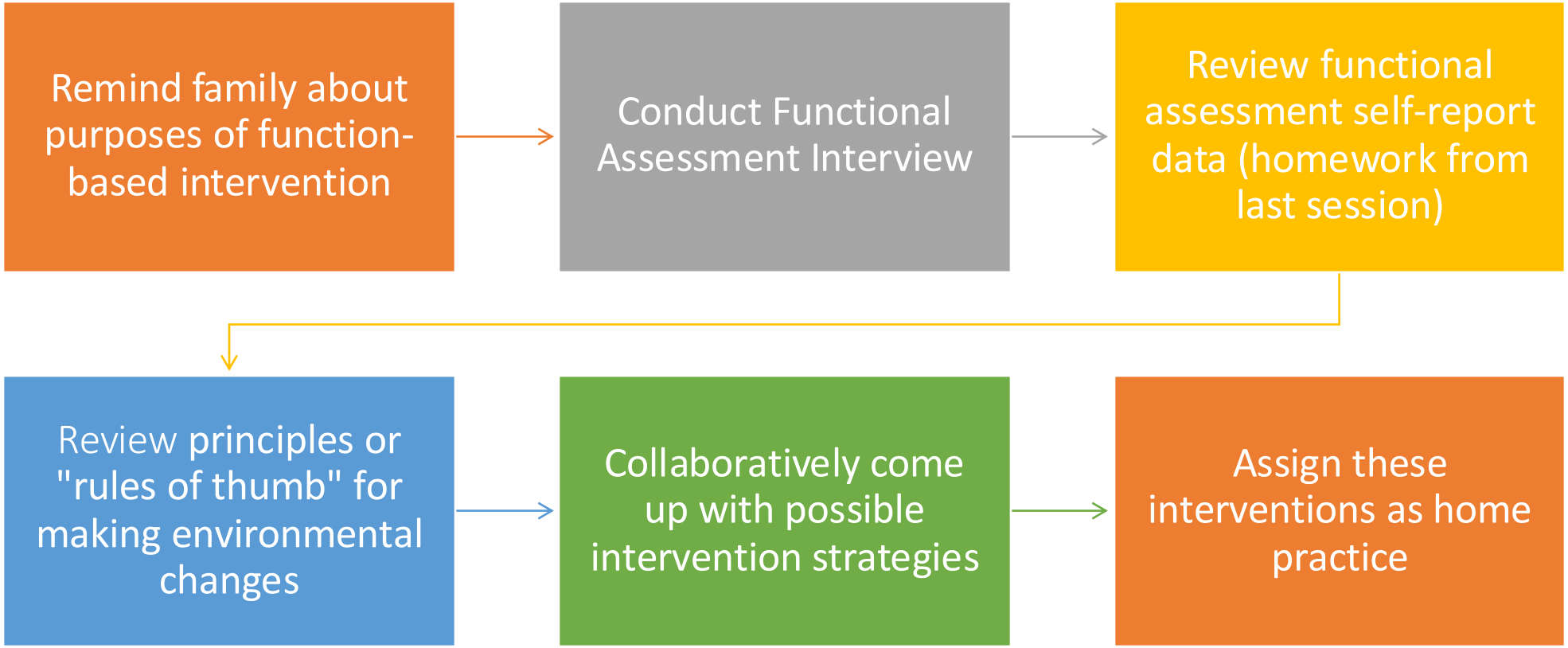
- Responsiveness of tic – eyes tend to be more "stubborn"
- Strength of premonitory urge – presence can help (McGuire et al., 2015), but if too strong, may be a challenge

Case #2

Function-based assessment and intervention

Function-Based Assessment and Intervention

Purpose: To identify environmental factors exacerbating tics and make changes to reduce them



Functional Assessment Self-Report Form

Instructions: At the end of each day during the next week, please think about the situations where your child's tics were occurring a lot. Please write down what was happening in those situations, including where your child was, what she was doing, and who was around. Also, ask your child what she was feeling, and write down what happened after the tics occurred in these situations.

Day	Where was your child?	What was your child doing?	Who was there?	What was your child feeling?	Reactions to the tics?
Monday	Grandparent's house	Attending a family party	Aunts, uncles, cousins	Anxious/said she felt like people were watching her	Aunts kept commenting on tics, uncles told her to stop
Tues	home, kitchen	math homework	Dad	angry, upset	
Tues	in bed	trying to sleep	Mom	sad, "not sleepy"	mom stayed longer
Wed	hockey practice	getting dressed	team members	stressed, rushed	team laughed
Thurs	kitchen	eating breakfast	Mom and Dad	rushed, grumpy	ignored tics
Thurs	math class	group work	Isabella, Louis	bored, rushed	L. said "shut up"
Thurs	in bed	trying to sleep	Dad	"ok"	dad said "calm down

Woods, D. W., Piacentini, J. C., & Walkup, J. T. (Eds.). (2007). *Treating Tourette syndrome and tic disorders: A guide for practitioners*. Guilford Press.

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Function-Based Assessment Interview

Identify Triggers

- ask whether tics seem to be worse for each of the listed antecedents (triggers)
- ask whether there are other situations, people or places that are associated with higher tics
- obtain a clear picture of each to determine what internal/external factors may be involved

Identify Consequences

- for *each* of the identified triggers, ask for information about what happens during or shortly after the tics occur

Ethan W.

Target : Chirping Tic

Tic (From Hierarchy)	Chirping Tic								
ANTECEDENTS									
Classroom	1								
At Home After School									
Public Place Other Than School									
Watching TV/Video Games									
Playing Sports									
During Meals									
Bedtime	2								
Doing Homework	3								
In Car									
Other Anxiety -Thoughts about people judging him									
Other Changing room (hockey)	4								
Other									

1. Classroom
   - in math ("hard for me")
   - waiting in line
   - timed tests (nervous)
   - when class is too quiet

2. Bedtime
   - has trouble winding down – struggle to get through bedtime routine
   - tics increase as soon as he lies down and makes it hard to fall asleep; parents have begun to take turns lying down with him and chatting about his day

3. Doing homework
   - mainly math (boring, "don't understand it")

4. Change room before practice
   - worried about skating ok
   - trouble getting equipment on
   - usually rushed because late

Functional Assessment Form (FAF)—Child Version

Patient: _____ Date completed: _____

CONSEQUENCES									
Parent Tells Child to Stop Tics									
Teacher/Other Adult Tells Child To Stop	1								
Peer/Sibling Tells Child to Stop									
Parent/Teacher/Sibling Comforts Child	2,4								
Someone Laughs at or With the Child	1, 4								
Child is Asked to Leave the Area	1								
Child Doesn't Complete Meal, Homework, or School Task									
Child Gets to Stay up Later	2								
Child Doesn't Have to do Chores or Other Required Activity									
Other Get special drink	2								
Other Punished (slow bec of tics)	4								
Other									

1. Classroom
   - Math teacher gives a "look"
   - Other teachers – suggest a visit to office or break in gym
   - Tablemates kick chair, say "shhh"
2. Bedtime
   - Extra snuggle time if having a tough time falling asleep
   - Mom will make honey and water for throat
3. Doing homework
   - Dad tries to help but gets frustrated quickly, tells Ethan to finish on own
   - Ethan finishes but is often sobbing at the end
4. Change room before practice
   - teammates stare, giggle
   - adults ask if ok
   - late to get on ice, need to skate laps

Woods, D. W., Piacentini, J. C., & Walkup, J. T. (Eds.). (2007). *Treating Tourette syndrome and tic disorders: A guide for practitioners*. Guilford Press.

Formulation

Antecedents

- Stressful academic tasks
  - homework time or timed tests
- Being rushed, feeling "under pressure"
  - mornings before school, hockey practice
- Fatigue
  - end of the day or late-night sports practice
- Waiting periods
  - Standing in line or waiting for instructions
- Social situations
  - Being around peers in quiet settings where tics feel more noticeable

Consequences

- Parental reassurance or nurturance
  - parents often say, “It’s okay”, give extra attention and treats, e.g., warm drinks
- Teacher accommodations
  - reduced demands, such as being encouraged to have extended breaks
- Peer comments and negative attention
  - classmates and teammates stare and giggle, which heightens self-consciousness

Principles

Triggers

- Unnecessary situations or settings that make tics worse should be avoided
- When a situation can’t be avoided, try to manage emotional reactions to the situation (e.g., relaxation strategies, coping thoughts)
- Promote the use of habit-reversal strategies just before or during triggering situations

Consequences

- In situations where tics are likely, reduce **any** type of attention or consequence (e.g., no commenting, comforting, stopping the activity). Strive for a "tic neutral" environment where nothing is contingent on tics.
- Minimize the physical and social impact of the tics (e.g., neck pillow for pain, teaching others how to react, school accommodations)

Rules of Thumb: Managing Tic Triggers and Consequences

- Situations or settings that make tics worse should be minimized whenever possible

- When a situation can't be avoided, try to help the child cope better with the triggering situation (e.g., relaxation strategies, coping thoughts)

- Minimize the physical and social impact of the tics (e.g., neck pillow, teaching others how to react, school accommodations)

- In situations where tics are likely, reduce **any** type of attention or consequence (e.g., no commenting, comforting, stopping the activity)

Function-Based Intervention Form

Target Tic: Chirping Tic

Strategies to manage antecedent situations:

Stressful Academic Tasks

1. Classroom: Allow extended time for tests and use untimed assignments when possible. Consider lower homework load.

2. Homework: Break into smaller chunks and allow movement breaks. Start homework sessions with calming strategies (deep breathing, grounding exercise).
3. Praise for effort rather than outcome.

4. Parent to prompt the use of tic blocks at homework time. (Extra reward for using tic block in this setting.)

Being rushed/feeling under pressure

3. Create a predictable morning routine with visual support. Ethan woken up 15 minutes earlier to allow more time to get ready.

4. With parent, lay out clothes and pack hockey bag night before. Keep hockey bag in the car so not as rushed to practice.

Fatigue (End of Day/Late night sports)

5. Limit extra-curricular activities to hockey; Ethan to consider moving to house league.

Social situations

6. Role play coping statements ("It's just a tic, it will pass").

If social attention is a contributing ***consequence***, ways that this attention can be reduced:

1. Parents and teachers should ignore tics as they occur. Provide reassurance as needed only for non-tic concerns (e.g., homework).

2. Parents will schedule time for cuddling and parent-Ethan time at predictable times rather than when tics occur.

3. Educate classmates, teammates and coach about tics and the importance of ignoring them.

4. Teacher to encourage friendships with supportive peers to make Ethan feel welcome in the classroom.

If escape from an unwanted activity or situation is a contributing ***consequence***, ways that this can be reduced:

5. Planned movement breaks in the classroom rather than teacher suggesting break because of tics.

6. Nighttime snuggle time is not dependent on Ethan's tics.

Case #2

Habit Reversal Training

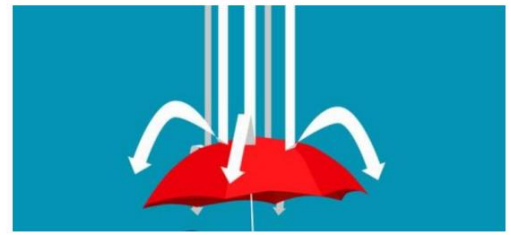
Name: **Ethan**

#: _____

Tic Hierarchy

Tic Name	**Description**	**SUDS Level –** How annoying/distressing is this tic to you? 0 = totally gone or not bothersome 5 = pretty irritating/painful/frequent 10 = worst ever/can't stand it						Competing Response
		Date						
		5/6	**5/13**					
Finger Stretching	**fingers span out on both hands**	**4**	**3**					
Throat clearing	**quick, small cough sounds - repeated**	**2**	**2**					
Chirping	**high-pitched squeaks, rapid succession**	**8**	**9**					
Shoulder shrugging	**shoulders up rapidly, hold and release**	**8**	**6**					**shoulders back slightly; arms at side**

What Makes a Good Tic Block (Competing Response)



- Ideally, it is an opposite movement or position to the tic. It should be impossible (or at least difficult) to do the tic at the exact same time that you are doing the block.

- It is comfortable enough to stay in the block for several minutes or more (until the urge to tic goes away).

- It is less noticeable or intrusive than the tic itself.

- It does not require extra props to work (e.g., pockets).

- As much as possible, it should not greatly interfere with everyday activities (e.g., walking, talking).

Tic	Competing Response
Head jerk upwards	Hold head tilted slightly downwards, looking forward
Licking lips	Purse lips lightly, rest tongue on roof of mouth
Wrist flicking	Rest hand on side of leg, press in lightly
Saying words	Close mouth, lips together, controlled breathing in and out of nose

Name: **Ethan**

#: _____

Tic Hierarchy

Tic Name	Description	**SUDS Level –** How annoying/distressing is this tic to you? 0 = totally gone or not bothersome 5 = pretty irritating/painful/frequent 10 = worst ever/can't stand it						Competing Response
		Date						
		5/6	**5/13**					
Finger Stretching	**fingers span out on both hands**	**4**	**3**					
Throat clearing	**quick, small cough sounds - repeated**	**2**	**2**					
Chirping	**high-pitched squeaks, rapid succession**	**8**	**9**					**close mouth, breathe in and out through nose**
Shoulder shrugging	**shoulders up rapidly, hold and release**	**8**	**6**					**shoulders back slightly; arms at side**

do I use the Tic Block?

- As soon as I feel the urge to tic

Or

- If a tic slips out

How long do I use the tic block?

Hold it for *at least one minute* each time.

Keep doing the tic block until the urge to tic is *completely gone*.

Tic Monitoring Sheet

Day/Time	**Activity/Duration**	**Which tic(s) are being monitored?**	Tic Count
Monday	Eating lunch/20 mins	Throat clearing	

Adapting CBIT to individual needs

session timing – more OR less frequent (i.e., for kids who are overwhelmed, need more practice time)

in person vs virtual

increase structure of session (visual agenda)

shorter sessions, frequent breaks

activity-based (role play, gamification)

modified reward schedule (e.g., more frequent, immediate, meaningful and tangible)

increased parent involvement, possible focus on function-based interventions

Increased visual cues (to learn and prompt use)

consider ERP first

sensory considerations

more explicit training in generalizing techniques to real world

behaviour challenges – more choice in practice, teach distress tolerance skills, parent training (validation, collaborative problem solving)

include "ticpulsions" in hierarchy