

# From Training to Practice: Evaluating a CBIT Programme's Impact on Clinician Confidence and Service Pathways

## Authors and Affiliations

Ione Georgakis<sup>1,2</sup>, Emma McNally<sup>1</sup>, Pippa McClounan<sup>1</sup>, Edward Palmer<sup>1</sup> and Jane Platt<sup>3</sup>  
<sup>1</sup>Tourettes Action <sup>2</sup>Livewell Southwest NHS Trust <sup>3</sup>Edge Hill University



## BACKGROUND

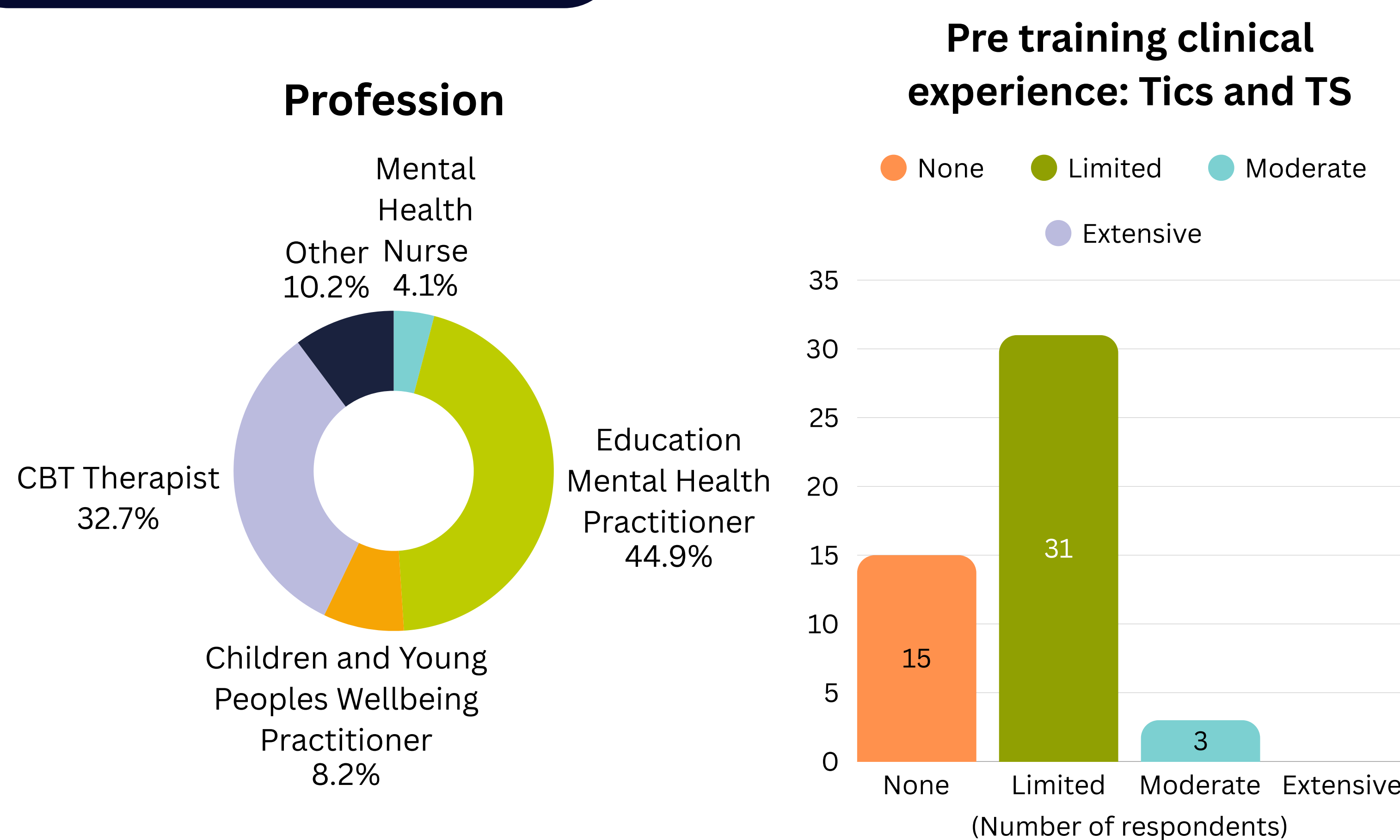
Within the UK, limited access to Comprehensive Behavioural Intervention for Tics (CBIT) remains a barrier to timely and effective treatment for tic disorders, partly due to low clinician confidence, limited training opportunities and inconsistent service provision across regions. Consequently, many individuals with tics and Tourette syndrome experience limited access to evidence-based treatment, long wait times, or are required to travel significant distances to access specialist support. To address these gaps, Tourettes Action developed a structured CBIT training programme designed to improve clinician knowledge, confidence, and readiness to deliver evidence-based tic assessment and intervention within primary and secondary mental health services.

## METHODS

A two day CBIT training programme was developed and delivered to Senior Wellbeing Practitioners for Children and Young People PGDip and clinical supervisors at Edge Hill University.

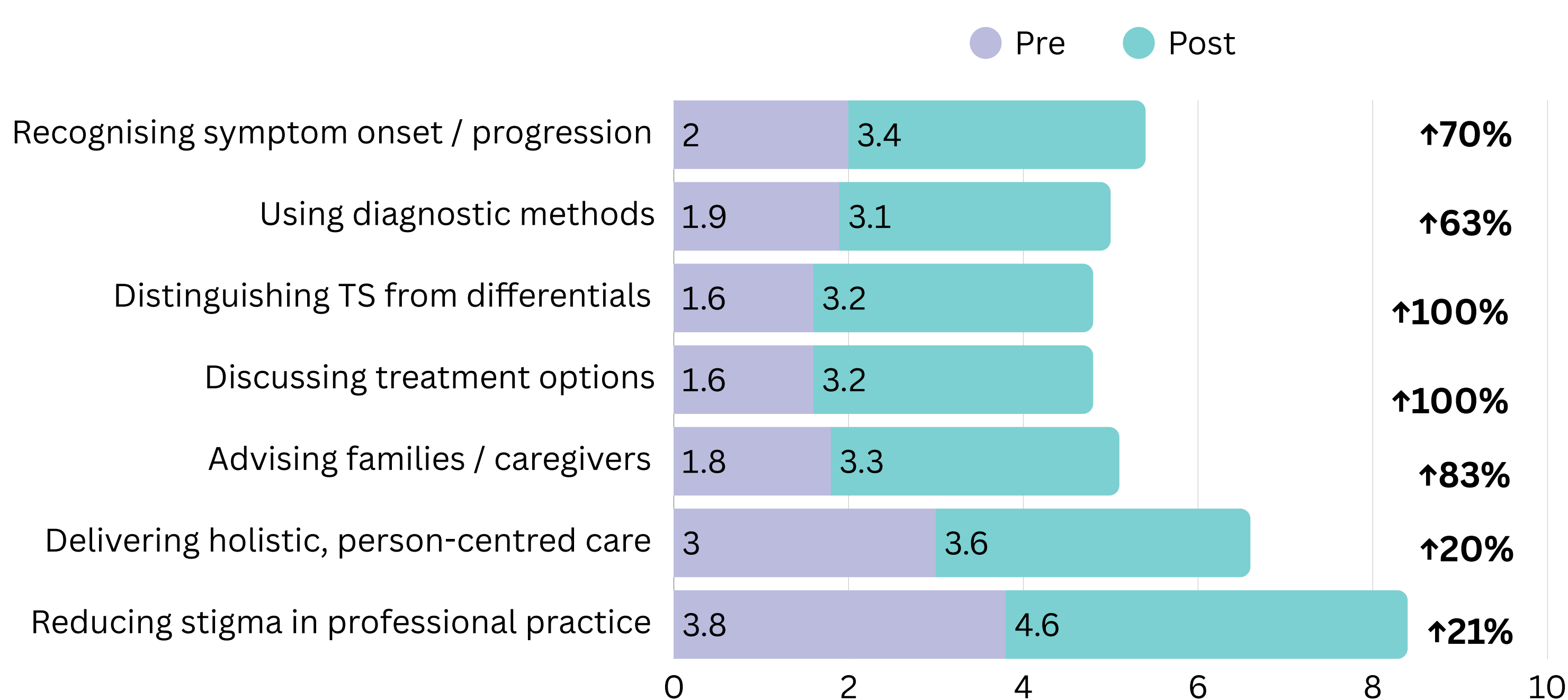
The programme was designed and delivered by Tourettes Action employee, a CBIT-certified Occupational Therapist with lived experience. Pre and Post confidence scores and long term follow up feedback was gathered via a mixed-methods online survey.

## RESULTS

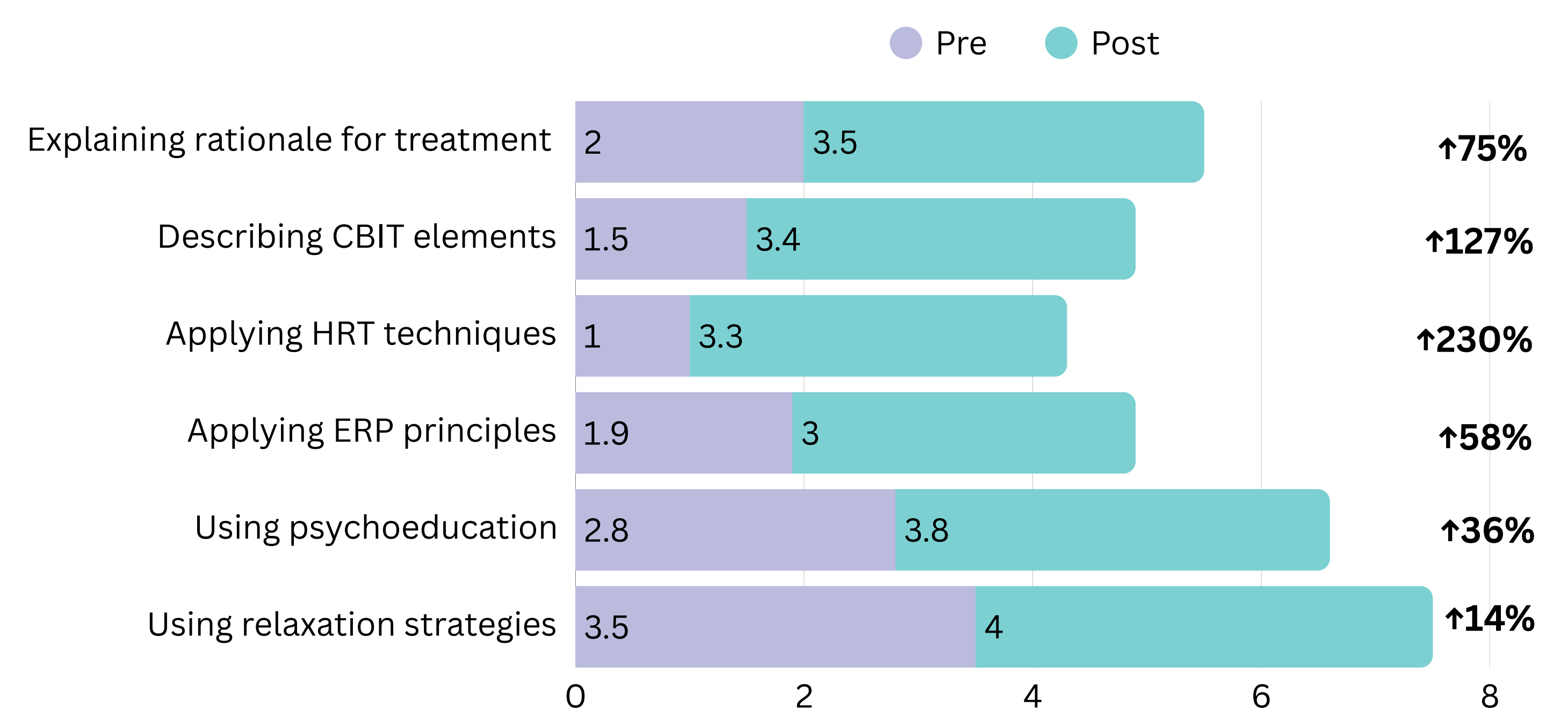


Training Delivery Format	
<b>Day 1: 5 Hours Online</b>	Delivered to students and supervisors; Focused on tic assessment, co-occurring features and differential diagnosis.
<b>Day 2: 5 hours Face-to-face</b>	Delivered to students only and focused on therapeutic interventions including CBIT, Habit Reversal Training (HRT), Psychoeducation, and Exposure and Response Prevention (ERP), alongside practical clinical activities.
<b>Pre, post-and 6 month follow-up</b>	Self-rated confidence scores were collected via mixed method online surveys. Qualitative data from open-ended responses were analysed thematically.

Mean Confidence Scores Day 1 (n=41)



Mean Confidence Scores Day 2 (n=20)



Qualitative survey analysis (n=61)

Specialist Expertise & Lived Experience	Improved Clinical Understanding	Demand for Further Training
<ul style="list-style-type: none"> <li>Expertise valued</li> <li>Lived experience enhanced learning</li> <li>Real-world examples and case studies</li> </ul>	<ul style="list-style-type: none"> <li>Better understanding of tics</li> <li>Differential diagnosis</li> <li>CBIT and alternative interventions</li> </ul>	<ul style="list-style-type: none"> <li>Longer sessions requested</li> <li>More discussion time</li> <li>Practical skill development</li> </ul>
<ul style="list-style-type: none"> <li>"The knowledge, skill and expertise of the presenters."</li> <li>"Videos and your own experiences."</li> <li>"Very engaging and insightful."</li> <li>"Accessible teaching approach"</li> </ul>	<ul style="list-style-type: none"> <li>"Greater understanding of TS."</li> <li>"Comorbidities and overlap with mental health and neurodevelopmental conditions."</li> <li>"Difference between tics and functional tics."</li> </ul>	<ul style="list-style-type: none"> <li>"A lot of information."</li> <li>"More time for activities."</li> <li>"Would benefit from longer training."</li> <li>"More time on ERP would be helpful"</li> </ul>

6 Month follow up (n=11)

55% applied CBIT strategies - those who did not had not had opportunities	64% supported at least one individual with tics	73% shared learning and contributed to tic service development discussions
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## CONCLUSIONS

This evaluation demonstrates that a blended CBIT training programme improves clinician confidence and implementation readiness, with early evidence of sustained application. Training may also act as a catalyst for service-level change, supporting development of referral pathways and more inclusive access to care. Programme expansion to a three-day model is planned to support advanced skill consolidation.