



An Introduction to Comprehensive Behavior Intervention for Tics (CBIT)

By Meir Flanckbaum, PsyD

Comprehensive Behavior Intervention for Tics, or CBIT, is a specialized behavior therapy designed to help individuals – children and adults – learn to better manage their tics. While many children and adults are not bothered by their tics, others report that their tics interfere with day-to-day activities such as school and work. Individuals with more moderate or severe tics may experience body soreness, difficulty concentrating, fatigue, and feelings of shame or embarrassment. Those who are experiencing distress as a result of their tics may benefit from CBIT.

What are the different components of CBIT?

The core elements of CBIT, often referred to as habit reversal training or HRT, are teaching individuals to become aware of their tics and then blocking the tics from happening. The first step is to teach individuals to become more aware of their tics, and specifically the “warning signs” which immediately precede their occurrence. These warning signs, formally called premonitory urges and experienced by most individuals with tics, are usually physical feelings associated with the onset of a tic. For example, individuals often report tingling, tickling, or tensions at a particular part of the body where a tic is about to occur. Though tics may seem to come out of the blue, a psychologist can help individuals to learn to detect these warning signs before the tic is ever exhibited.

Next, individuals are taught to engage in a specific behavior which is incompatible with exhibiting the tic. The behavior, or competing response, is a unique movement determined based on a careful description of the specific tic. The competing response is typically a movement that is incompatible with doing the targeted tic, in other words, you cannot do the tic and the competing response at the same time. For example, if an individual jerks his head backwards, one possible competing response would be to have the individual gently tense or lock his neck while looking straight ahead, or even slightly forward. The goal of this part of treatment is to try and teach the brain to resist the urge to tic, even when it thinks that it must act

on it. Eventually, the urge to tic may even go away. This concept is similar to experiencing the itch from a mosquito bite, but not actually scratching it.

It can also be helpful to recognize tic patterns to better understand when tics occur. Many individuals experience an increase in tics in specific situations or when experiencing certain emotions. For example, some people tic more at school while others tic more at home. Some individuals experience an exacerbation of tics when they are stressed, anxious, or fatigued. The psychologist will guide you to carefully gather information and understand more about when tics occur with higher frequency or intensity, and then help with planning to minimize those risk factors or being ready for the inevitable ones.

What factors that make someone a good candidate for CBIT?

There are several factors that make someone a good candidate for CBIT. A desire to better manage or reduce tics and a willingness to practice strategies on a daily basis is an important prerequisite. Successful treatment involves experiencing an uncomfortable urge, yet not engaging in the tic. Therefore, a willingness to endure short term physical discomfort is also important. Social support is really helpful for this treatment, especially for youth. It is often helpful to have a parent, friend, spouse, or colleague who can serve as a supportive coach.

Education. Advocacy. Research.

NJ Center for Tourette Syndrome and Associated Disorders, Inc.

50 Division St. Suite 205 • Somerville, NJ 08876 • 908-575-7350 • www.njcts.org



How old do you need to be in order to start CBIT?

CBIT was developed for children, adolescents, and adults, with research studies focused on individuals ages nine and above. The determination of whether an individual is a good fit for CBIT should be based more on client characteristics than age. If a child younger than nine has some tic awareness, motivation, and tolerance for mild discomfort, then he/she is a strong candidate for treatment. If an adult lacks any awareness, motivation, and willingness to experience short term discomfort, he or she is likely to struggle. It is worth noting that CBIT was recently modified, evaluated, and found to be effective for the treatment of little children (5-8 years old), although more research is needed in this area.

Which professionals provide CBIT and what is the format for treatment?

CBIT is predominantly provided by trained psychologists that have specific expertise in behavior therapy and tic disorders, although some neurologists, psychiatrists, social workers, and nurses are also trained in the treatment. Treatment is typically provided during weekly sessions lasting 45 to 60 minutes each. The length of CBIT treatment varies by the individual, but is eight to 12 consecutive weeks, plus a couple of follow-up sessions spaced out at the end of treatment. Some providers may offer a consolidated form of CBIT treatment where treatment is provided over the span of only 4-5 days, for several hours each day (i.e. intensive treatment). Although treatment is most commonly conducted during in-person visits,

the small body of research on tics and teletherapy indicates that CBIT can be feasibly and effectively provided using internet-based video conferencing.

Is CBIT a substitute for medicine? Which one is better for me?

CBIT and medicine are both appropriate, well-researched, and generally effective treatments for tics. Which one is better depends on the particular individual and the decision should be made in consultation with a competent professional. The American Academy of Neurology recommends CBIT as the first-line treatment for tics, especially mild to moderate tics, though medication may also need to be considered for moderate to severe tics. Aside from tic severity, some factors that may impact which treatment is better for your child include the feasibility of attending weekly sessions, willingness to practice strategies between sessions, and the presence and side effects of the medications.

I'm interested in CBIT. Where do I start?

While Tourette syndrome and tics are more common than many people may think, there is a significant shortage of providers with expertise in their treatment. Lists of treatment providers with experience are usually available from local, regional, and national tic organizations. The list of providers that NJCTS has identified in the local New Jersey area is available by calling 908.575.7350. To get a better sense of the provider's expertise in this area, you may want to ask questions such as, "Can you tell me about your approach to treating tics" and/or "what percentage of the clients you treat have primary concerns like TS and its related conditions.

About the Author: Meir Flancbaum, PsyD, is a clinical psychologist and director of the Center for Cognitive Behavior Therapy in East Brunswick, NJ. He has expertise in the evaluation and treatment of Tourette syndrome and related conditions, including trichotillomania, obsessive-compulsive disorder, anxiety, and disruptive behavior disorders. He also has special interests in school refusal and parent training. In addition to his clinical practice, Dr. Flancbaum is Clinical Assistant Professor and Coordinator of CBT Training for the Child Psychiatry Fellows at Rutgers Robert Wood Johnson Medical School, where he received awards for Outstanding Teaching in 2016 and 2019. Dr. Flancbaum is a frequent presenter on a range of topics in mental health and school-based behavior problems.

Education. Advocacy. Research.

NJ Center for Tourette Syndrome and Associated Disorders, Inc.

50 Division St. Suite 205 • Somerville, NJ 08876 • 908-575-7350 • www.njcts.org

