Tic Surf School: An Urge Acceptance Behavioural Intervention

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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)

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**

METHODS

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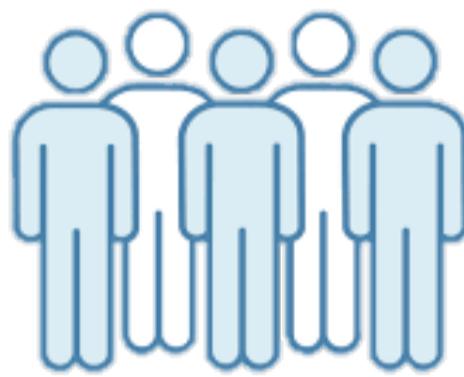
- 9-12 yrs (M:F = 5:1) diagnosed with a Tic Disorder (*n* = 6)

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
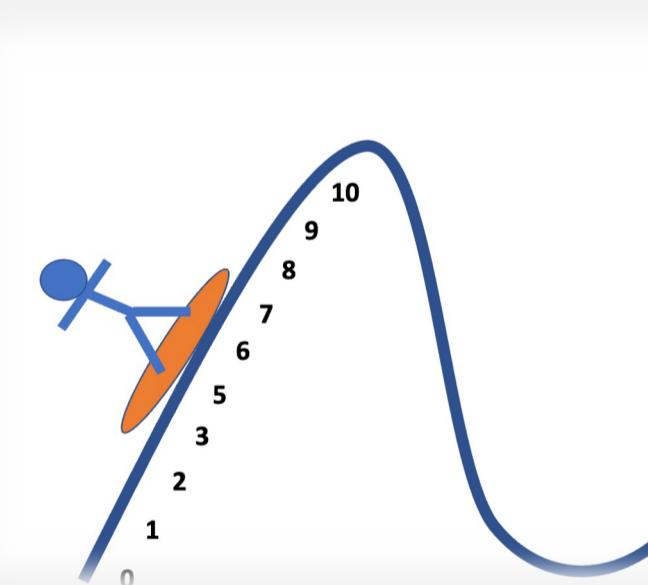
- Participants encouraged to use these when they reached the top of the urge wave to help them ride the wave without '**falling off**' i.e., ticcing

- 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

RESULTS

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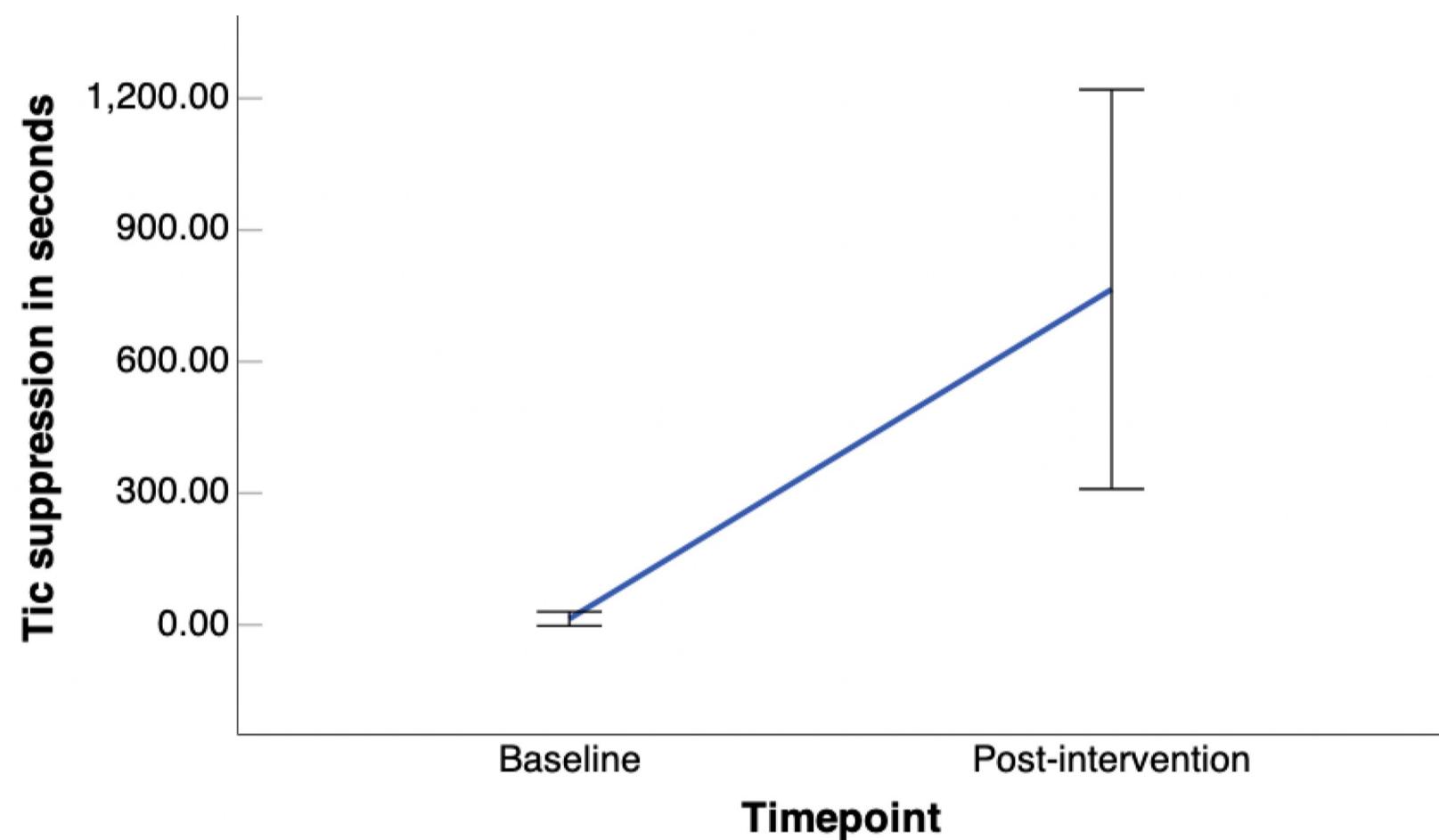
- Significant increase in tic suppressibility as measured by total tic suppression time
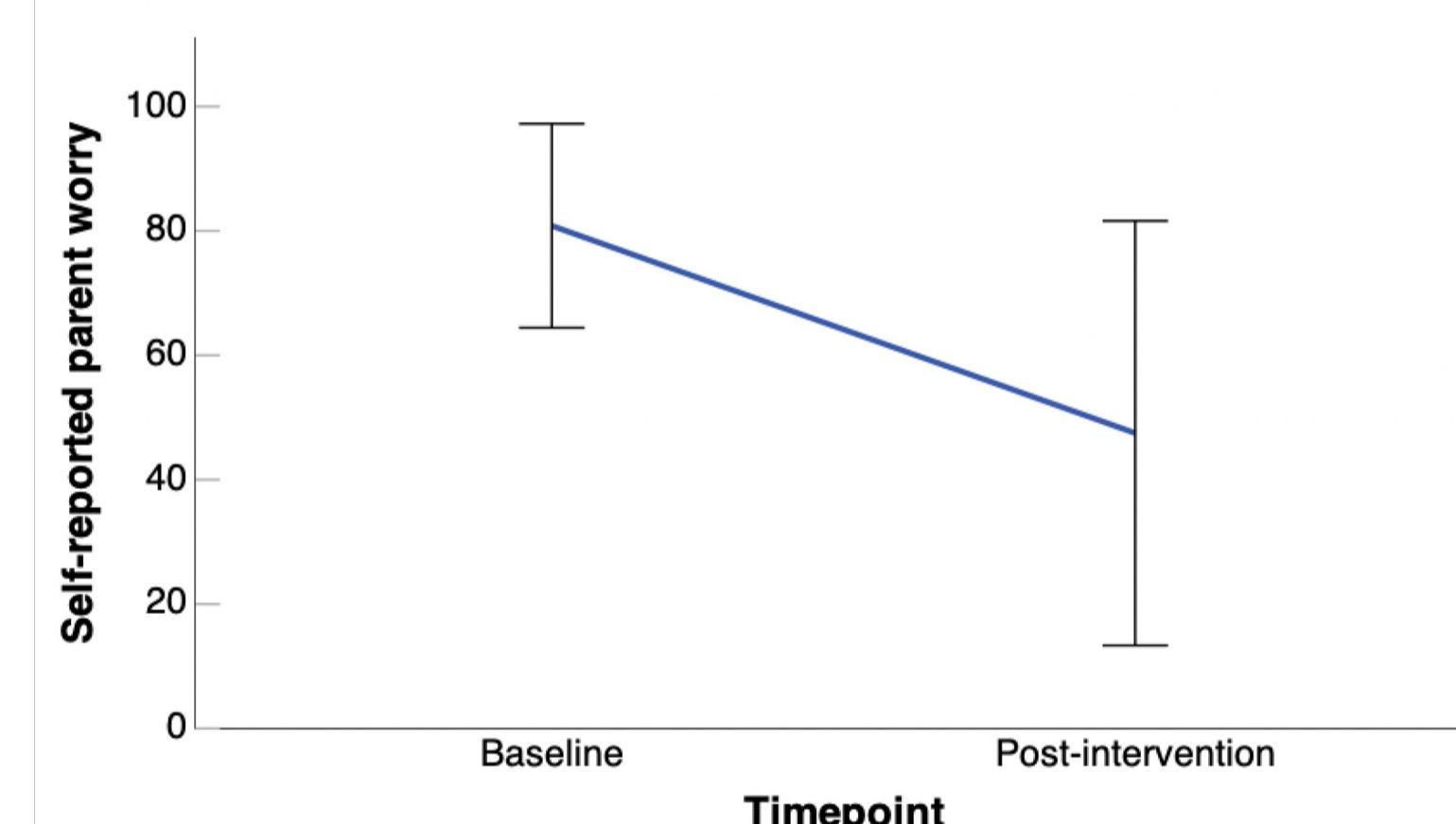
- Significant decrease in parent-reported worry
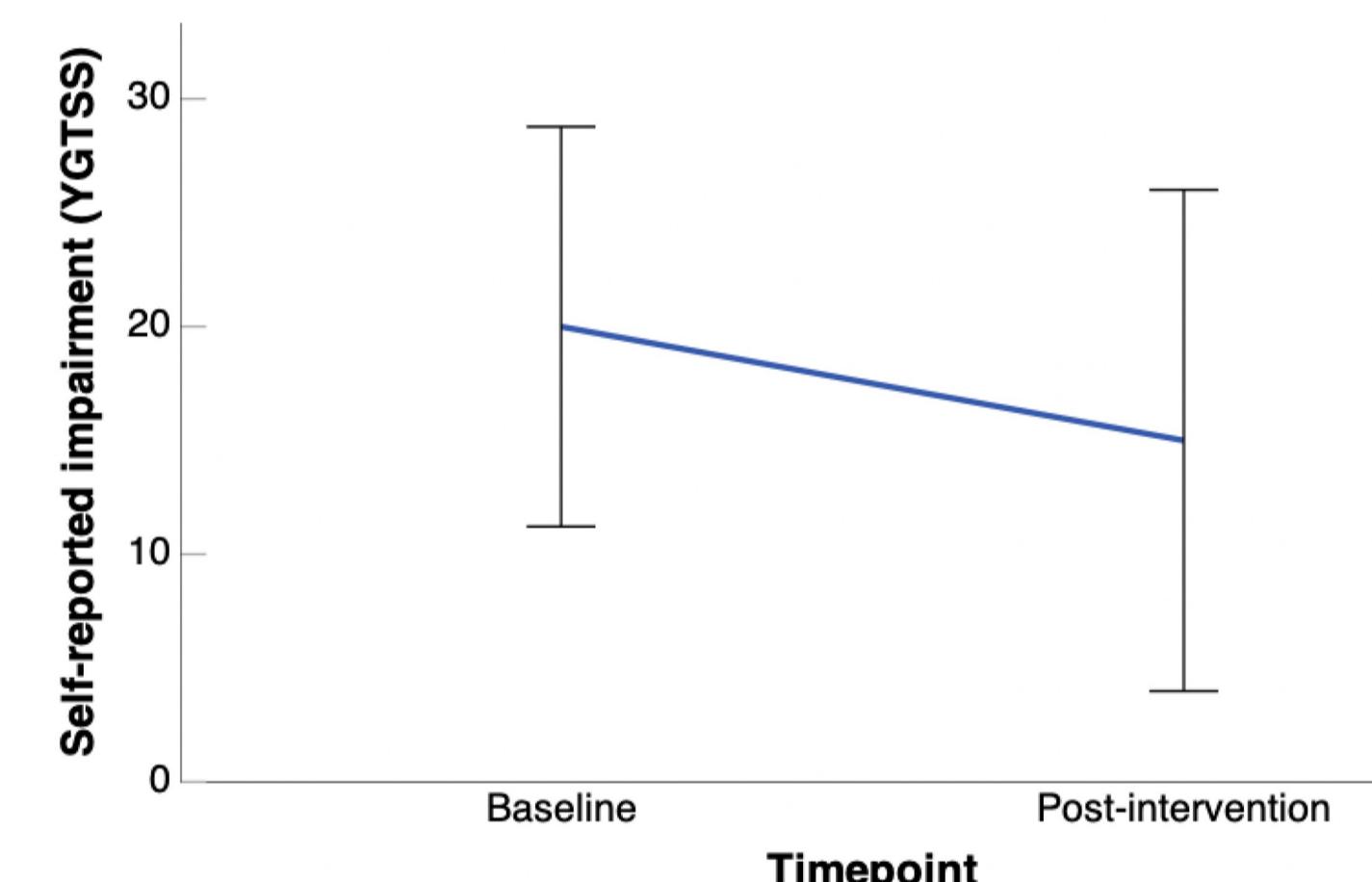
- *Trend* towards reduced self-reported impairment (YGTSS). No significant change in YGTSS severity score was reported

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

"I've seen [*her*] in a wonderful place that I've never seen before. As though a weight was lifted off her shoulders…"

"I liked being in the group. I don't think there is anything [*they*] could do to make it better…"

"It's been a wonderful experience - and really helped us as a family understand tic's & helping [*him*] through this.."

DISCUSSION

- This pilot study suggests behavioural interventions that incorporate urge acceptance strategies are both **feasible** and **acceptable** to young people and their parents

- While tic severity did not significantly reduce post-treatment, there were **significant increases** in tic suppressibility, perceived control, and a trend towards reduced impairment. This suggests that acceptance of uncontrollable premonitory urges alongside increased perceived control over tics may result in improved mental well-being

- Improved self-efficacy is proposed as the key **mechanism of change**

REFERENCES

- **Franklin et al. (2011)**. Habit Reversal Training and Acceptance and Commitment Therapy for Tourette Syndrome: A Pilot Project. *Journal of Developmental and Physical Disabilities, 23,* 49-60.

- **Reese et al. (2015)**. Mindfulness-based stress reduction for Tourette syndrome and chronic tic disorder: A pilot study. *Journal of Psychosomatic Research*, 78 (3), 293-298

- **Gev et al. (2016)**. Acceptance of premonitory urges. *Journal of Obsessive-Compulsive and Related Disorder, 10,* 78-83

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