

EMDR for Tics

Desensitization of the urge? A first pilot study

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What is EMDR?

- EMDR: Eye Movement Desensitization and Reprocessing
- Initially developed for treating post-traumatic stress disorder (PTSD)
- Helps people feel less distressed by upsetting memories
- Patients put their trauma in their working memory, while their working memory is distracted by other tasks, e.g. eye movements, tapping or counting

For what is it helpful?

Has been proven effective for:

- PTSD (Lewis et al., 2020)
- Anxiety disorders (Morena-Alcazar et al., 2017)
- Depression (Wilson et al., 2018)
- And recently also in unwanted habits, like scratching (de Veer et al., 2023, 2024; Doeksen et al., 2009, 2018)

Why try this in tics?

EMDR in scratching aims at the urge to scratch.

Interestingly, the well-known behavioural treatment of HRT/CBIT was originally designed not only for tics, but for unwanted habits like scratching too (Azrin & Nunn, 1973). Could EMDR for tics, aimed at the urge, work too?

What does this look like?

1. Ask the patient to focus on the urge to tic
2. At the same time stimulate the working memory with (a diversity of) distraction techniques like guided eye movements, tapping, spelling and/or counting
3. If a tic wants to come out, the patient is asked to do the tic mentally instead of physically.
4. After a set of about 30 seconds, rate the urge again, and repeat from step 1.

Patients are taught the different EMDR techniques and asked to practice this at home for at least 15 minutes a day

Scan the QR code for a short demonstration:



Methods

Patients:

N= 14 CTD/ID patients between 11 & 69 years old
Mean age = 29,8 (SD 21,2)
YGTSS at baseline = 26,9 (SD 10,1)
N=8 finished treatment, N=6 still ongoing

Treatment:

2-4 sessions of EMDR

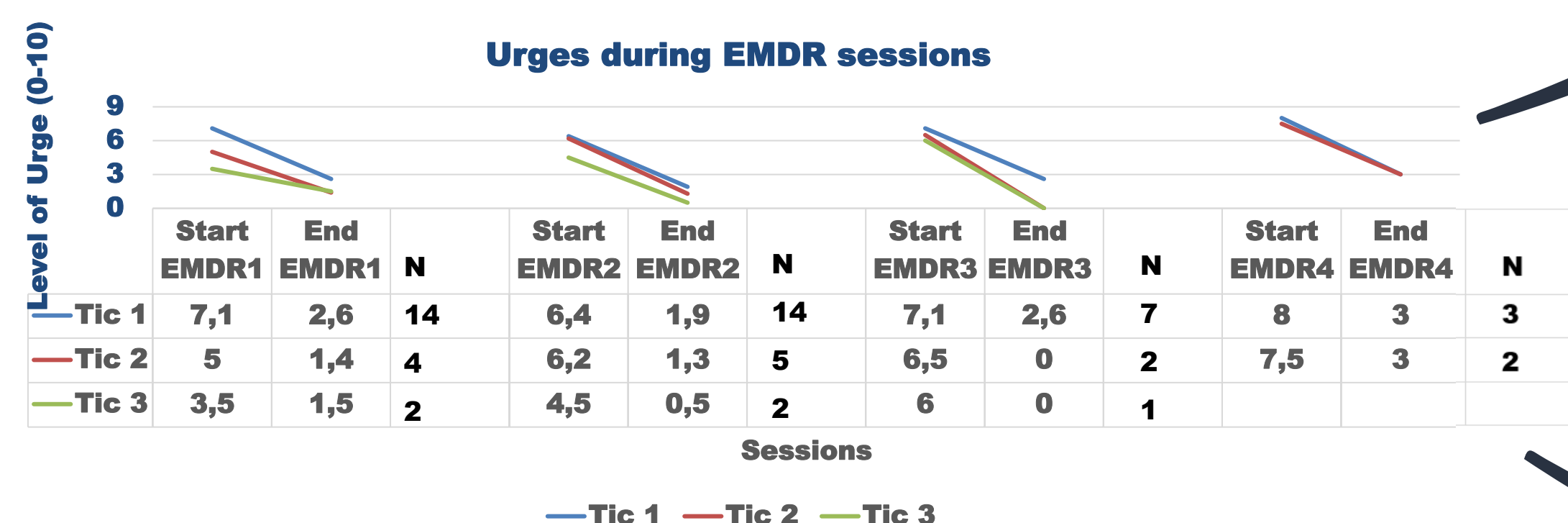
Statistics: Paired-Samples T-test

Outcome measures:

- YGTSS
- Urge during session
- GTS-QoL / PUTS

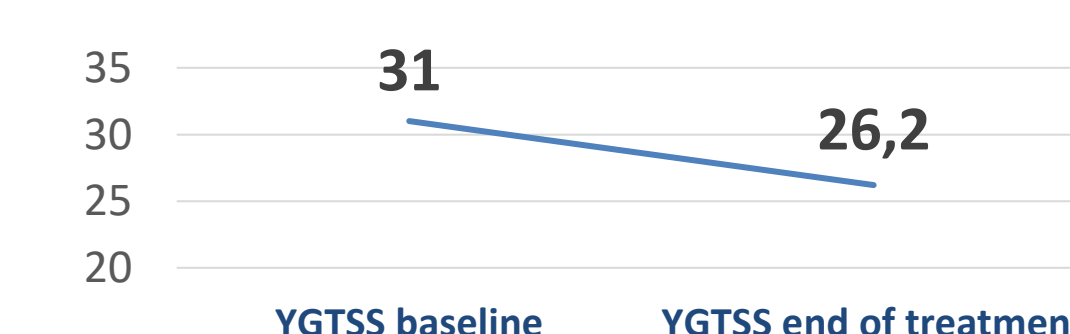
Results

Urges during sessions

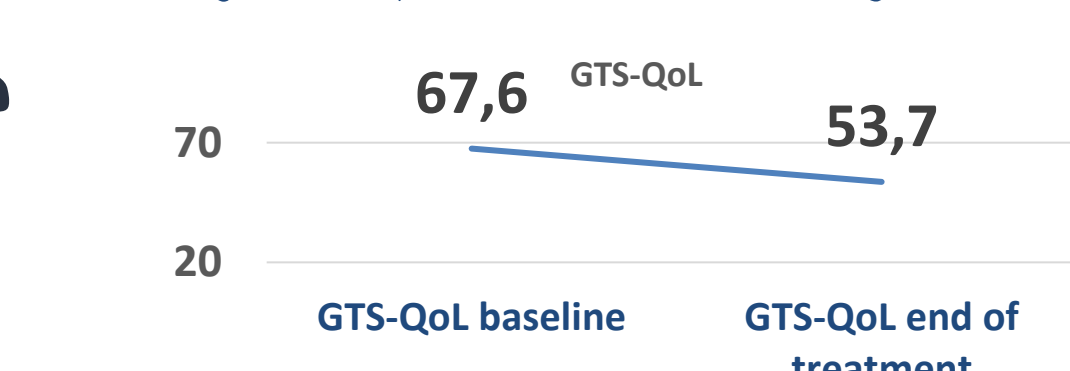


Decline of urge in every session & tic
But what about effects over sessions?

YGTSS: a significant decline ($p=0,003$; $N=8$)
meaning an improvement in tic severity



GTS-QoL: A significant decline ($p<0,001$; $N=7$)
meaning an improvement in Quality of life



No significant changes in PUTS

Conclusion

- This first pilot study into EMDR seems to have a positive effect on urges during the session, and tic severity and quality of life over sessions
- N is too small to draw firm conclusions, there is no control group, and not all patients finished treatment yet. Below are some comments from patients
- The preliminary results from this pilot study has prompted our interest for future research! Is it "just distraction", or is something else going on??

This method feels like an extra tool in my toolbox!

I can easily do it on the train to work

I can really feel the urge diminish, and this stays for about 30 minutes

Being able to do my tics mentally helps me to get more in control.

I mainly notice an effect while doing it, but not a long-term effect

For me ERP is easier, not having to distract myself