

Online Open-Ended Training Group "Parents Living Well with Tics"

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Introduction

Parents of children with chronic tic disorders (CTD) suffer from increased caregiver burden and high levels of parenting stress (Stewart et al., 2015). However, the impact of the related perceptions and well being of parents of CTD children on patients is understudied and parental training per se was not assessed in recent clinical guidelines (Andrén et al. 2022).

Objectives

An online-open ended training group "Parents living well with tics" was developed and practiced. This retrospective study aims to evaluate the feasibility of this new intervention along with parents' stress reduction, satisfaction, attitudes change and subjective tic impairment.

Methods

Participants were parents of children and adolescents (age range 6-17) diagnosed with CTD (n=39). Pre and post participation questionnaires were administered: Yale Global Tic Severity Scale (YGTSS); Clinical global impression (CGI); The Child Tourette Syndrome Impairment Scale (CTIM); The Beliefs About Tics Scale (BATS); strength and difficulties questionnaire (SDQ). Brief Mental Health Outcome Measure (Parental well-being); Perceived stress scale adult self-rating (PSS-C); satisfaction from intervention and change in attitudes and knowledge about tics.

Table 1: Distribution of comorbidities among children of participants (n=39)

Child Diagnosis	Percent (n)
ADHD ¹	46% (18)
Anxiety	46% (18)
Temper Outburst	31% (12)
Behavioral difficulties	18% (7)
Learning Disorders	15% (6)
OCD ²	15% (6)
Depression	8% (3)
ASD ³	3% (1)

¹Attention deficit hyperactivity disorder

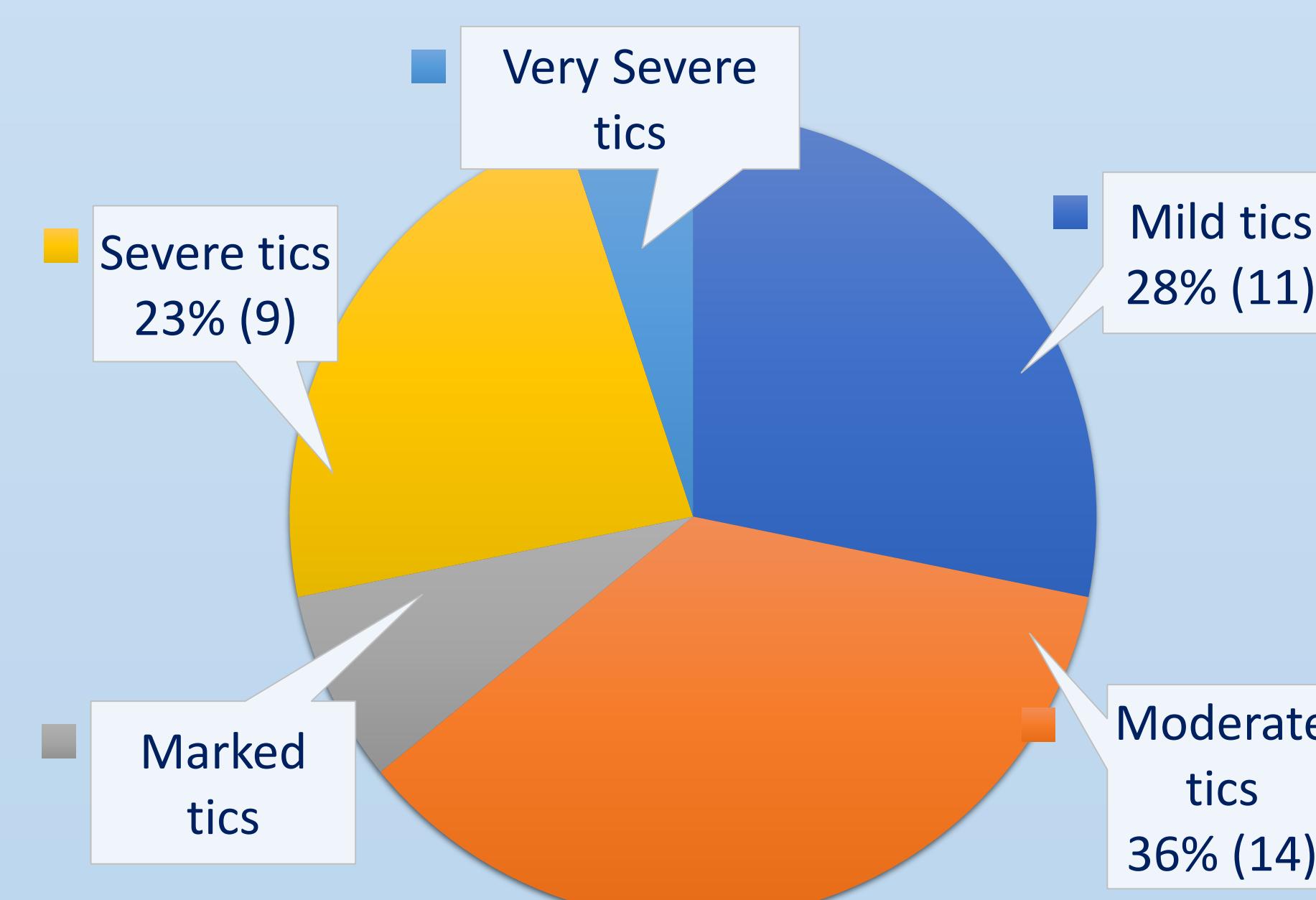
²Obsessive-compulsive disorder

³Autism Spectrum Disorder

References:

1. Andrén, P., et. al (2022). European clinical guidelines for Tourette syndrome and other tic disorders—Version 2.0. Part II: Psychological interventions. *European child & adolescent psychiatry*, 31(3), 403-423.
2. Stewart, S. B., et. al (2015). Clinical correlates of parenting stress in children with Tourette syndrome and in typically developing children. *The Journal of pediatrics*, 166(5), 1297-1302.

Figure 1: Distribution of tic severity among children of participants (YGTSS) (n=39)



Results

Out of the 39 parents enrolled, 28 attended the group and completed post intervention questionnaires. No significant differences were found between attendees (N=28) and drop-outs (n=11). Parents mean age was 44.31 ± 5.4 with 92.3% (n=36) females, children's mean age was 10.37 ± 2.37 with 66.7% males (n=26). Mean attendance rate was 7.29 ± 2.62 meetings.

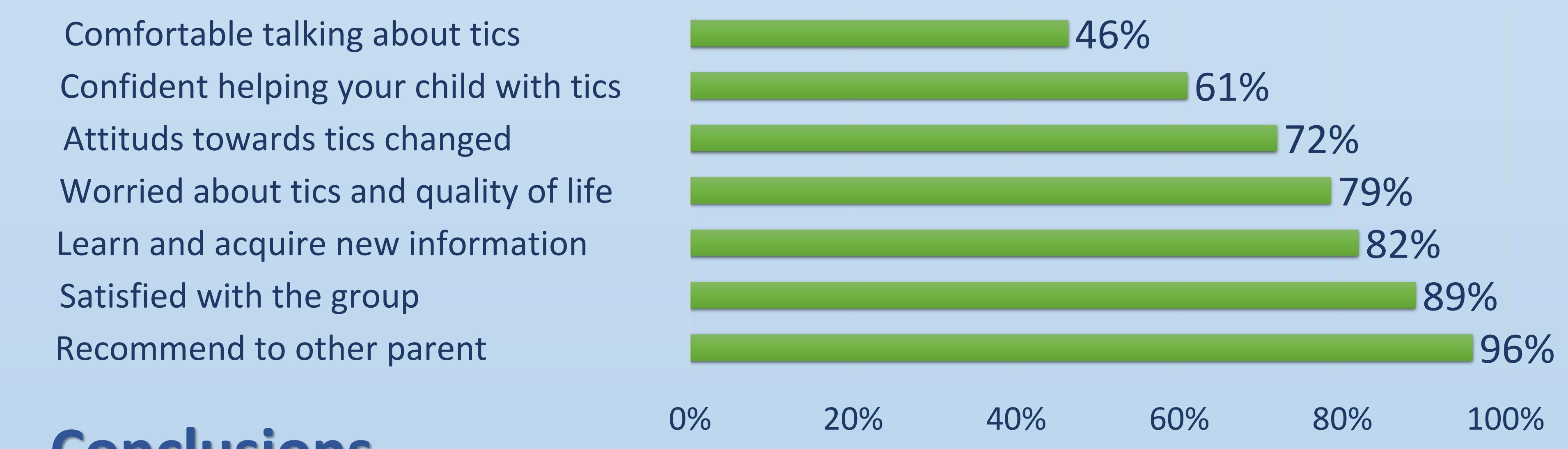
In figure 2, pre-post analyses revealed that tic related impairment (YGTSS) significantly decreased after intervention (28.21 ± 13.06 vs. 18.93 ± 13.96 $t_{27}=2.45$ $p<0.03$). Meanwhile, tic severity (YGTSS) and comorbid severity (SDQ) of patients did not differ pre and post intervention (19.50 ± 11.93 vs. 17.57 ± 10.08 ; $t_{27}=0.83$, $p = 0.41$; 14.61 ± 7.83 vs. 15 ± 7.98 , $t_{27}=-0.43$, $p = 0.66$, respectively). No significant differences were found between other measures pre and post intervention.

Figure 2: Comparison pre and post intervention (n=28)



Figure 3: Group satisfaction and attitudes change*(n=28)

*(Percentage reflect percentage of participants who answered 3-4 on a 0-4 Likert Scale)



Conclusions

These preliminary results of the retrospective study show both the necessity and the feasibility of the newly developed online-open ended training group: "Parents living well with tics". Further prospective randomized controlled study is needed in order to evaluate its efficacy.