Comprehensive Behavioral Intervention for Tics Part 2

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Review

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

Topics

- Schedule
- Psychoeducation about tic disorders
- Tic hierarchy
- Inconvenience Review
- Awareness Training
  - Tics
  - Premonitory urges
- Competing Response Training
- Self-Monitoring
- Homework
- Relaxation
- Progress Monitoring
- Fidelity

General CBIT Schedule

- Session 1
  - Rapport, history, rationale, psychoeducation, create tic hierarchy, function-based intervention, reward program, begin monitoring tics
- Session 2
  - Inconvenience review, review tic hierarchy, FBA for tic 1, HRT for tic 1, homework
- Session 3
  - Review homework, review tic hierarchy, review HRT for tic 1, FBA tic 2, HRT tic 2, homework
- Session 4
  - Same & diaphragmatic breathing
- Session 5
  - Same & progressive muscle relaxation
- Session 6
  - Same & review relaxation techniques
- Session 7
  - Same & discuss relapse prevention
  - Two weeks between
- Session 8
  - Same & discuss relapse prevention

Psychoeducation

Psychoeducation About Tic Disorders

- Different types of tic disorders
- Types of tics
  - Simple motor tics
  - Complex motor tics
  - Simple vocal tics
  - Complex vocal tics
- Phenomelogy
- Causes
  - Genetics
  - Neurobiological
  - Neurotransmitters
- Natural progression of tics
- Prevalence
- Comorbidities

Types of Tic Disorders: DSM-5

Tourette's Disorder	Persistent (chronic) Motor OR Vocal Tic Disorder	Provisional (transient) Tic Disorder
• Multiple motor tics • 1 or more vocal tics • Not necessarily concurrent • Persisted for **more** than 1 year • Onset before 18	• Single or multiple vocal OR motor tics • NOT BOTH • Persisted for **more** than 1 year • Onset before 18	• Single or multiple vocal and/or motor tics • Persisted for **less** than 1 year • Onset before 18

Types of Tics

- Simple Motor
  - Eye blinking
  - Head jerking
- Complex Motor
  - Arm movements
  - Groups of co-occurring simple motor tics
- Simple Vocal
  - Throat clearing
  - grunting
- Complex Vocal
  - Words
  - Phrases
- **Coprolalia is uncommon (10-15%)**

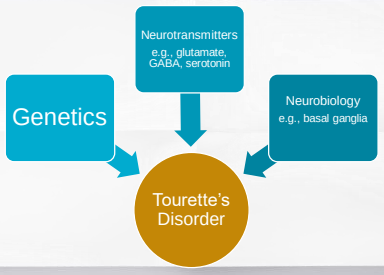
(Leckmn & Cohen, 1999)

Phenomenology

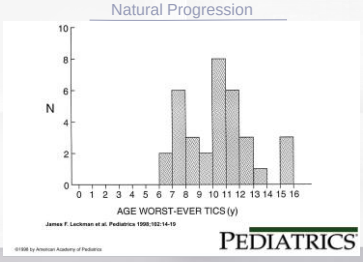
- Most tics are preceded by **premonitory urges**
  - Inner tension, similar to needing to sneeze or an itch
- Not all tics have a premonitory urge
- Younger children or individuals with cognitive delays are less likely to have them and/or to be able to identify them

Phenomenology

- Triggers
  - Sensory stimuli
  - Words/phrases
  - Urges to do dangerous or forbidden things
  - Need for "just right" feeling
  - Need for things to be "evened up"



Natural Progression



Prevalence

- Tourette's
  - ~3-8/1,000
- All tic disorders
  - ~4/100
- Tics generally
  - ~ 12-18/100
- Tics generally
  - ~ 3-6/25

Tic Hierarchy

Purpose of Tic Hierarchy

- Guides treatment planning
  - Generally start with the most bothersome, but consider client wishes AND likely success
- Initial list from YGTSS
- Give SUDS rating to each (0-10)
- Review and rate each session
- Add new tics as necessary
- Provides progress monitoring data

- Use tic hierarchy to choose tic to focus on
  - FBA
  - Habit reversal training

Inconvenience Review

From Presentation 1

Awareness Training

Awareness Training

- Explain purpose of awareness training
- Describe tic
- Acknowledge tics
- Describe tic signals
- Acknowledge tic signals

Rationale for Awareness Training

- You have to know when tics are happening or are about to happen before you can work on controlling them

Tic description is

REALLY HARD

Describe Tic

- Have patient describe tic in great detail
- Describe what happens in every part of the body
- Start with sensations preceding tic all the way until the tic is over
- If the patient is not having the tic, encourage them to fake it
- When the patient cannot think of any more, add suggestions about what else you see

Tips

- Before this session, do the tic yourself, and try to describe all parts of it
- Sometimes body parts are involved that aren't as noticeable
- Start from the focal point and work out
- For vocal tics, patients often describe sound rather than what they do
- The main goal is to get them to engage their attention and really focus on what happens when they tic

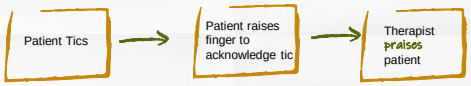
Common Mistakes: Tic Description

- **Jumping in too early**
  - Let the patient work through the tic before you give suggestions
- **Stopping the process too early**
  - Moving forward without actually getting a description
- **Not getting a thoroughly detailed description**
  - Using a cursory description
  - Take time to really understand the tic

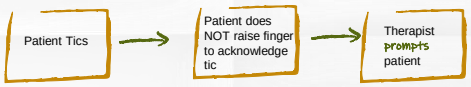
Response Detection Practice

- Therapist simulated demonstration
- If needed, patient can simulate tics
- Patient practice
  - Therapist and patient chat
  - Patient lifts finger when s/he tics
- Therapist monitors and gives feedback
- Continue until ~4/5 correct

Successful Response Detection



Unsuccessful Response Detection

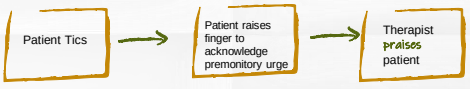


Common Mistakes: Tic Detection

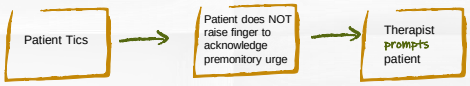
- **Creating an unnatural environment**
  - Intense watching/staring at patient to note tics
- **Not giving feedback**
  - Too involved in the conversation
  - Not wanting to interrupt
  - This is especially hard for therapists who mostly do talk therapy
  - Easier for therapists who do assessment or behavioural work that requires listening, monitoring, and tracking

Response Detection & Early Warning

Successful Response Detection



Unsuccessful Response Detection



Response Detection & Early Warning Process

- Identify premonitory urge
- Therapist simulated practice
- If needed, patient can simulate tics
- Patient practice
  - Therapist and patient chat
  - Patient lifts finger **BEFORE** s/he tics
- Therapist monitors and gives feedback
- Continue until ~4/5 correct

- This process can make tics FEEL worse because the patient is paying more attention to them.

Competing Response Training

Competing Response Training

- Choose a competing response
  - CR should not relieve the urge but allow it to dissipate
  - Should stop the very beginning of the movement from the tic description
- Teach/Demonstrated competing response
- Practice competing response

Three Rules for Competing Response

1. Cannot tic while doing CR or makes it the tic less noticeable
2. Can hold it for at least one minute or until the urge goes away – **ANYWHERE**
3. Less noticeable than the tic

Competing Response Choice

- For the tic you are working on, have patient come up with a CR
  - Go through rules to determine if it meets all three
- Repeat until you come up with a CR that fits all rules
- If patient struggles, you can provide options, but patient MUST buy in to it or you do not use it

Example Competing Response

- Leg movements
  - Push feet into floor; if standing, lock knees
- Mouth/facial movements
  - Slightly clench jaw & press lips together
- Arm/hand flicking
  - Lock elbows & extend fingers
- Head jerking
  - Tuck chin & slightly tense neck muscles

Competing Response Demonstration

- Demonstrate the CR
- Time to demonstrate how long one minute is

Competing Response Practice

- Patient and therapist chat/play a game
- Patient uses CR when they notice the urge or notice that they are doing the tic
- Hold it at least one minute (do not need to time) or until the urge goes away
- Tries to continue to attend to/engage in the chat/game
- Continue until patient correctly uses the tic ~4/5 times

Common Mistakes: Competing Response

- Not focusing on the **beginning** of the movement
- Therapist chooses the CR for the patient
- No feedback during the practice
- Not requiring them to hold the CR for at least one minute or until the urge goes away (whichever is LONGER)

Homework

Homework

- Use CR
  - Planned/scheduled times
  - Unplanned times
  - New and all previous tics
- Functional interventions
  - New and all previous tics

Relaxation

Relaxation

- **Diaphragmatic Breathing**
  - Learn to breath from diaphragm
  - Slow and long
  - Blow out candles
  - Blow up balloon
  - Four square breathing
- **Progressive Muscle Relaxation**
  - Tense muscles for 5-10 seconds, release and relax for 5-10 seconds

https://depts.washington.edu/uwhatc/PDF/TF-%20CBT/pages/4%20Emotion%20Regulation%20Skills/Client%20Handouts/RelaxationRelaxation%20Script%20for%20Younger%20Children.pdf

Self-Monitoring

Self-Monitoring

- Awareness is necessary but not enough
- Note frequency differences all day vs. 1-2 times per day
- Day or time of day they are more likely to occur
- Situations that increase them
- After CR training begins, self-monitor use of CR and the effectiveness of it

Self-Monitoring Process

- Schedule ~30 minutes 3-4 times to week to intentionally monitor the tic for the week
- Try do schedule these during high tic times
- Tally each time a tic occurs during those sessions
- Parent/support person should observe and monitor too

Progress Monitoring

Progress Monitoring

- Weekly SUDS ratings provide a measure of improvement across treatment
- Use it as a motivator
- It often does not feel like it is improving, so it is important to have their ratings across time to demonstrate it

Relapse Prevention

Relapse Prevention

- Anticipate and plan for symptom recurrence
- Review strategies
- Help develop realistic expectations
- Plan booster sessions
- Provide referrals as necessary

References

- Leckman, J. F. et al. (1998). Course of tic severity in Tourette syndrome: The first two decades. *Pediatrics, 102*,14-19.
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