

## Comprehensive Behavioral Intervention for Tics (CBIT): Journey to Tic Relief

Meir Flanbaum, PsyD  
Licensed Psychologist and Director  
Center for Cognitive Behavior Therapy, East Brunswick, NJ  
meir@CenterForCBT.org | (732) 994 – 3456  
www.CenterForCBT.org

Coordinator of Child Psychiatry CBT Training  
Clinical Assistant Professor  
Department of Child and Adolescent Psychiatry  
Rutgers-Robert Wood Johnson Medical School

---

---

---

---

---

---

---

---

### Overview

- Case example
- What is HRT/CBIT?
- Does it really work?
- Components of HRT/CBIT



Georges Gilles de la Tourette

---

---

---

---

---

---

---

---

### Case example

- Marcus is a 11 year old boy
- He makes a powerful neck jerk and then flails his arms to the side
- He also makes sudden squeak noises
- Marcus frequently worries about germs, so he tries as hard as he can to avoid touching people or anything that may have touched by others
- Marcus is also disorganized and has trouble paying attention in class and when doing his homework

---

---

---

---

---

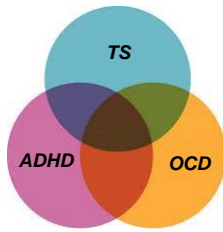
---

---

---

Do you know someone like Marcus?

- Marcus was diagnosed with Tourette syndrome when he was 7
- Marcus was also diagnosed with OCD and ADHD




---

---

---

---

---

---

---

---

Approaches to Managing Tics and Related Concerns

- While there is no 'cure' for tics, there are management strategies
- Cognitive Behavior Therapy
  - Tic management
  - Associated challenges (e.g., how to talk about tics with peers, responding to bullying)
  - Co-occurring disorders
- Medications
  - Tic management
  - Co-occurring disorders
- School-based consultation and in-services

---

---

---

---

---

---

---

---

What is CBIT?

- Scientifically tested behavior therapy, based on a treatment called habit reversal training
- Used to treat tics; similar treatment to that of repetitive behaviors such as hair pulling, skin picking, and nail biting
- Designed for children, adolescents, and adults
- Goal oriented, time limited therapy
- Approx. 10 weekly treatment sessions, sometimes more

---

---

---

---

---

---

---

---

### HRT/CBIT: for whom?

- Frequent and/or intense tics is a primary concern
- Significant stress or interference as a result of tics
- Motivated to decrease tics
- Willing to put time and effort into treatment
- Willing and able to tolerate temporary discomfort

---

---

---

---

---

---

---

---

### HRT/CBIT: Does it really work?

- Dozens of published studies
- Studies focused on adults and youth
- First line recommendation by American Academy of Neurology

---

---

---

---

---

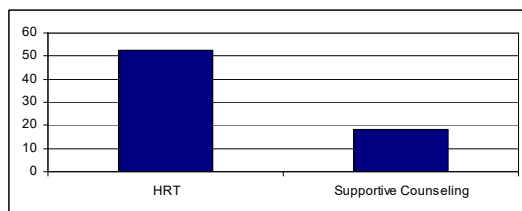
---

---

---

### Empirical support for CBIT with youth

Percentage of Children that Significantly Improved from Treatment



\*Improvement was defined as "very much improved" or "much improved" as measured by the CGI, a scale used to evaluate change following therapy

Piacentini et al., 2010

---

---

---

---

---

---

---

---

## Teletherapy and Tics

- Teletherapy was equally effective to in-person therapy in reducing tics
- Videoconference was rated as feasible and acceptable by participants

A randomized pilot trial comparing videoconference versus face-to-face delivery of behavior therapy for childhood tic disorders

Michael B. Himle<sup>a,\*</sup>, Malinda Freitag<sup>a</sup>, Michael Walther<sup>b</sup>, Shana A. Franklin<sup>b</sup>, Laura Ely<sup>b</sup>, Douglas W. Woods<sup>b</sup>

<sup>a</sup>University of Utah, USA  
<sup>b</sup>University of Wisconsin-Milwaukee, USA

### ARTICLE INFO

Article history:  
Received 28 December 2011  
Received in revised form 16 May 2012  
Accepted 25 May 2012

Keywords:  
Tourette  
tic

### ABSTRACT

Comprehensive Behavioral Intervention for Tics (CBIT) has been shown to be effective for reducing tics in children with chronic tic disorder. Unfortunately, there remains significant barriers to dissemination. The aim of the current study was to examine the effectiveness of CBIT delivered over videoconference. Twenty children were randomly assigned to receive CBIT over videoconference or via traditional face-to-face delivery. Results show that both treatment delivery modalities resulted in significant tic reduction with no between-group differences. Furthermore, acceptability and therapist-client alliance ratings were strong for both groups. Together, these results suggest that videoconference is a viable option for disseminating CBIT.  
© 2012 Elsevier Ltd. All rights reserved.

---

---

---

---

---

---

---

---

---

---

---

---

## Behavior therapy for tics

- Key treatment components
  - Tic education
  - Awareness training
  - Competing response training
  - Social support
- Additional components
  - Function-based assessment and intervention
  - Relaxation
- Comprehensive package is now typically referred to as CBIT (“C-Bit”)

} HRT

Woods, et al., 2008

---

---

---

---

---

---

---

---

---

---

---

---

## Tic education

- Course of tic disorders
- Benefits of HRT/CBIT
- When to consider a medication consultation
- Realistic expectations from treatment
- Myths and facts

---

---

---

---

---

---

---

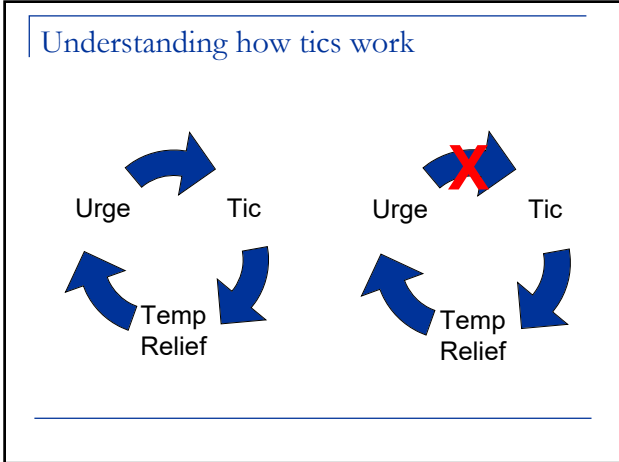
---

---

---

---

---




---

---

---

---

---

---

---

---

How HRT works

- Premise: tics occur to alleviate discomfort associated with the premonitory urge
- Possible mechanisms of actions for reducing tics
  - Individual habituates to the urge
  - Individual engages in competing action that prevents brain from sending a signal to tic

Woods, et al, 2008

---

---

---

---

---

---

---

---

Building awareness: setting the stage

- Rationale
- Describing the tic
  - Specific and complete definition of the tic
- Premonitory urge (“warning signs”)
  - This includes physical sensations and movements, that indicate the tic is about to occur

---

---

---

---

---

---

---

---

Awareness training: practice

- Learning to notice tics
  - Child tics → Acknowledges → Therapist praises
  - Client tics → Doesn't acknowledge → Therapist reminds
- If child does not naturally tic during session, the tics can be simulated
- Next, repeat the process while having the client acknowledging the urge to tic

---

---

---

---

---

---

---

---

Competing response: rationale and selection

- Rationale
  - Provide child with behavior that is (physically) incompatible with the tic
- Selecting a CR (or "blocking strategy")
  - Incompatible with the tic
  - Easily done across settings
  - Socially acceptable/discrete
- Selecting the CR is a collaborative process between the therapist and client

---

---

---

---

---

---

---

---

Sample CRs

Tic	Possible CR
Eye blinking	Controlled blinking
Mouth movement	Gently parse lips
Neck jerk	Tense neck and hold down
Finger movements	Make fists
Leg tensing	Tense buttocks
Arm flailing	Cross arms across chest
Vocal Tic	Controlled breathing

---

---

---

---

---

---

---

---

Competing response: when and how

- When
  - Use at onset of the urge or as soon as awareness of the tic is occurs
- How
  - Engage in CR for 1 minute or until the urge goes away, whichever is longer!

---

---

---

---

---

---

---

---

Competing response: practice

- Therapist demonstrates
  - Models CR for client
- Client practices (or simulates, if needed)
  - Client tics → CR → Praises
  - Client tics → Doesn't acknowledge → Prompt
  - If client does not tic, then have him/her simulate tics

---

---

---

---

---

---

---

---

Social support

- Rationale
  - Prompt and Reinforce use of CR
- Identify support person
  - Parent, teacher, sibling
- Skills for support person
  - Praise correct use of CR
  - Prompt use of CR using encouraging tone
  - Praise use of exercises, not the reduction of tics!

---

---

---

---

---

---

---

---

Function-based intervention: overall aims

- Minimize or prevent occurrence of situations that result in an increase in tics
- Be prepared for inevitable tic-exacerbating situations and aim to minimize impact
  - Practice and prompt for CR
  - Relaxation
  - Scheduled breaks
- Remove consequences which may make tics more likely to occur
- Minimize the impact of tics on an individual by educating those around them

---

---

---

---

---

---

---

---

A function-based behavioral model of tics

<b>A</b>	<b>B</b>	<b>C</b>
Antecedent	Behavior	Consequence
Places or situations	Tic	Positive reinforcement (e.g. reaction from others)
People		Negative Reinforcement (e.g., temporary relief from uncomfortable sensation)
Activities		
Internal sensations		Punishment

---

---

---

---

---

---

---

---

Center for Cognitive Behavior Therapy

- **Expertise in the following clinical areas:**
  - ADHD and disruptive behavior
  - Tics and Tourette syndrome
  - Trichotillomania and skin picking
  - School refusal/avoidance
  - Neuropsychological and educational testing
  - Anxiety and OCD
  - Autism spectrum disorders
  - Trauma and sexual abuse
  - Feeding disorders (ARFID)
  - Depression, self-injury, and suicide
- **Clinical and consultation services include:**
  - Cognitive behavior therapy and dialectical behavior therapy
  - School-based consultation
  - Workshops for parents, educators, and mental health professionals
- To refer a patient or schedule a consult:
  - [info@CenterForCBT.org](mailto:info@CenterForCBT.org) | (732) 994-3456 | [www.CenterForCBT.org](http://www.CenterForCBT.org)
- Located at 190 Route 18 North, Suite 203, East Brunswick, NJ 08816

---

---

---

---

---

---

---

---