

14th European Conference on Tourette Syndrome & Tic Disorders

LAUSANNE, SWITZERLAND 9-11 JUNE 2022

Behavioural Therapy for **beginner** participants

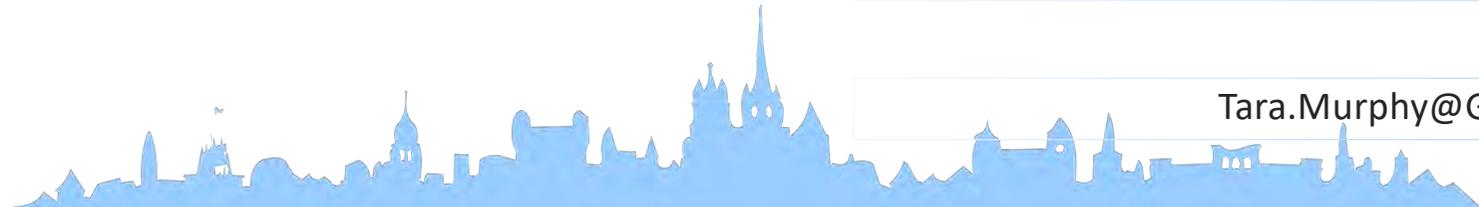
Thursday 9 June 2022, 10:00-13:00

Tic treatment – Learn how to become a tic therapist or enhance your
skills: **Habit Reversal Training**

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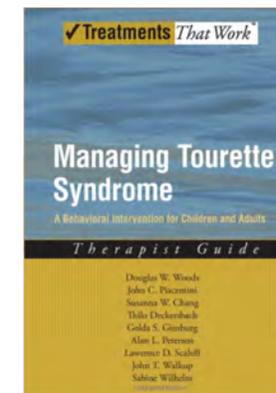
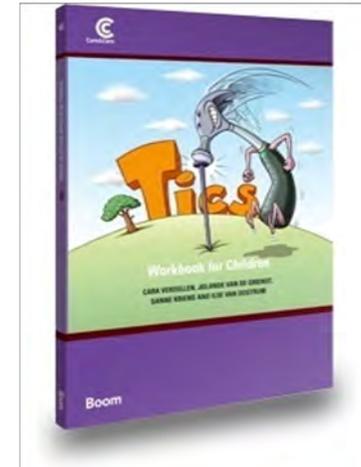
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Habit Reversal Training

- Tic Description
- Awareness Training
- Competing Response Training
- Social Support
- Functional analyses
- Motivational strategies



Key elements

❑ Purpose

- Help client be aware of, identify and act on the tic

❑ Three techniques

- Tic Description
- Tic Detection
- Make a competing response / tic blocker

Make a Tic Hierarchy

- ❑ **Use the YGTSS list of tics**
- ❑ Select the **most bothersome** tic from the list
- ❑ Understand why it bothers the patient

Tic Description

📌 Purpose

- Ensure therapist and client get all the detail of the tic
- **Process**

Get the patient to describe the tic in a high level of detail

Where is the urge?

What happens first?

Then what happens?

Have we missed anything?



Complete set of videos can be found on Youtube
<https://www.youtube.com/watch?v=SVHBiABpxjc>

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Let's make a tic description ...

Tic Detection

- ❑ Therapist demonstrates catching tics (if necessary, not usually)
- ❑ Client practice
 - Client tics client acknowledges Praise client
 - Client tics client doesn't acknowledge prompt
 - Continue until client identified majority of tics (>80%)
- ❑ Have client simulate tics if s/he is not ticcing



Youtube <https://www.youtube.com/watch?v=SVHBiABpxjc>

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Let's practice detecting tics

Get into pairs

Competing Response Training

❓ Purpose

- A behaviour that is incompatible with the tic or that allows the person to do something while they do not tic

❓ Three techniques

- Choosing the tic blocker
- Therapist practices the tic blocker
- Patient practices tic blocker to mastery

Choosing the Tic Blocker

5 Rules -

1. **Incompatible** w/ tic
2. **Less socially** noticeable than the tic
3. Patient can **do CR almost** anywhere
4. **Maintain** CR for longer than one minute
5. Use **no props** ('naked in the desert')



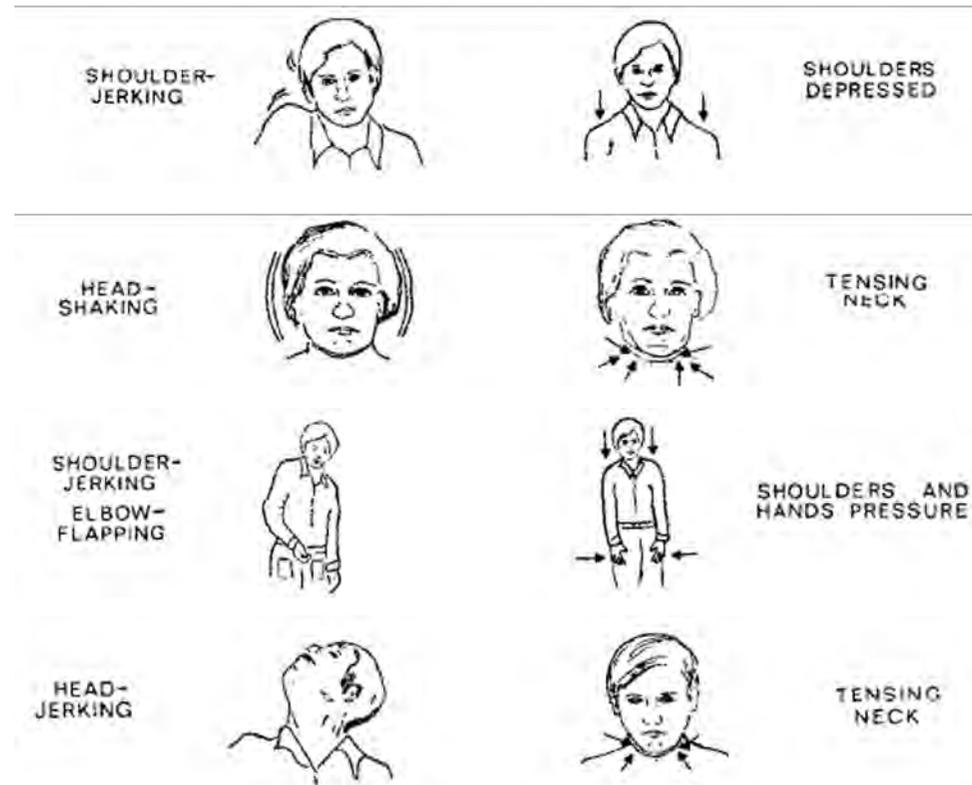
- Choosing a TB should be a decision b/w patient and therapist



Youtube <https://www.youtube.com/watch?v=SVHBiABpxjc>

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Tic Blocker for Motor tics



Adapted from Azrin & Nunn, 1973)

Vocal tics

Sounds



Breath in and out through the nose without a pause

Whistle

Swallow

Sniffing



Breath in and out through the mouth without a pause

Cursing



Breath in and out through the nose without a pause; hold lips tight



Youtube <https://www.youtube.com/watch?v=SVHBiABpxjc>

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Make a tic blocker based on the tic
you wrote down earlier

Therapist demonstrates tic blocker

- ❑ Therapist demonstrates tic blocker to patient
- ❑ Patient correctly uses to mastery
 - Contingent on tic urge or warning sign
 - Held for 1 min or until urge goes away.....whichever is longer

Patient Practices

Have patient demonstrate tic blocker and provide corrective feedback

Have patient practice using tic blocker on feeling of actual tic (or simulated tic, if needed)

Therapist should prompt and praise as appropriate



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Practice using the tic blocker you chose earlier with your colleague

Helpful tips

Work towards generalisation: go to park; visit a shop; play games in session; read a book; look at the computer

Build a hierarchy of places where the child is motivated to control their tics.

Start with the easiest places and work through the hierarchy

Train the parent as you train the child

List to the patient and hear what they find works well for them

Eye tics are hard to treat

Adaptations for Young Children

First session – parents alone, then both parents & children. Emphasis on functional analyses.

Taught “The Opposite Game” (TOG)

- Enhance awareness
- Ability to control bodily sensations
- Readiness for HRT

Used play cards with “command” & “response” cards to practice awareness and use of competing responses

Then practiced the CRs

Used of rewards

(Bennett et al, 2021)



Thank you for listening

Comments, questions, queries

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