


COMPREHENSIVE BEHAVIORAL INTERVENTION FOR TICS PART 1

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X This information in the presentation is based upon:

- X *Managing Tourette Syndrome: A Behavioral Intervention for Children and Adults* by Douglas W. Woods, John C. Piacentini, and colleagues
- X CBIT Training

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TOPICS

- Rationale for CBIT?
- Who is it a good fit for?
- Does it Work?
- Treatment Structure
- Tic Symptom Tracking
- Selecting Tics to Target
- Functional Behavior Assessment
- Functional-Based Interventions

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X What is CBIT?

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COMPREHENSIVE BEHAVIORAL INTERVENTION FOR TICS

BEHAVIOR THERAPY (FUNCTIONAL BEHAVIORAL INTERVENTIONS) + HABIT REVERSAL

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RATIONALE FOR CBIT



- X External environment can increase tics
- X Internal states can increase tics
- X We cannot control the neurology, but we teach people to control their internal and external environments

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How CBIT works

- X Figure out what makes tics worse
 - o Find ways to manage those situations
- X Teach people how to manage tics

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CBIT offers tools for managing tics NOT a cure

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X Does it work?

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X Meets APA criteria for well-established intervention for tics (Koch & Blacher, 2007)

X First line of treatment guidelines

- o Europe 2011
- o Canada 2012
- o United States 2013

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EVIDENCE FOR EFFECTIVENESS OF CBIT

X Piacentini, J. et al. (2010). Behavior therapy for children with Tourette Syndrome Disorder: A randomized controlled trial. *JAMA*, 303(19), 1929-1937.

- o 9-17 yo participants
- o Significantly reduced tics severity compared with supportive therapy and education
- o Continued benefit at 6 mo

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TREATMENT CONSIDERATIONS

X Age

X Client commitment

X Comorbidity

X Clinician

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AGE

X Intended for individuals 9 and older

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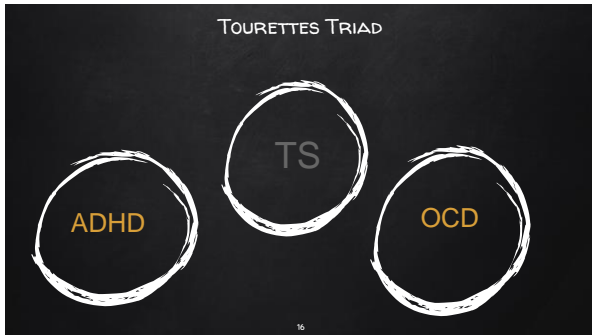
CLIENT/PARENT COMMITMENT

X CBIT takes an investment of time and effort if the parent and the child are not willing to do the homework, then it will not be helpful

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COMORBIDITY CONSIDERATIONS

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ADHD

- X Can negatively impact treatment if ADHD symptoms are not managed
- X Consider
 - o Shorter more frequent sessions
 - o Additional, separate parent sessions
 - o Minimize distractors
 - o Extra reinforcers

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DIFFERENTIATING BETWEEN TICS AND OBSESSIONS/COMPULSIONS

<ul style="list-style-type: none"> x OCD <ul style="list-style-type: none"> o Specific cognitions <ul style="list-style-type: none"> ■ Something bad will happen if I don't engage in the behaviour o Physiological arousal 	<ul style="list-style-type: none"> x Tics <ul style="list-style-type: none"> o Vague sensory discomfort o No cognitions about something bad happening
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OCD

- x Need to differentiate some tics from compulsions
- x OCD requires exposure prevention therapy (ERP)

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OTHER CO-MORBIDITY CONSIDERATIONS

- x **Developmental Disabilities**
 - o More direct
 - o More rule specific
 - o More reinforcers
 - o More concrete reinforcers
- x **Depression/ Anxiety**
 - o Treat depression before CBIT
 - o If not secondary to tics, treat anxiety before CBIT
- x **Anger**
 - o 20%-30% of kids with TS have rage outbursts (intense, sudden, remorse after)
 - o Typical support for children with anger

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CLINICIAN QUALIFICATIONS

FAMILIAR WITH CBT PRINCIPLES

FAMILIAR WITH TS PRESENTATION

FAMILIAR WITH COMORBIDITIES

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X Treatment Structure
X Core Components of CBIT

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X Rationale for CBIT
X Overall Structure
X Psychoeducation
X Create Tic Hierarchy
X Create an Inconvenience Review
X Behavioral Reward Program

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OVERALL STRUCTURE CBIT

<p>X Core Elements</p> <ul style="list-style-type: none"> o Habit reversal therapy <ul style="list-style-type: none"> ■ Awareness ■ Premonitory urger ■ Competing response o Function-based assessment and intervention 	<p>X Additional Elements</p> <ul style="list-style-type: none"> o Psychoeducation o Relaxation training o Relapse prevention o Motivation <ul style="list-style-type: none"> ■ Rewards ■ Inconvenience
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PSYCHOEDUCATION

- X Rationale
- X Diagnoses
- X Phenomenology
- X Natural history of tics
- X Social difficulties and co-morbidities
- X Genetics and neurological basis
- X Prevalence

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TIC HIERARCHY

- X List all tics
- X Rate severity on subjective units of distress scale (SUDS: 1-10)
- X Use to choose order of tics addresses
- X Address weekly
- X Add to the list as necessary each week

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INCONVENIENCE REVIEW

- X Have patient list all of the things they hate about tics
- X Use this as a motivator for the hard work that is required for habit reversal

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BEHAVIORAL REWARD PROGRAM

- X Rationale
 - o To motivate by rewarding EFFORT not SUCCESS
- X Points for:
 - o Attending
 - o Participating in sessions
 - o Completing homework

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X Functional Behavior Assessment & Intervention

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STEPS

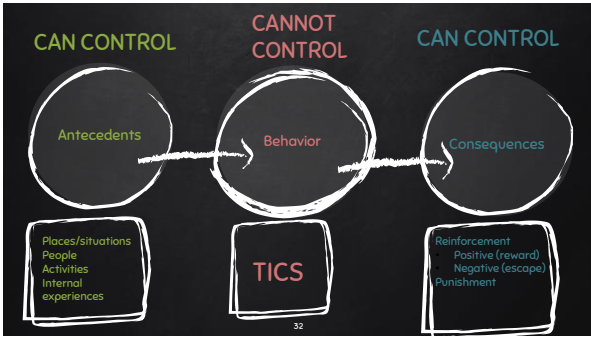
1. Functional assessment
2. Developing interventions
3. Develop plan for implementing interventions

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FUNCTIONAL BEHAVIOUR ASSESSMENT

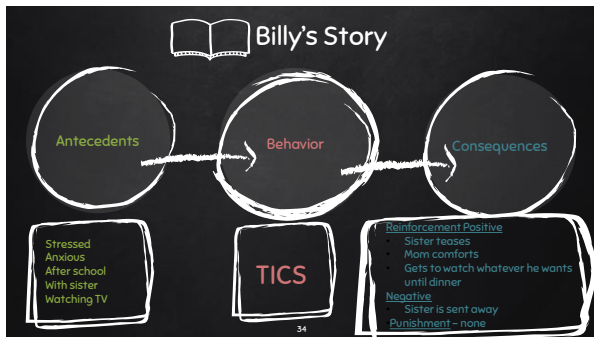
- X Determine factors that make tics worse
 - o People
 - o Places
 - o Demands
 - o Situations
- X Through interview with parent and child

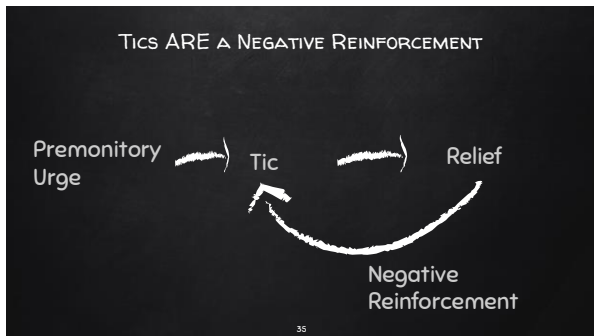
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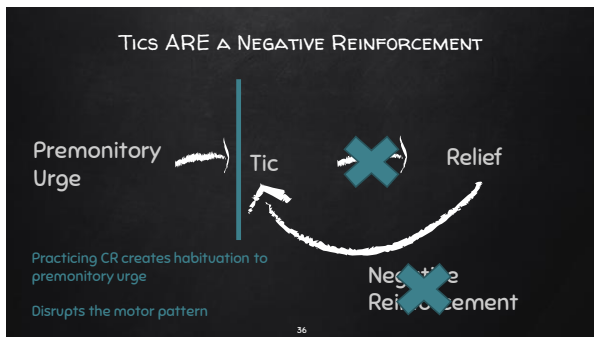


Billy's Story

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FUNCTIONAL BEHAVIORAL INTERVENTIONS

- X Helps to control the environment to manage tics

- X Remove reinforcing consequences
- X Minimize or avoid antecedents and exacerbating situations
- X When these situations are unavoidable
 - o Take scheduled breaks when possible
 - o Practice habit reversal
- X Educate teachers and others about tics

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FUNCTION-BASED INTERVENTIONS FOR BILLY

<p>Antecedents</p> <ul style="list-style-type: none"> X Anxiety <ul style="list-style-type: none"> o Teach relaxation strategies X Watching TV after school in den with sister <ul style="list-style-type: none"> o Change setting/activity/ person 	<p>Consequence Reinforcers</p> <ul style="list-style-type: none"> X Sister teases <ul style="list-style-type: none"> o Antecedent intervention addresses this X Mom comforts <ul style="list-style-type: none"> o Mom does not comfort <i>at this time</i> X Billy gets to watch what he wants <ul style="list-style-type: none"> o TV turned off and Billy practices tic management X Sister sent away <ul style="list-style-type: none"> o Sister apologizes and stays
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EXAMPLE INTERVENTIONS FOR ANTECEDENTS

<ul style="list-style-type: none"> X Bedtime <ul style="list-style-type: none"> o Bedtime routines o Relaxation practice X Car Rides <ul style="list-style-type: none"> o Decrease safety risks (put on child safety locks, have child sit in middle seat) o Schedule car rides during low tic times when possible o Practice CR 	<ul style="list-style-type: none"> X Classroom <ul style="list-style-type: none"> o Preferred seating X After School <ul style="list-style-type: none"> o 15 minutes of down time before any demands X Watching TV <ul style="list-style-type: none"> o Limit time watching TV
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EXAMPLE CONSEQUENCE INTERVENTIONS

x Social Attention

- o Do not tell the patient not to tic
- o Do not comfort patient during tics
- o Do not laugh at patient
- o Encourage peers not to react to tics

x Escape

- o Do not ask patient to leave
- o Require homework/seatwork completion
- o Remind to use CR
- o Must stay in room at bedtime

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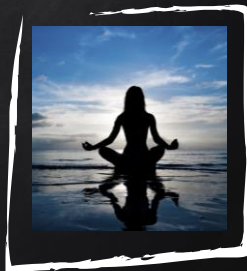
DEVELOP PLAN FOR IMPLEMENTATION

- x Discuss with parents when and how the intervention will be implemented
- x Discuss potential challenges and make plans for those
- x Provide any training/support necessary for parents to implement the intervention

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RELAXATION TECHNIQUES

- x This is NOT part of competing response; it is used to manage anxiety
- x Diaphragmatic Breathing
- x Progressive Muscle Relaxation
- x More about these in session 2



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X Habit Reversal Training

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AWARENESS TRAINING

X Rationale

- o Cannot change behaviours we are unaware of

X Process

- o Self-monitoring
- o Response description
- o Response detection
- o Early warning (premonitory urge)

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SELF-MONITORING

X Necessary but not sufficient

X Frequency

X Day/time

X Situation

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RESPONSE DETECTION

- X Have patient define tic in great detail
 - o All body parts involved, some are far away
 - o Order of movements

- o Sensations
- o Tic signals/premonitory urge

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RESPONSE DETECTION & EARLY WARNING

Response Detection

Early Warning

- | | |
|---|---|
| <ul style="list-style-type: none"> X Therapist can simulate if necessary X Lift forefinger to acknowledge that they have engaged in a tic X Client practice with praise and correction | <ul style="list-style-type: none"> X Patient identifies when they have the urge to tic |
|---|---|

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CHOOSE A COMPETING RESPONSE

1. Incompatible with the tic or make it harder to do
2. Less noticeable and less interfering than the tic
3. Can to the competing response anywhere

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SOCIAL SUPPORT/COACH ROLE

- X Reinforce and prompt use of competing response

- X Praise use of competing response



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SOCIAL SUPPORT STEPS

- X Identify support person
 - o Usually mom for kids, spouse, housemate, sibling
- X Training to be encouraging not punitive
 - o Permitted one reminder per setting
 - o "don't forget your exercise!"
- X Remember that it is the patients treatment!!
- X **Praise the practice not the success**

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REWARD PROGRAM

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REWARD PROGRAM

- X CBIT is hard work, and students need external motivation to help out when it gets hard
 - o Get points for effort
 - Doing homework
 - Coming
 - Working hard during session
 - o Have child and parent determine what the points can be turn in for
 - Can be non-monitory: stay up later, pick out family movie, etc.
 - o Review weekly

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REFERENCES

- X Koch, & Blacher. (2007). Evidence-based psychosocial treatments for tic disorders. *Clinical Psychology: Science and Practice, 4*(3), 252-267.
- X Leckman, J. F et al. (1998). Course of tic severity in Tourette Syndrome: The first two decades. *Pediatrics, 102*(1), 14-19.
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- X Woods, D. W., et al. (2008). *Managing Tourette Syndrome: A behavioral intervention for children and adults*. New York, NY: Oxford University Press.

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