

# Clinician network as a strategy for building and maintaining competence on Tourette Syndrome and Habit Reversal Training in the specialist health services

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## Aim:

Building and maintaining competence on Tourette Syndrome (TS) and Habit Reversal Training (HRT) by:

- Exchanging experiences and discussing challenges in assessment and treatment of tics
- Presenting new research and knowledge about TS/Chronic tic disorders
- Giving participants the opportunity to meet across geography, units and professions

## Methods:

Two network meetings are held yearly. The meeting is divided into two parts. The first part consists of lectures on updated research on Tourette Syndrome, covering topics such as assessment, diagnostics, comorbidities, intervention and treatment. The participants may suggest topics for the next meeting, based on challenges they encounter in their clinical practice. In the second part, the participants present cases from their own clinical practice for discussion. Cases are presented anonymously as oral or video presentations. Patients must have given their consent. RRC is responsible for all administration and the academic content of the program.

### Welcome to the network meeting!

(example of a program)

- Information from RRC
- TS and OCD: what is what and what to do?
  - Lunch and mingling

### Cases:

- HRT and Asperger syndrome. Experiences from a unit in Oslo.
- Struggle with CR and eye tics. Tips?
- How to help keeping up the motivation?

*“The network is a place to obtain new knowledge and update yourself when it comes to clinical practice”*

## Background:

The number of therapists with competence in behavioral treatments of tics (i.e. HRT; CBIT and ERP) are limited in Norway. The Regional Resource Center for autism, ADHD and Tourette syndrome in South-Eastern Norway (RRC) has since 2013 implemented training courses in HRT/ CBIT to specialist health services. This region has 3.1.million inhabitants, and health services are spread over a large area with both large and small outpatient clinics. The training courses are aimed at increasing numbers of qualified therapists and making behavioral treatments for tics available in outpatient clinics for children, youths and adults across the region. Patients with TS are a low-frequency group in outpatient clinics. Therefore, in 2016 RRC established a clinician network, inviting all therapists who had completed the training courses and therapists already working with HRT/ CBIT.

*“The network gives us the opportunity to discuss and share experiences about tic control training for a small patient group that is often overlooked”*

## Results:

Our experiences as well as evaluations from the participants, show that these network meetings represent an important and valuable meeting point. Therefore, 7 years later, this meeting point still exists, and the number of participants is constantly increasing. Sharing experiences about how to organize the treatment, challenges concerning the treatment, comorbidities, and other related topics helps the clinicians to be more confident in their work on TS and HRT. The network also facilitates contact with other clinicians. Clinicians working in small outpatients clinics, often being the only one working with tics, can access other clinicians across the region for discussion and support. This further contribute to more equal health services for patients with TS. Sharing experiences in this way contributes to an increase in knowledge and competence for all clinicians participating in the network.

