



Behavioural Therapy Workshops

For participants
with basic and
advanced training

17th International Conference on Tourette Syndrome & Tic Disorders

Athens 2025



Wed, 21 May 2025
Eugenides Foundation

ESSTS

European Society for the Study of Tourette Syndrome | essts.org

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Why & how to integrate acceptance in psychological treatments of Tic disorder

Program part I:

- 14:00 Introduction and Quiz
- 14:15 Creating acceptance through information
- 14:25 ACT interventions: towards an accepting attitude
- 14:35 Cognitive behavioural interventions: restructuring negative thoughts
- 14:45 Schema interventions: dealing with the impact of adverse childhood experiences
- 14:55 A systemic approach: engaging the system to enhance acceptance
- 15:10: Patient perspective on acceptance of tics

15:30 Break

Why & how to integrate acceptance in psychological treatments of Tic disorder

Program part II

15:45 -16:45 Case discussion (3x20 min)

- Group therapy cases with acceptance
- Using Schema Therapy techniques to deal with negative childhood experiences that need addressing
- Parents Living Well with Tics; engaging the system to enhance acceptance and well being

16:45 - 17:00 - End and reflections

Time for a quiz

Dr Cara Verdellen

Quiz.... Question ONE!!

Who is responsible for accepting tics?

1. The person with tics (stand up)
2. The people around the person with tics (sit down)
3. The world (yes, you too!!) (wave your hands)

Quiz.... Question TWO!!!

What can be the most important facilitators in acceptance of tics?

1. Group work (stand up)
2. Learning to control the tics (sit down)
3. Understanding from other people (wave your hands)
4. Being part of a patient association (touch your nose)

Creating acceptance through information

Dr Tara Murphy

Consultant Psychologist

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Tourette's syndrome: Becky's personal experience

PERSONAL STORIES

National Inclusion Week is a time to celebrate diversity, foster raise awareness about various conditions that affect people from life. One such condition is Tourette's Syndrome, a neurological characterised by repetitive, involuntary movements and vocalizations. And a condition that I have. Living with Tourette's has its challenges but has also been a great teacher in the importance of acceptance and understanding.

Understanding Tourette's Syndrome

Tourette's Syndrome is often portrayed in the media as a condition that affects people with involuntary movements and vocalizations. However, it is a complex disorder. With the right support and understanding, people with Tourette's can lead fulfilling lives.

Acceptance is key: living and working with Tourette's Syndrome

"If you've met one person with Tourette's Syndrome, then you've met one person with Tourette's Syndrome" - Paul Stevenson, campaigner and activist

For Tourette's Awareness month this year, I wanted to share my knowledge and perspective with other therapists about a condition that is often misjudged and poorly understood, and there is a lack of resources and information out there about it. This is despite the fact that Tourette's and Tic disorders are actually much more common than people realise. Several famous and successful people are diagnosed with TS, such as musician Billie Eilish, and professional

a neurological condition which involves involuntary vocalisations known as tics, often accompanied by another condition (Obsessive Compulsive Disorder) and may also have OCD and

condition. It can be a challenging experience at times to be a person with Tourette's and the associated judgemental attitudes that come with the difficulty that it is

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 The NCPS

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 Stress

Tourettes action

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Unconditional acceptance of yourself

Posted Mon 5th Aug 2024 at 09:43 by Manisha Manoharan

'I identify myself as an unconventionally successful woman of resilience, authenticity, and versatility. I am also a passionate self-love advocate and neurodiversity champion.'

Content warning – this post discusses suicidal feelings

Every time I tell someone I have Tourette Syndrome, I am met with an element of sympathy and asked how I can live a life with a painful condition like that.

The answer is quite simple. I live a life with Tourette's just the way you live yours without Tourette's. Yes, I have a few challenges that come with it but what if I told you, that this condition that I believed to be a generational curse was the biggest blessing in my life?

Read on to find out how.

My name is Manisha and I identify myself as an unconventionally successful woman of resilience, authenticity, and versatility. I am also a passionate self-love advocate and neurodiversity champion. A seasoned public speaker, an uncontrollable laughter riot, an ardent foodie, and a giver of warm hugs who wears her heart on her sleeve. I live a fulfilling life of gratitude and continuous learning and strive to be an embodiment of love to the people in my life.

More importantly, I live with Tourette syndrome.

Tourette's is a neurological condition characterized by repetitive, involuntary movements and vocalizations called tics which started when I was around six or seven years of age.

There are different types of tics that I experience, viz. vocal tics such as grunting, coughing, sniffing, sighing; simple motor tics like rapid eye blinking, winking; and complex motor tics such as head jerking, neck twisting, shoulder shrugging, and abdominal wall jerking.

And, no, I do not uncontrollably swear obscenities as people like how mainstream media would have had you believe because not everyone with Tourette's swears uncontrollably, at least without due cause! Statistical data confirms that only 1 in 10 people with Tourette's have this condition of uncontrollable swearing called coprolalia.

The biggest downside to Tourette's is the constant feeling of pain it leaves you with in your body. And, for the longest time, I tried to off myself so I could just stop feeling the pain caused by this debilitating condition.

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April 2025

Living with Tourette's

by Today, November 2018 Volume 29 Issue 9

Leigh Hale explains Tourette's Syndrome and how he lives and works with

I wasn't diagnosed with Tourette's Syndrome (TS) until I was 28 – some 22 years ago. A diagnosis is not for everyone, I know, but I 'needed' this diagnosis – I needed a 'label'. It was a relief to hear that the compulsions and involuntary adolescence had a colour. I was not 'possessed', I was just

TS is named after the French neurologist who first recognised it in 1825. It is a chronic condition, although people can learn to manage it. It is thought to be due to a combination of genetic and environmental factors, and people with TS can lead a full and

Tourette's Syndrome, Stigma, and Society's Jests

Melina Aikaterini Malli
Rachel Forrester-Jones

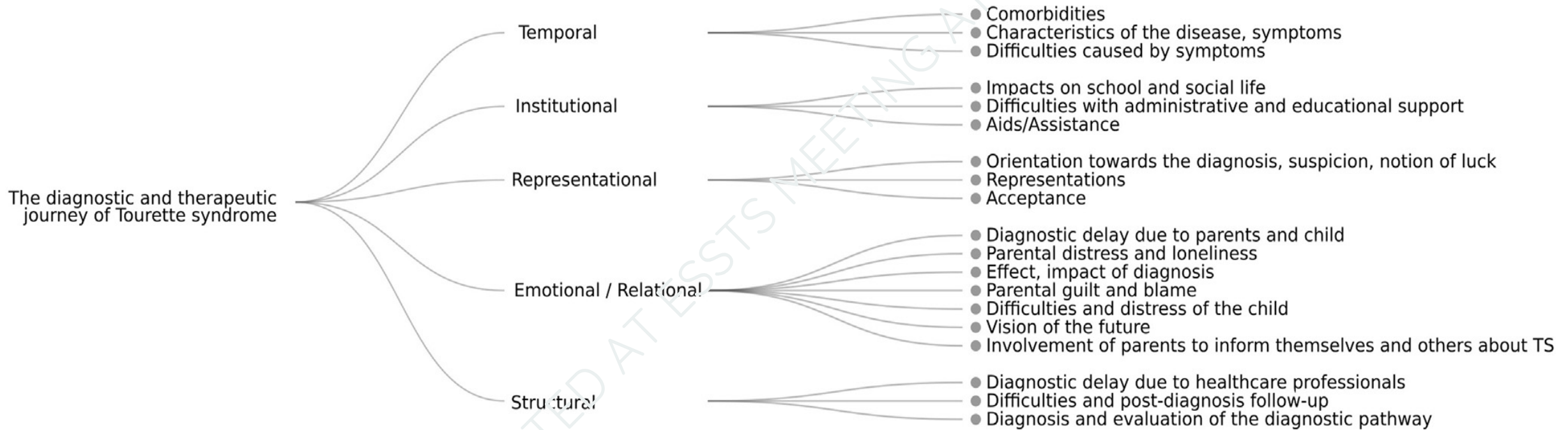
palgrave
macmillan

What Types of Jobs Suit People with Tourette Syndrome

Individuals with Tourette Syndrome can excel in a variety of roles, depending on their symptoms and the support available. Generally, jobs that offer:

- Flexible Work Arrangements:** Positions that allow for flexibility in terms of location and hours can be a great fit for individuals with TS, as they can help manage symptoms and avoid triggers.
- Autonomy and Control:** Roles that offer a degree of independence, such as research or creative professions, can be a good fit for individuals with TS.
- Supportive Work Environments:** Jobs where employers and coworkers understand and accommodate the needs of individuals with TS can be more comfortable and productive.

The diagnostic and therapeutic journey of Tourette syndrome (Breton et al, 2025)

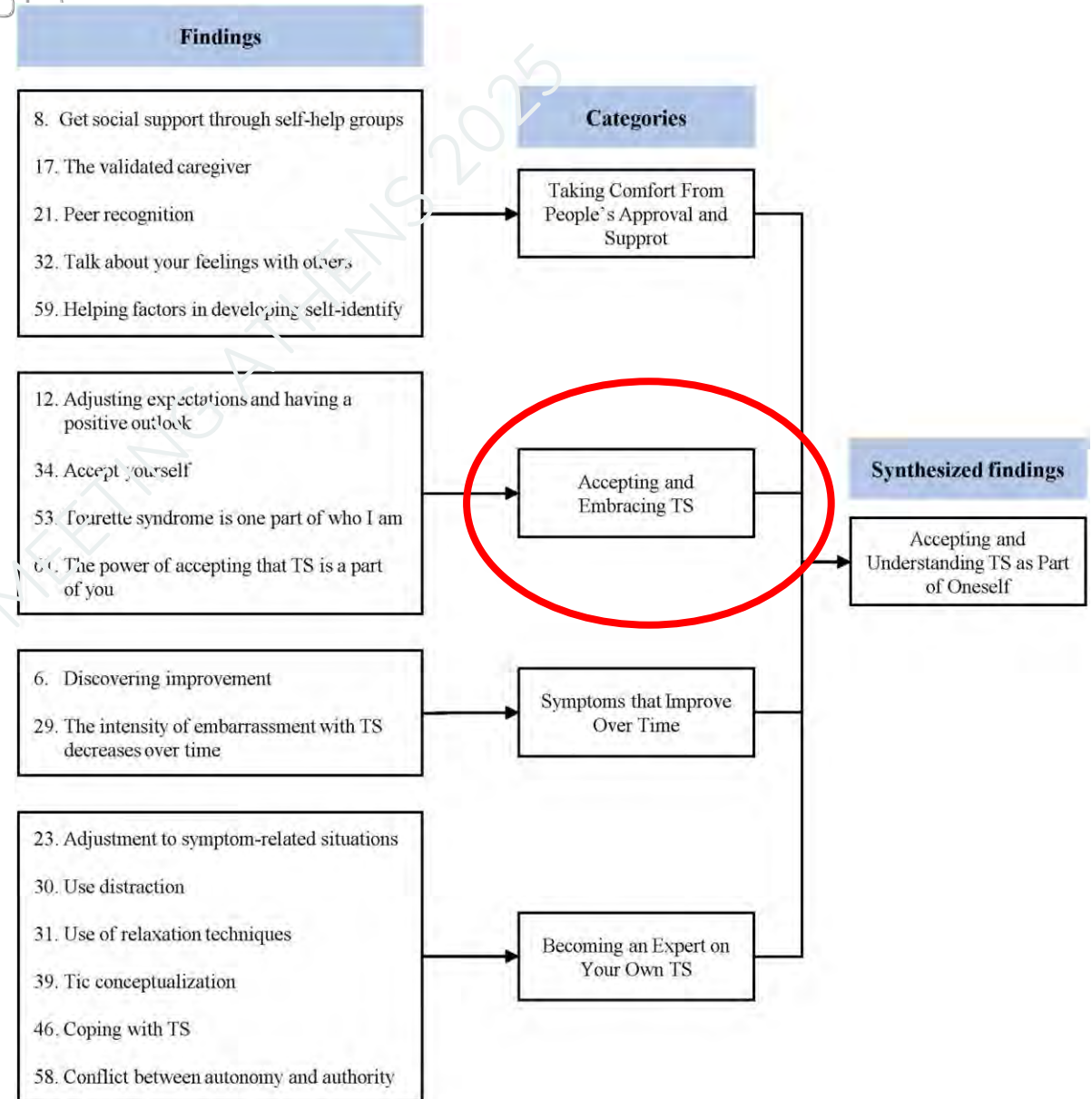


How do children with Tourette's syndrome and their caregivers live with the disorder? A systematic review of qualitative evidence

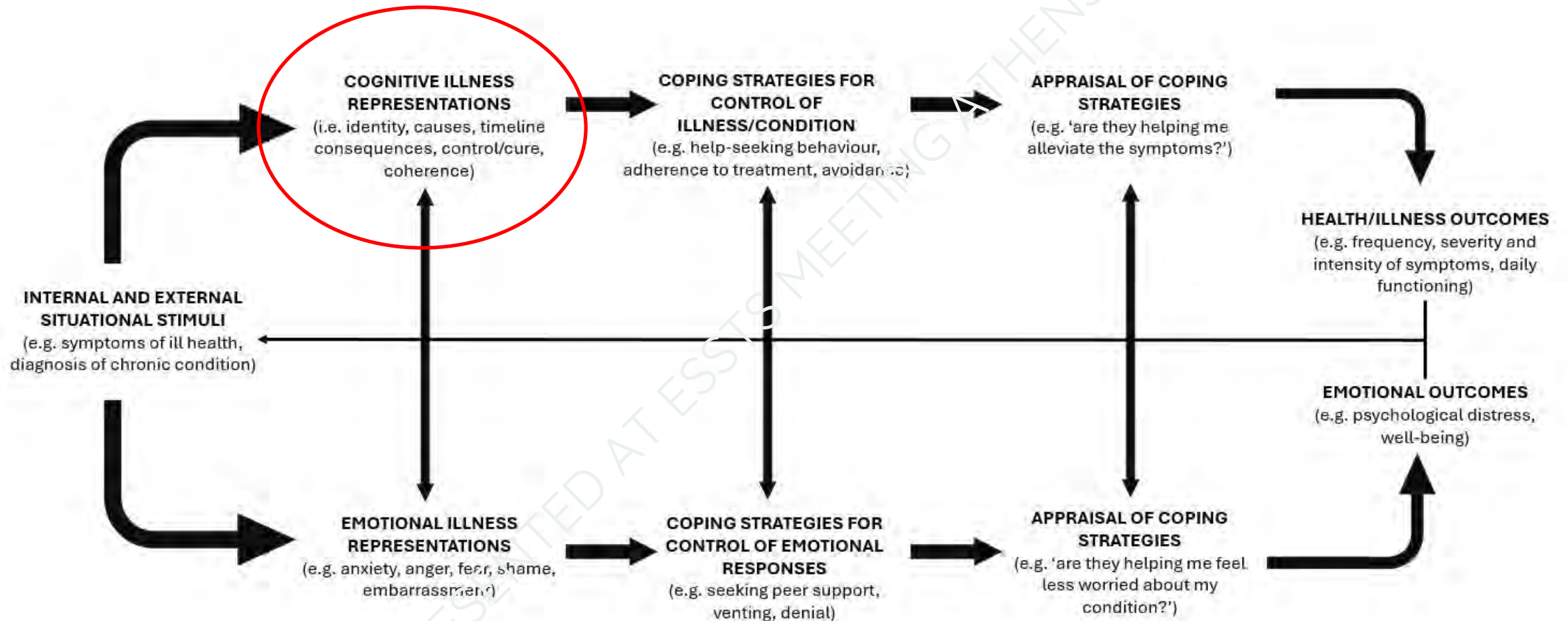
Hyo-Weon Suh^{1†} Seok-In Yoon^{1†} Sunggyu Hong² Hyun Woo Lee² Misun Lee³
 Jong Woo Kim^{1,2} Sun-Yong Chung^{1,2*}

- Adjusting expectations and having a positive outlook
- Accept yourself
- Tourette syndrome is one part of who I am
- The power of accepting that TS is a part of you

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Self-regulation Model in Tourette syndrome



(Petter et al, 2025; Health and Psychology)

Clues for clinicians

1. **Identity:** The label and symptoms associated with the illness.
2. **Cause:** Beliefs about what caused the illness.
3. **Timeline:** Perceptions of the duration and course of the illness.
4. **Consequences:** Expected effects and outcomes of the illness.
5. **Control/Cure:** Beliefs about the controllability and curability of the illness

Exploring Adult treatment for tics (Camsey, 2025)

Themes	Subthemes
Feeling Seen: The Importance of Validation for Individuals with TS/TD	Navigating uncertainty and ambiguity in diagnosis Concerns regarding availability of treatment How others perceive TS/TD diagnosis
Personal Strategies for Managing Tics	Useful strategies to manage symptomology Changing their relationship with tics Unhelpful elements and side effects of CBIT
Exploring the Complexities of Quality of Life	The importance of considering the impact on QoL
Building Trust: The Lived Experience of Therapeutic Alliance	Feeling heard by your therapist

Exploring Adult treatment for tics (Camsey, 2025)

- Navigating uncertainty and ambiguity in diagnosis
- **Resolving uncertainty and ambiguity through diagnosis**

“My neurologist said that I likely have Tourette syndrome, but he doesn't want to make an official diagnosis. But put me through anyway, so I'm kind of in limbo at the moment. So, it's kind of like, I've confirmed to have tics, specified tic disorder, yet to be confirmed, but he thinks it's Tourette Syndrome.”
(pg.2)

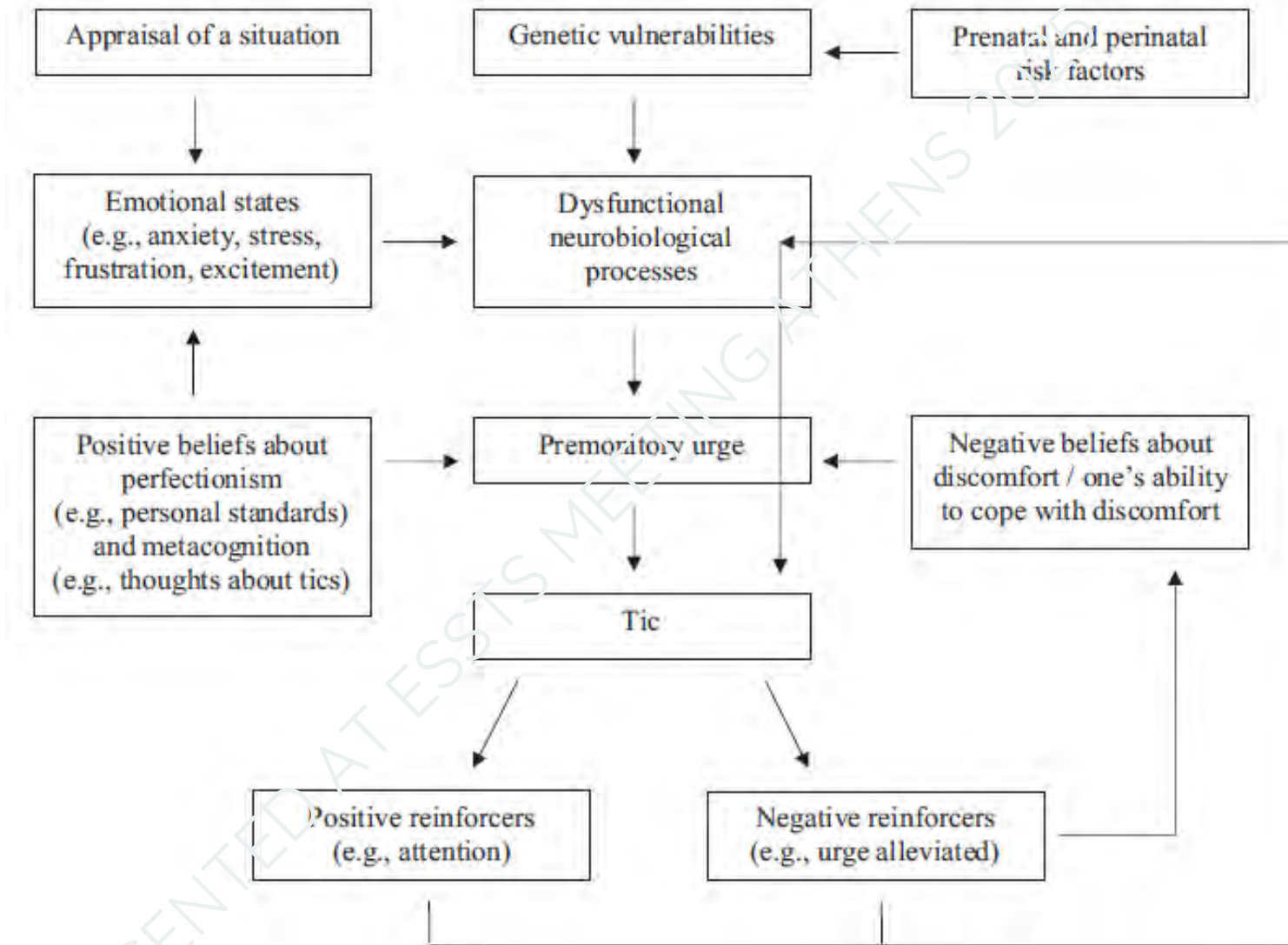
Jess's use of the word “limbo” indicates a state of ambiguity.

Understanding within therapy

- Clip Tara

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Gagne et al., 2019

Information (and experience) inform beliefs from group work

- Beliefs (confirmation vs disconfirmation about the urge)
- “Not going to hurt your brain”
- Change in symptoms through treatment
- Knowledge that other people cope

Athens



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ACT interventions: towards an accepting attitude

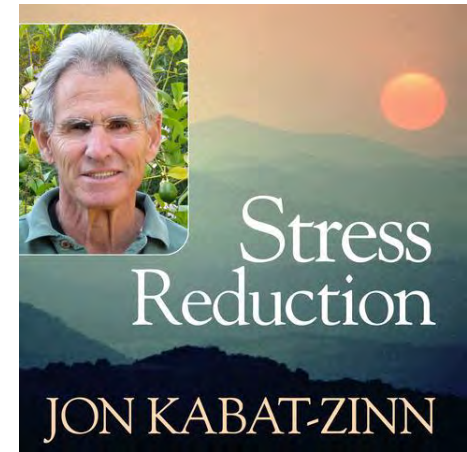
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Acceptance and Commitment Therapy



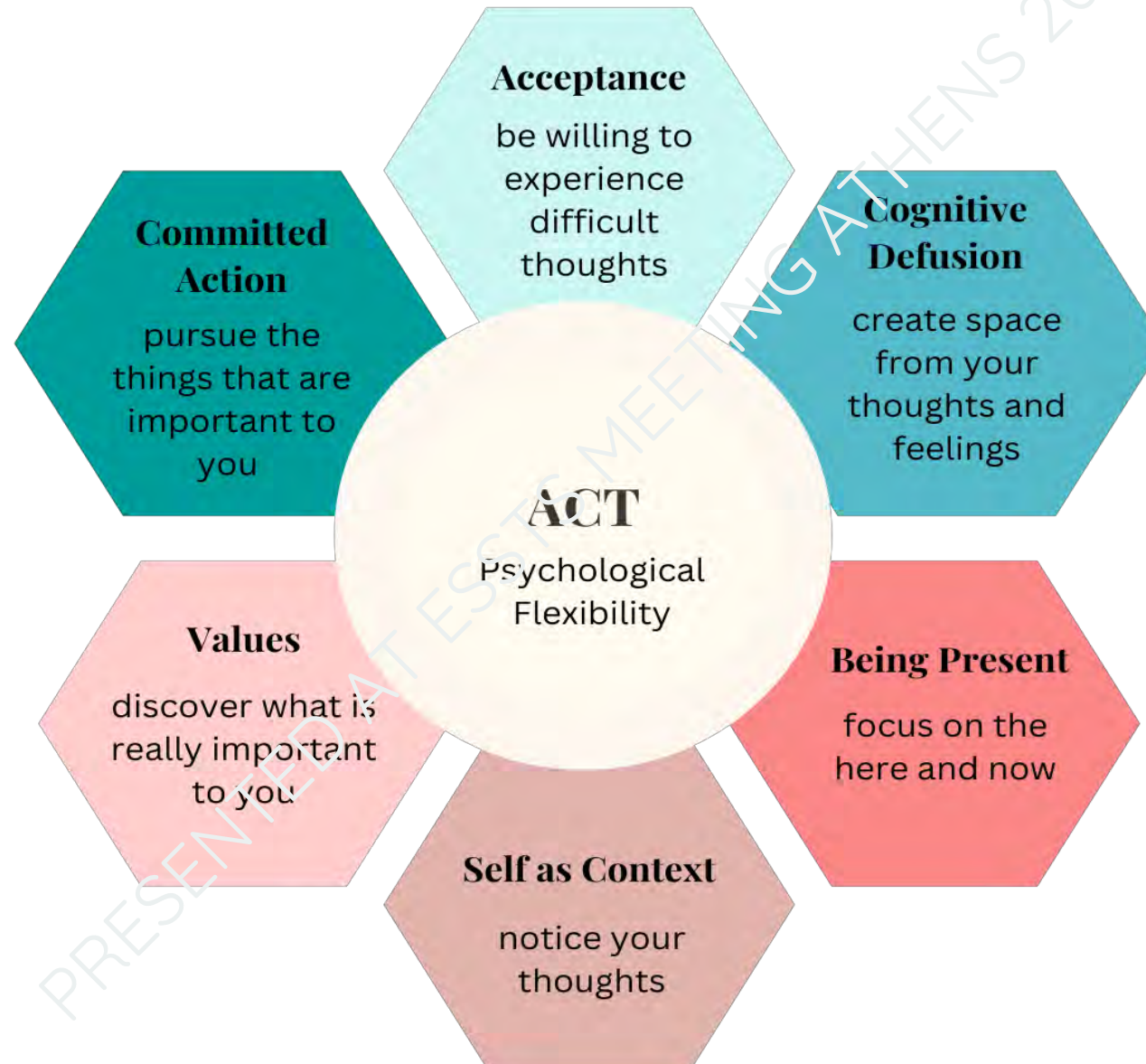
- **ACT** is a **third-wave behavioral therapy** that emphasizes:
 - **Psychological flexibility** (the ability to be present, open, and committed to valued action),
 - Acceptance of internal experiences (thoughts, emotions, sensations),
 - Defusion from unhelpful cognitions,
 - Commitment to actions guided by personal values.
 - Rather than eliminating symptoms, ACT helps individuals **change their relationship to symptoms** so they interfere less with life functioning.
- It was developed in the **late 1980s** by **Steven C. Hayes**, and is part of the so-called **“third wave”** of CBT approaches, which integrate mindfulness, acceptance strategies, and behavioral principles.

Main goal of ACT

- is **psychological flexibility**
 - the ability to stay in contact with the present moment
 - take action guided by values, even in the presence of unpleasant thoughts, feelings, or bodily sensations.

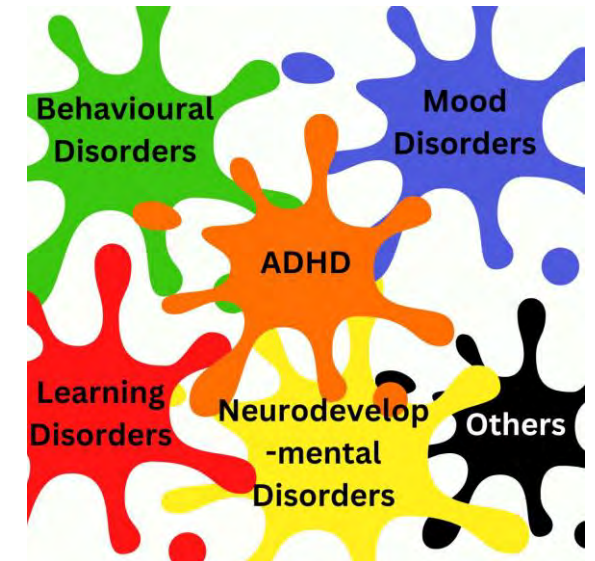


The Six Core Processes of ACT



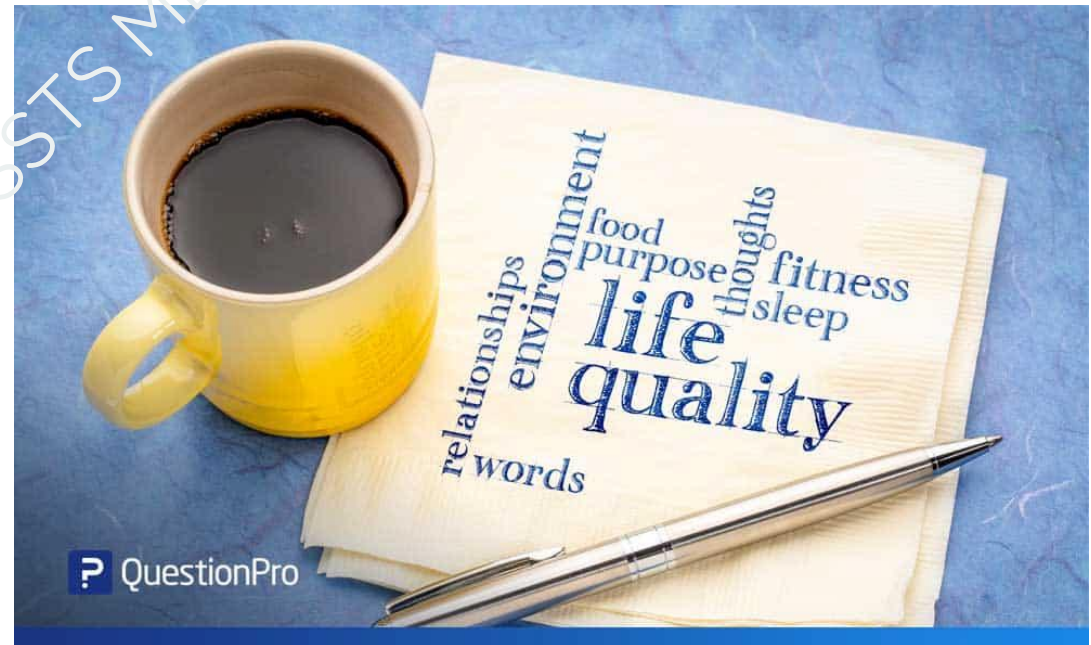
Tic disorders often come with:

- **Urges** or sensory phenomena,
- Emotional reactivity (stress often worsens tics),
- **Comorbid conditions:** anxiety, OCD, ADHD, and depression.
 - These comorbidities are often associated with **experiential avoidance** and **rigid thinking patterns**—both core targets of ACT.



Therefore, ACT may benefit individuals with tics by:

- Reducing **distress related to tics**,
- Improving **coping with premonitory urges**,
- Enhancing **overall functioning and quality of life**, even if tics remain.



The connection between **Acceptance and Commitment Therapy (ACT)** and **tic disorders**

- is a relatively new but growing area of interest in clinical psychology and behavioral therapy.
- While traditional treatments like **Comprehensive Behavioral Intervention for Tics (CBIT)** and **Habit Reversal Training (HRT)** and **ERP** remain the gold standard, ACT offers a complementary or alternative framework, particularly when addressing comorbidities or psychological flexibility.



Specific ACT Strategies for Tic Disorders



- **Mindfulness of urges:** helping individuals notice premonitory urges without reacting impulsively.
- **Defusion from tic-related thoughts:** "I can't go out, people will stare" → noticing this as a thought, not a truth.
- **Acceptance of tics:** shifting the focus from control to **living a values-driven life despite tics**.
- **Values work:** identifying goals and life directions that are not contingent on symptom reduction.

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Studies

EVIDENCE

- **Combination of Habit Reversal Training (HRT) and ACT**

A **2011 pilot study** by Martin E. Franklin and colleagues combined HRT and ACT in young individuals with Tourette Syndrome. The study found that both the HRT-only group and the HRT+ACT group showed significant and lasting improvements in tic symptoms and overall functioning at one-month follow-up.

J Dev Phys Disabil (2011) 23:49–60
DOI 10.1007/s10882-010-9221-1

ORIGINAL ARTICLE

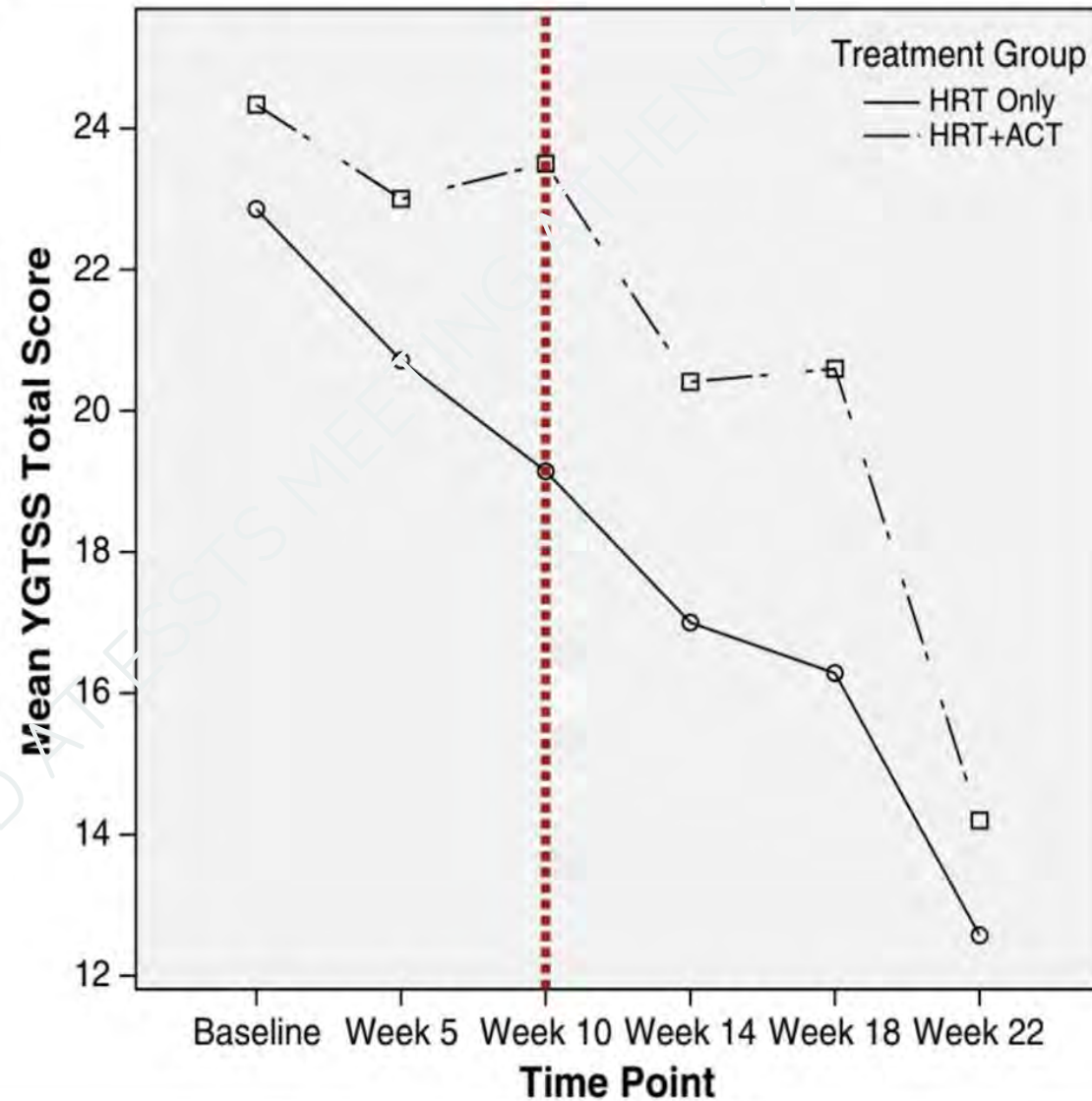
**Habit Reversal Training and Acceptance
and Commitment Therapy for Tourette
Syndrome: A Pilot Project**

**Martin E. Franklin • Stephanie H. Best •
Michelle A. Wilson • Benjamin Loew •
Scott N. Compton**

Published online: 18 January 2011
© Springer Science+Business Media, LLC 2011

Fig. 1 Mean tic severity (YGTSS) scores over time for the HRT ($n=7$) versus the HRT+ACT ($n=6$) groups

ACT procedures may thus be particularly useful in addressing tic-related urges and associated unpleasant feelings and comorbid states not remediated by HRT



Investigation of short time effects of acceptance

N=45, age 8-17

3 experimental conditions *free-to-tic*, *tic suppression*,
/relaxation interval/ urge acceptance (2 min)

Significant decrease in frequency and intensity of urges,
discomfort level and tic frequency during acceptance
based approach

Attempting to accept the urge actually decreases the urge
and also tics

Journal of Obsessive-Compulsive and Related Disorders 10 (2016) 78–83



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journal homepage: www.elsevier.com/locate/jocrd



Acceptance of premonitory urges and tics



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- A **2024 study** applied a combined HRT and ACT protocol to adults with TS. Participants experienced significant reductions in tic severity, and these improvements were sustained over a 12-month follow-up period.



BRIEF REPORT

Combined Habit Reversal Therapy and Acceptance and Commitment Therapy for Treatment of Tics in Tourette Syndrome: A Pilot Study of Effectiveness and Response Duration

Jennifer Eisenhauer BSc, MPsych ✉, Alison Buckland MD, BSc, Stuart Watson PhD,
Rick Stell MD, BS, FRACP

First published: 18 November 2024 | <https://doi.org/10.1002/mdc3.14260> | Citations: 1

ACT and Tourette's for Parents

An excellent, publicly available presentation tailored for Tourette and ACT was presented by



ACT and Tourette's for Parents

Presented By:

Charles E. Galyon, PhD
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2023 TIC-CON | touretteconference.org

<https://vepimg.b8cdn.com/upicads/vjfnew/8840/content/images/1684347972charles-galyon-tic-con-2023-act-and-ts-pdf1684347972.pdf>

Guided relaxation for tics

At ease with your tics

Liz Murray, psychologist delivering BT for tics, TS patient herself, was inspired to create a guided relaxation for people with tics and TS.

A mindfulness course was generally beneficial, but had little or no effect on her tics. A mindfulness pilot session 'soften, soothe and allow' (Prof Kristin Neff, University of Texas) helped focusing on a tic. Liz was surprised to find that frequency and intensity had reduced.

A recording was developed specifically designed for helping tolerate the urge to tic, to reduce stress and manage tics.

Available from the Tourettes Action Shop (small fee)

<https://www.tourettes-action.org.uk/news-280-guided-relaxation-for-tics.html>

Credits: Liz Murray, Elizabeth Craig, Attic Studio, Glentrool, Anthony Gouldsbrough, Riverside Studios, Belgium. Dr Seonaid Anderson, Dr Tara Murphy, Dr. Tamara Russell, Jolande vd griendt and Dr. Cara Verdellen



ACT's Contribution to Tic Disorders

Core Target

Enhancing psychological flexibility and acceptance of urges

Use Case

As an adjunct to HRT or when comorbid issues are present

Evidence

Emerging support from pilot studies and case reports

Benefits

Reduced distress, improved emotional coping, enhanced functioning

Limitations

Not a primary treatment for tic suppression; further research needed



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Cognitive behavioural interventions to improve acceptance

Jolande van de Griendt, MSc



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CBT for tics

Of course we have the “regular tic treatments” like CBIT/HRT and ERP. But sometimes this is just not enough...

What is known about cognitive behavioural interventions in tics in general?

- HRT = HRT + Cognitive Behavioural Treatment (CBT) (O'Connor, Gareau, & Borgeat, 1997 (N=14))

The cognitive psychophysiological (CoPs) model

Targeting cognitive, behavioural and physiological processes with a sensorimotor dysregulation hypothesis (O'Connor et al, 2002, 2009, 2016; Leclerc et al., 2016, 2024):

- Combination of sensorimotor activation and (meta-) cognitive interventions
- 1 RCT: CBIT= COPS (LeClerc et al., 2024)

But all aimed at tic reduction...

How can we use cognitive interventions for acceptance of tics?



Case of Julian

- 14 year old boy
- Tics since the age of 6
- Around the age of 9: short period of being teased about the tics
- Tics have been increasing in the last 2 years (since highschool)
- Julian starts to avoid specific social situations due to his tics
- Regular tic treatment (ERP) led to a decrease in tics of about 40%
- Shame and avoidance remained unchanged

Common thoughts in TS

- People see me ticcing and reject me for that
- They think I am stupid, crazy...
- Everybody is looking at me
- I cannot even control my own body
- I will never be able to get a good job because of the tics
- I will never get a boyfriend/ girlfriend because of the tics
- My parents will be embarrassed by me
- Etc., etc., etc



Case of Julian

Avoidance of social situations, e.g. public traffic, highschool party's, eating in a restaurant, going to the cinema

Specific situation in cognitive therapy

- Going by bus while having tics

Accompanying thoughts

- People will think I'm crazy
- I look like a freak
- People will laugh at me
- People will start teasing me again

Questions to evaluate the thoughts

- What evidence do I have?
- Has what I am afraid of ever happened?
- Am I exaggerating?
- Am I making things worse than they are?
- Am I sure this is going to happen?
- Is this really true?
- Does it matter what others think?
- Am I forgetting the positive?
- What would someone else think?
- What would I think about this in 5 years?
- What did I think about it before I was afraid of it?
- What would [fill in a hero] think about this?
- Can I do everything perfectly?
- Is this the end of the world?
- Suppose it is, how bad is that?

Case of Julian

Am I sure this is going to happen?

- Actually I don't know. It has been a long time since I went on public transport. I was teased in the past, so it could happen again

Does it matter what other people think?

- Actually, no, I don't know these people and will probably never meet them again!
- If they think tics are to laugh about, they are stupid themselves

What do people who are important to me think of me/ my tics?

- My parents don't mind, and also my friends just ignore my tics and are supportive for me. They don't think I'm a freak

Case of Julian

Helping, realistic thought

- Having tics or not doesn't define me, I'm a nice person anyway

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Thought Record Worksheet

Situation Where am I? What happens?	Negative Automatic Thoughts What do I think? Rate belief 0-100	Feelings How do I feel? Rate intensity 0-100	Formulate questions to evaluate the thoughts

So now the mind changed, what about the behaviour?

Creating Behavioural experiments

Test out the helpful thoughts in a behavioural experiment

Case of Julian

Already did experiments with close friends and in the classroom letting go of tics, now he wants to practice with unknown people.

Situation

- Having tics in public transport
- Anxiety rating: 8
- Anxious thought: What am I afraid will happen? Everybody will stare at me, and a few will start laughing. They will think I'm a freak and start teasing me
- Helpful thought: Having tics or not does not define me; I'm a nice person anyway.

Design the experiment

- I'm going by bus for four bus stops, and will not control my tics
- I will do at least 1 tic on purpose and look around me who is watching
- I will use my helpful thought

Case of Julian

Observation and data collection:

- I let go of my complex tic in a bus with about 20 other people (headshake with snorting sound)
- I looked around me, and everybody was staring at his/her phone.
- One person looked up for a short time, looked around him as if he heard something, and then went back to his phone.
- One person was laughing, but it seemed like he saw something funny on his phone

Reflection and adjustment:

People around me hardly notice my tics

Anxiety rating after the experiment: 3

Take home messages

From a clinical perspective

- It can be helpful to challenge negative thoughts about tics
- Helpful thoughts can be tested out in behavioural experiments
- Especially since we cannot “cure” tics, learning to accept them as a part of you can be helpful in increasing quality of life.

Thank you for your attention

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Wednesday, 21 May 2025

Schema interventions: Dealing with the impact of adverse childhood experiences



Cara Verdellen, PhD

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Tourette patients are prone to negative childhood experiences

*At school no one wants to sit next to me..
Children are laughing at me..
Children mimic my tics..
They call me 'monkey' or 'flashing light'*

*Dad says all the time 'stop ticcing!'
As a punishment I have to go to bed early
Mom says 'You're doing it just for attention'*

These experiences/voices become Lynn's inner voice

*'You're worthless'
'No one wants to be with you'
'You're a bad person'
'You're stupid'*

Little Lynn



Which can cause maladaptive schemas and dysfunctional personality patterns

Maladaptive schemas develop when core needs are not met

What are schemas

Deeply held patterns of thinking, feeling and behaving that develop in childhood due to unmet needs, traumatic experiences or negative early life interactions. These patterns are often rigid and shape how we view ourselves, others, and the world.

Common types of maladaptive schemas

Abandonment: Belief that close relationships are unstable or unreliable

Mistrust/Abuse: Expectation of being harmed or mistreated

Emotional Deprivation: Belief that emotional needs will never be met

Defectiveness/Shame: Feelings of being defective, unworthy or unlovable

Failure: Belief that one will inevitably fail or is not capable

Social Isolation: Belief that one is different, does not belong, not accepted



Maladaptive schemas tend to continue in adulthood

Lynn, now 26 years old

Partner, no kids, friends, new job

Always trying to hide tics, shame

Insecure, low self esteem

Perfectionistic, always in control

Seeks help: tics increased, anxious, depressive complaints, tiredness (in the past she received BT and meds for tics with some effect)



Parents were critical, emotionally not available

Needed to stop tics, was punished for tics

Bullied at school, felt rejected and isolated

Developed well, but inside always felt insecure

Little Lynn



Causing mental health issues and difficulties in relationships

Maladaptive schemas are maintained by maladaptive coping patterns

Schemas

Abandonment
Emotional deprivation
Social isolation
Defectiveness/shame



Modes / coping styles

Strong inner critical voice
Perfectionism/ control
Avoiding negative feelings
Not wanting to be vulnerable
Not asking for help

Unmet needs: safety and bonding, freedom to express feelings

Goals: less self-demanding, self-confidence, positive self esteem
(better mood, less anxious, more energy, less tics)

Schema Therapy (Jeffrey Young, 1990, 2003)

Breaking patterns

Identifying and challenging core beliefs and building healthier coping strategies.

ST combines elements of CBT and experiential techniques

Limited reparenting

The therapist provides a corrective emotional experience to help meet the unmet childhood needs, taking a parent-like role (showing empathy and validation, helping build self-worth and setting healthy boundaries when needed).

Experiential techniques

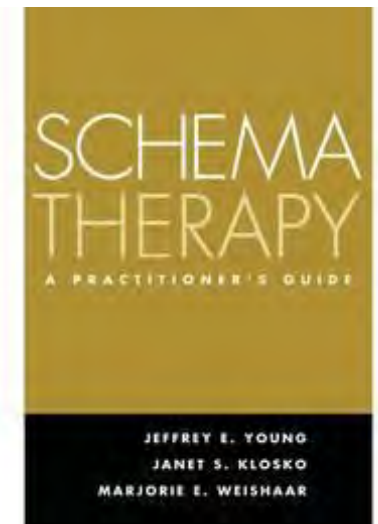
Imagery rescripting (ImRs), chairwork

Indications:

Personality Disorders (most evidence for BPS (Sempértegui ea, 2013), also cluster C (Bamelis ea, 2014))

Chronic (treatment resistant) depression (Carter ea, 2013; Renner ea, 2016) and anxiety (Tapia, 2017; Peeters ea, 2022)

Complex PTSD, childhood trauma/neglect (Driessen & Ten Broeke, 2019)



Schema interventions in Tourette's disorder?

Adults with TS often have a history of negative childhood experiences

TS and PD/ pathological traits:

64% (n=39) At least 1 PD (BPS, OCPD, paranoid, avoidant) - *Robertson ea, 1997 (SCID-II)*

71% (n=50) A wide range of pathological traits (demand-anxious: 39%) - *Trillini & Müller-Vahl, 2015 (ICP)*
QOL is impaired by comorbidities, but even more by the presence of personality traits

TS and mood/anxiety disorders: 30% - *Hirschtritt ea, 2015 (SCID-IV)*

Originally developed for PD, **indications of ST** become broader (eg chronic depression and anxiety) as are **trauma interventions**, ImRs for PTSD (*Boterhoven de Haan ea, 2020; Raabe ea, 2022*), EMDR is now under study in PD (*De Jong ea, 2025; 44% remission PD, preliminary*).

The effect of childhood trauma on brain development and mental health in later life is subject of much research and has been well demonstrated (*Zahr & Sullivan, 2014; McLaughlin ea, 2020*)

Can we apply trauma and schema based interventions in adults with TS in order to improve selfesteem and QOL (and indirectly also reduce (consequences of) tics?

Little Lynn



Dealing with the impact of early childhood trauma, *when needed!!!*

Imagery rescripting (ImRs)

ImRs is a powerful way to change the emotional impact and meaning of a traumatic memory.

It involves mentally revisiting a painful memory and rewriting the outcome to create a more empowering, correcting and healing experience.

The therapist helps the person to rewrite the memory so it feels safer and less overwhelming ('this is what I should have heard..')

This doesn't erase the real event but helps change the emotional response to it so that the painful memory loses its emotional grip.

Little Lynn



Remco
van Wijngaarden



Athens



WANT MORE OF THIS?

CLINICAL CASE DISCUSSION!

Schema interventions in TS, *when needed*
Dealing with the impact of adverse childhood experiences



ESSTS

Athens



A systemic approach: engaging the system to enhance acceptance

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Engaging the system to enhance acceptance

- Not only the ticcer is affected by the tics
- Patients often sense how parents/teachers/friends deal with their tics
 - This can lead to more or less tics
 - This can lead to a more positive or negative family environment

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The system is important

- Many children with TS face teasing and bullying, not only from peers but also from adults, including teachers, who do not understand the condition (Dempsey et al., 2018).
- A survey of 109 adults with TS found that respondents experienced discrimination in multiple life domains, including work and education (Malli & Forrester-Jones, 2022).
- TS is something that affects the whole family, including increased risk of anxiety and depression for parents of children with TS (Cooper et al., 2003; Schoeder & Remer, 2007; Wilkinson et al., 2008; Woods et al., 2005).
- The stress felt by parents can negatively impact on parent-child relationships (Lee et al., 2007)

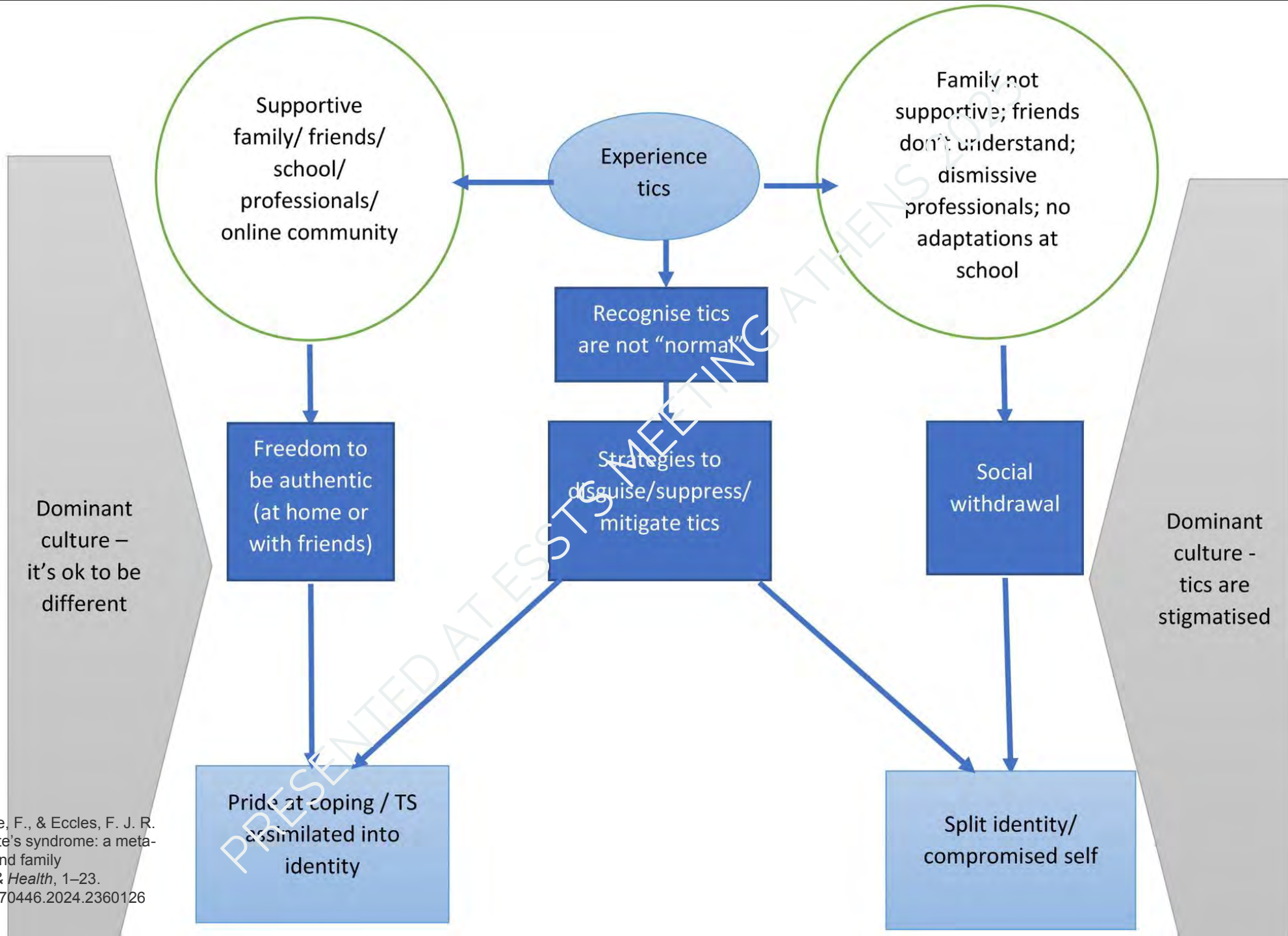
The system is important, especially with kids and youth

- A cross-sectional survey of Canadian adults with TS found that family support was the most important coping strategy to respondents when they were younger than 18, whereas personal acceptance was the most important coping strategy over the age of 18 (Altman et al., 2009).
- Family therapists counseling Korean children with tic disorder and ADHD need to focus not only on the child's symptoms but also on Korea's patriarchal culture, parental differentiation within the extended family, transference, and communication patterns underlying the symptoms (Yoon et al., 2025)

Coping with Tourette's syndrome: a meta-ethnography of individual and family perspectives

Melanie Maxwell-Scott, Fiadhait O'Keeffe & Fiona J. R. Eccles  

Received 12 Jan 2024, Accepted 22 May 2024, Published online: 31 May 2024



5.3-K-E Reducing stressful situations - Joint Solutions

Please enter below which stressful situations should be changed, who is involved and what should be done to relieve the burden. Together with your parents or teachers, think about what you could do as a solution.



Stressful situation	Who feels burdened?	How is stress signaled?	What is being done to relieve the burden?



5.2-E Recognizing Stress – Caregivers' Perspective

The following are some examples of stresses associated with the tics of your child. Check to what extent the individual examples apply to you.

	Agree	Partially agree	Disagree
Sometimes I think my child could control his tics better if he only wanted to.			
Sometimes I think my child is doing the tics on purpose to annoy me.			
Sometimes I can hardly stand it when my child has his tics.			
I find it difficult to control myself when my child shows tics.			
I am very worried about the tics and would like to help my child suppress them.			
When my child shows tics, I sometimes feel very helpless.			
I sometimes get annoyed about my child's tics.			
I am ashamed when my child has his tics in front of other people.			

What particularly burdens me with my child's tics:

What particularly annoys me about my child's tics:

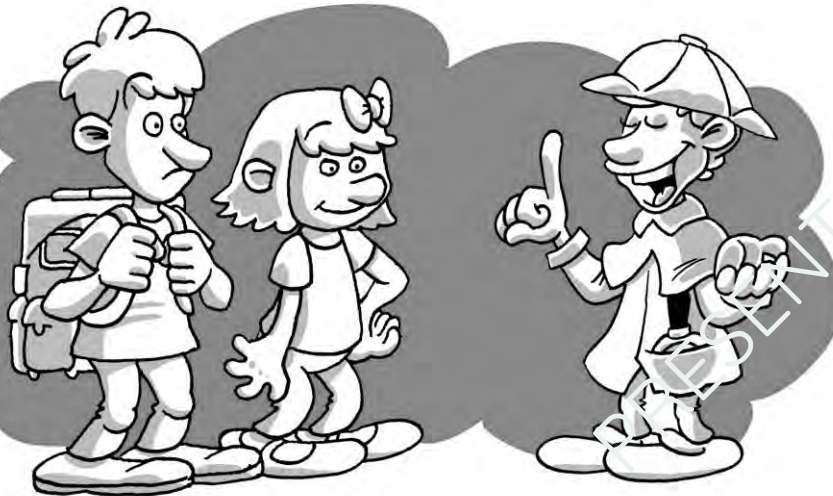
What makes me particularly helpless with my child's tics:

Katrin Woitecki · Manfred Döpfner

Therapieprogramm für Kinder und Jugendliche mit Tic-Störungen (THICS)

In the family

- Do not consider the tics to be personally directed at you.
- In a quiet moment, discuss with your child how you can deal with the tics in the family.
- Avoid arguments about the tics and take a break.
- Do something for yourself.
- Seek contact with other affected people



Woitecki, K. & Döpfner, M. (2015). THICS- Therapieprogramm Tic-Störungen. Göttingen: Hogrefe.

Aspects discussed with teachers

Sometimes I think the student could use his tics better control, if only he wanted to.

Sometimes I think the student is doing the tics intentionally to annoy me.

Sometimes I can hardly stand it when the student makes his tics.

It's hard for me to control myself when the students has tics.

I'm very worried about the tics and would like to help the student to control them.

When the student has tics, sometimes I feel very helpless.

The tics disturb classmates while learning

In school



- Deal with the tics yourself in an unbiased way.
- Support the student concerned emphasizing their interests and talents.
- Enable the student to learn in a non-judgmental environment and offer additional assistance during the lesson.
- Allow the student to leave class if necessary (but not for too long)
- Allow the student to do classwork in another space to write.
- Help the student accept the class with his/her tics through presentations and discussion (Nussey et al, 2012)
- Consider difficulties could be due to co-occurring problems, not just tics (e.g., ADHD, depressive symptoms, learning disorders).



by the ESSTS Board

Online training events 2025 | Consultations for clinicians delivering behavioural therapy for tics

We are pleased to offer 2-hour consultations for clinicians delivering behavioural therapy for tics to children, adolescents and adults.

Ideally, clinicians attending will have previously undergone the ESSTS conference BT training for beginner and/or advanced participants, or will have similar experience elsewhere before they attend.

The group format enables attendees to learn from one another about behavioural therapy techniques and adaptation for specific pieces of clinical work. There will be an **emphasis on evidence-based treatment** and a **focus on its application in clinic**.

Attendees should be able to describe anonymised casework that they have consent to share, or have technical questions that they would like to explore further and discuss in detail.

When

Event dates for 2025 (all hours in GMT):

- **Tuesday, 27 May 2025:** 18:00-20:00
- **Tuesday, 30 September 2025:** 18:00-20:00
- **Tuesday, 25 November 2025:** 18:00-20:00

Where: online

Welcome Christina Papakaliati

PRESENTED AT ESSTS MEETING ATHENS 2025

3 groups to try in the next hour

- Group therapy cases with acceptance
- Using Schema Therapy techniques to deal with negative childhood experiences that need addressing
- Parents Living Well with Tics; engaging the system to enhance acceptance and well being

consultations for clinicians

The BT Dream Team is here!



Virginie Czernecki
France



Tara Murphy
UK



Zsuzsanna Tórnok
Hungary



Jolande van de Griendt
The Netherlands



Cara Verdellen
The Netherlands



Katrin Woitecki
Germany

Do you sometimes struggle with difficult cases? Would you like to feel less alone while dealing with clients undergoing behavioural therapy for tics?

Come to the Clinical Consultation Sessions!

What is it?

We are pleased to offer 2-hour consultations for clinicians delivering behavioural therapy for tics to children, adolescents and adults. The group format enables attendees to learn from one another about behavioural therapy techniques and adaptation for specific pieces of clinical work. There will be an **emphasis on evidence-based treatment** and a **focus on its application in clinic**.

Details

Attendees should be able to describe anonymised casework that they have consent to share, or have questions that they would like to explore further and discuss in detail.

It's not a one-on-one supervision, but a **group discussion** where we can learn from each other.

Side note: The facilitators of the sessions **cannot accept any clinical responsibility for the discussion or associated clinical work** which is the role of the clinician themselves and their clinical supervisor.

For who?

Clinicians delivering **behavioural therapy for tics**. Ideally, clinicians attending will have previously undergone the ESSTS conference BT training for beginner and/or advanced participants, or will have similar experience elsewhere before they attend.

When

Event dates for 2025 (all hours in GMT)

• **Tuesday, 27 May 2025:** 18:00-20:00 GMT.

Led by: Virginie Czernecki & Katrin Woitecki

• **Tuesday, 30 September 2025:** 18:00-20:00 GMT. Led by Tara Murphy & Jolande van de Griendt

• **Tuesday, 25 November 2025:** 18:00-20:00 GMT. Led by: Cara Verdellen & Katrin Woitecki

Costs (all money goes to ESSTS!)

Registration rate per online consultation (2 hours): **€35**.

ESSTS members get a **€10 discount** and only pay **€25!**

All of the collected money goes to ESSTS and will be used for future events.

