INTRODUCTION

- Behavioural interventions are considered a first-line treatment for Tic Disorders
- There is growing interest in incorporating newer, third-wave, cognitive behavioural interventions (Franklin et al., 2011; Reese et al., 2015)
- Preliminary evidence suggests that urge-acceptance models may significantly reduce premonitory urge intensity and frequency (Gev et al., 2016), particularly when combined with traditional behavioural interventions (Reese et al., 2015)

METHODS

PARTICIPANTS

- 9-12 yrs (M:F = 5:1) diagnosed with a Tic Disorder (n = 6)

TIMELINE

- 10-week group intervention, with concurrent parent psychoeducation sessions during first 3-weeks

TREATMENT COMPONENTS

- Psychoeducation
- Urge awareness training
- ERP with urge acceptance
- Sensory grounding strategies
- Cognitive defusion exercises addressing negative beliefs about self & tics

ERP with urge acceptance

- Participants imagined the premonitory urge as a ‘wave’ they would learn to surf. ‘Urge waves’ recognised as unwanted but not possible to control
- Participants encouraged to give up effort to control the urge and move towards acceptance of the waves as they come, either large or small, frequent or infrequent

Sensory grounding strategies

- Taught different ‘surfboards’ to help participants surf the ‘urge wave’
  - E.g., feeling the ground beneath their feet, listening to sounds in speech, looking for certain colours around them
- Participants encouraged to use these when they reached the top of the urge wave to help them ride the wave without ‘falling off’ i.e., ticcing
- As ability to ride the wave without ticcing improves, participants encouraged to drop their grounding strategies, just ride the wave (barefoot surfing!), and move towards acceptance of urges

Cognitive defusion

- Intrusive or negative beliefs about tics, self, and others likened to ‘sea spray’
  - that tries to knock us off our board
- Participants encouraged to evaluate if the thoughts were fact vs opinion and helpful vs unhelpful
- If these are unhelpful opinions, encouraged to wipe them away using cognitive defusion strategies

OBJECTIVES

- To pilot a group intervention (Tic Surf School) integrating an urge-acceptance model with a traditional exposure and response prevention (ERP) technique to increase acceptance of urges and perceived control over tics, with the intention of improving overall mental well-being
- To evaluate the feasibility and acceptability of urge acceptance-based group intervention in the management of Tic Disorders
- Examine changes in tic suppressibility, perceived control, and parent outcomes

RESULTS

- Significant increase in self-reported perceived control of tics
- Significant increase in tic suppressibility as measured by total tic suppression time
- Significant decrease in parent-reported worry
- Trend towards reduced self-reported impairment (YGTSS).
  - No significant change in YGTSS severity score was reported

DISCUSSION

- Participants reported the intervention was helpful with an average satisfaction rating of 89/100 point

REFERENCES


Dr Amanda Maxwell | Clinical psychologist
amanda.maxwell@unsw.edu.au