

NHS

**Great Ormond Street
Hospital for Children**
NHS Foundation Trust

Psychological interventions for tics

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Plan

- Discuss views of children and parents with tics
- European clinical guidelines on psychological interventions for Tourette syndrome and other tic disorders
- Psychological treatments for tics
 - Psychoeducation
 - Behavioural interventions for tics
 - Habit Reversal Therapy/Comprehensive Behavioural Intervention for Tics
 - Exposure and Response Prevention

Perceptions of treatment for tics

- Online survey with parents and individual interviews with young people in UK (Cuenca et al, 2015)
 - N= 295 parents
 - N= 42 interviews with young people
- **Medication common**
- 54.8% young people interviewed had taken medication for tics (median 1, range 1-5)
- 54.7% of parents in survey mentioned that their child had taken medication for tics
- **Access to behavioural interventions for tics was limited**
- 19.0% young people interviewed had received some form of behavioural treatment for tics
- 25.9 % of parents in survey

Need for access to informed and expert care:

'Perceived lack of understanding of TS among health professionals'

- Health professionals have insufficient knowledge to recognise TS
- Professionals have limited training in providing adequate treatment
- Children had to attend different health services to receive treatment for tics because many of the services they visited had a poor understanding of their condition.

"...most of the places we have been to about my Tourettes like it seems like no one actually knows about it, like we know more than them... when we go there they usually ask us about it more than we ask them"

‘Accessing or maintaining care’

Difficulties in receiving specialist treatment:

- Delays
- Cancellations
- Insufficient funding
- little or no information about TS and tics from their health professionals

‘Importance of receiving informed specialist care’

Young people who had received specialist advice spoke about:

- *feeling understood and more confident*
- *considered that knowledgeable health professionals could help them to better understand their condition.*

Medication

- ***‘Concerns and limitations about taking medication for tics’***
 - Adverse effects or limited impact: Young people reported side effects (e.g. drowsiness, tiredness, weight gain)
 - Parents’ shared young people’s concerns regarding adverse effects of medication.
 - 46% of parents felt that the drug had mod or severe adverse effects.
- **‘Positive experiences of medication for tics’**
 - Positive effects were noted amongst young people in relation to gaining more control over tics

Positive experiences and perceptions of Behavioural interventions

'BI are a 'natural' intervention that could be incorporated into daily life'

'Positive experiences of behavioural interventions for tics'

"...it took me a while but now it works more... I don't have to think oh I must bite my lip I just do it without thinking, but at the time I was just like oh this isn't going to work but it got better."

'Perceived potential helpfulness of behavioural interventions for tics'

Seems to involve learning and practising behaviours similar to those they have used to control their tics

Negative experiences and perceived challenges

'Negative experiences'

Some young people felt that it was difficult to execute competing responses for motor or vocal tics or in one case that this led to a substitution of tics

'Perceived potential challenges of behavioural interventions for tics from those who have not accessed these'

Take long, considerable effort from their part or much support from others

Key findings

- Young people with TS and parents have had difficulties getting a diagnosis of TS and appropriate information
- Most parents would like behavioural tic treatments for their child (76% of parents in survey)
- There is limited availability of behavioural tic treatments
- Results of the parent survey and the interviews with young people suggest that many children may not receive sufficient “dose” of behavioural intervention (>5 sessions)
- Young people hold positive perceptions of behavioural tic treatments as ‘natural’ interventions
- Young people who hold negative perceptions of behavioural interventions seem linked to the motivation and effort needed to practise the treatment, rather than to adverse effects

What do patients know and prefer? USA

Woods et al (2010). Behavior therapy for TS: utilization in a community sample and an emerging area of practice for psychologists

- Survey among 672 TS adults and 740 parents of TS children
- 83% of TS adults and 76% of TS children had not received BT
 - A lack of knowledge of what BT is and where to find this treatment
 - A lack of trained therapists
 - Concerns of negative effects of BT, such as rebound following suppression and development of new tics (misconceptions)



What do patients prefer and get?

Verdellen & Van de Griendt (2014)

Survey among Dutch TS adults (n=55) and parents of TS children (n=88)

74% (n=41) of adults and 84% (n=74) of children received treatment for tics.

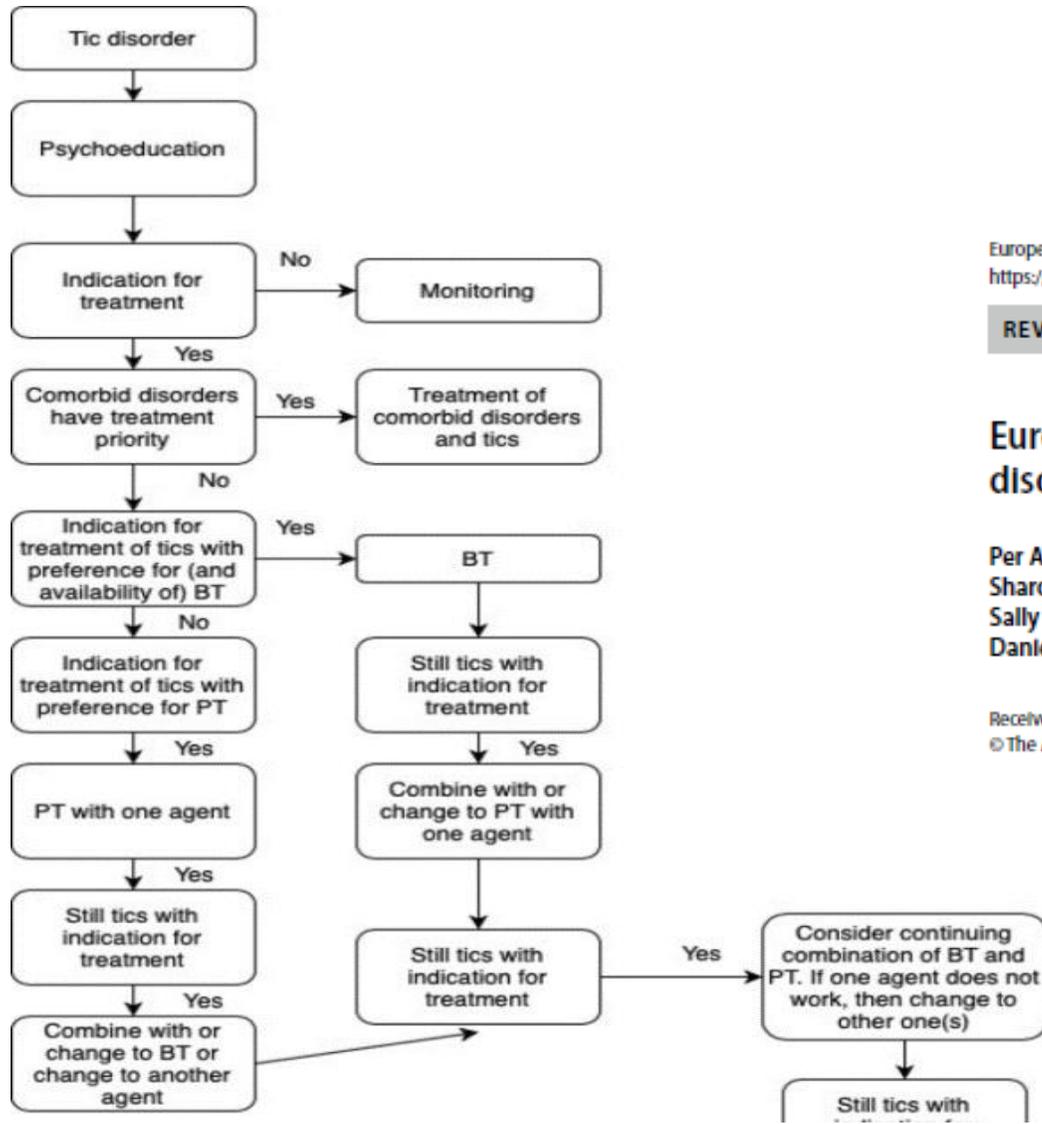
	What do you want?	What do you get?
Children	Behavior therapy (76%) Medication (11%)	Behavior therapy (41%) Medication (49%)
Adults	Behavior therapy (54%) Medication (19%)	Behavior therapy (38%) Medication (58%)



Ideas moving forward

- Increase professionals knowledge in relation to tics and TS
- Provide children and families with access to information and psychoeducation about tics
- Increase availability of behavioural tic interventions/train more professionals
- Challenge misconceptions about behavioural interventions, e.g. regarding effort, rebound or tic substitution (Scahill L et al. 2013)

European clinical guidelines for TS



European Child & Adolescent Psychiatry
<https://doi.org/10.1007/s00787-021-01845-z>

REVIEW



European clinical guidelines for Tourette syndrome and other tic disorders—version 2.0. Part II: psychological interventions

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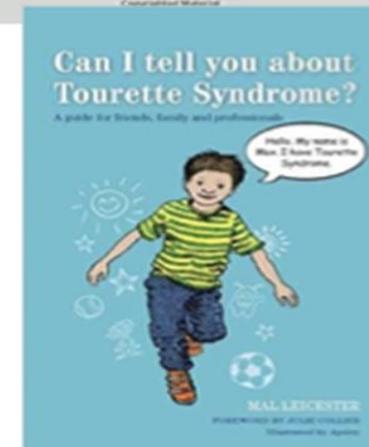
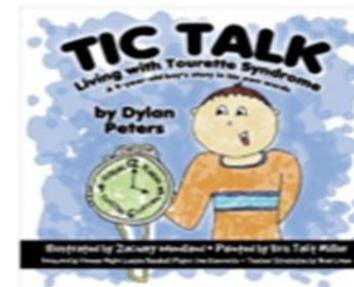
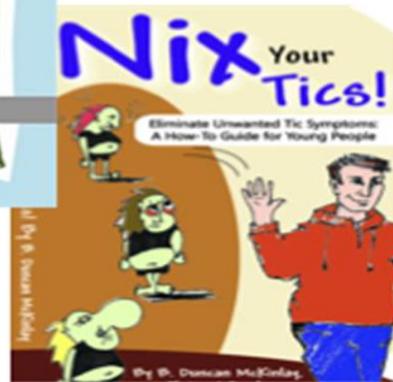
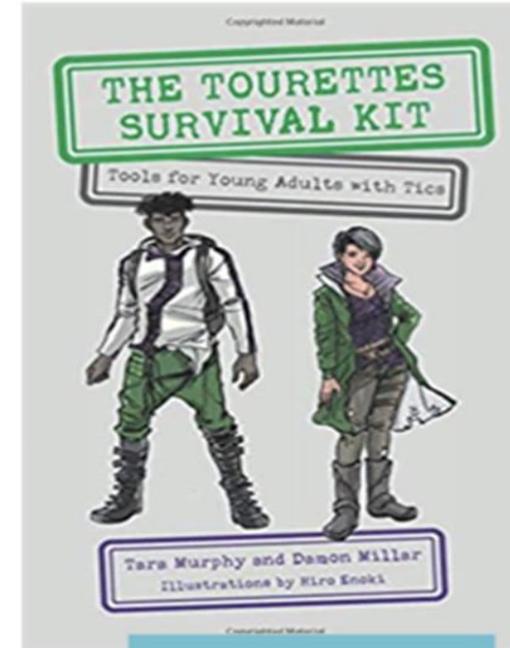
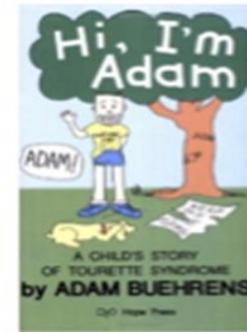
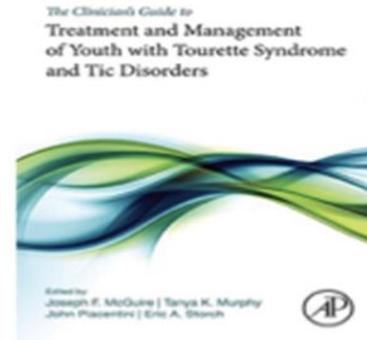
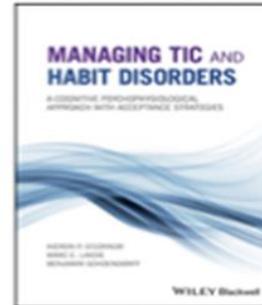
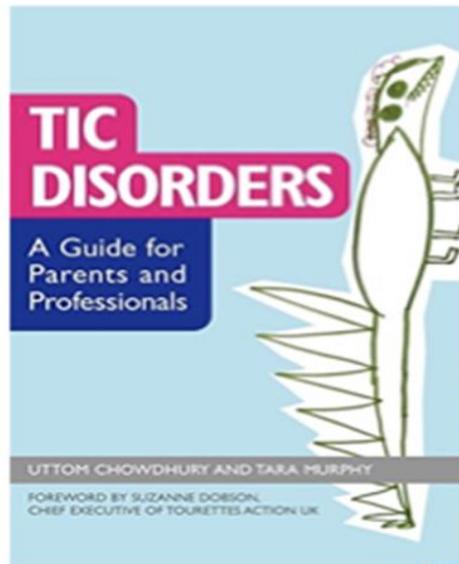
First steps in CAMHS input

- Comprehensive CAMH assessment and diagnose tic disorder and other co-occurring disorders if present
- Provide psychoeducation about tics to young people and families
- Offer treatment of co-occurring disorders

Direct to appropriate self-help resources and organisations (e.g. Tourettes Action)

Forms of PE

Bibliotherapy



Psychoeducation through focused meetings & direct teaching at school



Child and Adolescent
Mental Health



Original Article

Does it help to talk about tics? An evaluation of a classroom presentation about Tourette syndrome

Claire Nussey , Nancy Pistrang, Tara Murphy

First published: 09 October 2012 | <https://doi.org/10.1111/camh.12000> | Cited by: 11

[Read the full text >](#)



PDF



TOOLS



SHARE

Abstract

Background

Tourette syndrome (TS) is a poorly understood condition characterised by motor and vocal tics. It may affect children's social functioning at school. This study examined the impact of a psychoeducational intervention (classroom presentation) from multiple perspectives.

Forms of PE

- Documentaries

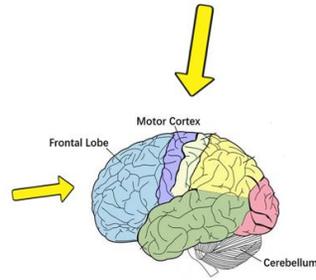
The screenshot shows the website for the Tourette Association of America. At the top, there are social media icons for Facebook, Instagram, Twitter, YouTube, and LinkedIn, along with a search bar and a 'DONATE' button. Below this is a navigation menu with links for 'ABOUT TOURETTE', 'RESEARCH & MEDICAL', 'RESOURCES & SUPPORT', 'GET INVOLVED', 'ABOUT US', and 'BLOG'. A breadcrumb trail reads 'Home > About Tourette > I Have Tourette's, But Tourette's Doesn't Have Me'. On the left, a vertical menu lists categories: 'WHAT IS TOURETTE', 'DIAGNOSIS', 'FIND A PROVIDER', 'TREATMENT', 'FAQS', 'LIVING WITH TOURETTE SYNDROME', 'BRAIN BANK', 'ESPAÑOL', and 'CONTACT US'. A blue button labeled 'ABOUT TOURETTE BLOG' is at the bottom of this menu. The main content area features a large green banner with the text 'I Have Tourette's, But Tourette's Doesn't Have Me' and a yellow hand graphic with the same text. Below the banner is a video player showing a young boy with the text 'I have Tourette's, But Tourette's Doesn't Have Me' overlaid.



Psychoeducation: What we offer to families

- Information about tic disorder is shared with the child and their family verbally at assessment.
- Parents are informed about sources of psychoeducation and support
- Children and their parents are offered the opportunity to attend a psychoeducation group

Where
tics
come
from?



Now write your own ...

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If you would like any more information about Tourette syndrome, you can visit:
<https://www.gosh.nhs.uk/medical-information/search-medicalconditions/tourettesyndrome/tourettesyndrome-information-pack>

Remote Tourette's syndrome psychoeducation session

- 120 minute remote session for young people and their families

Run monthly (primary and secondary ages)

- 10-12 families invited

Aim to make it as interactive as possible

You can use some of these ideas too.....

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I have Tourette syndrome. This is a medical condition which means I make noises and movements that I can't help. I'm sorry if my tics cause you any offence. I would be grateful for your understanding and empathy. If you would like any more information about Tourette syndrome, you can visit:
<https://www.gosh.nhs.uk/medical-information/search-medicalconditions/tourettesyndrome/tourettesyndrome-information-pack>



Welcome to ...

The GOSH
TIPS 4 TICS
Group

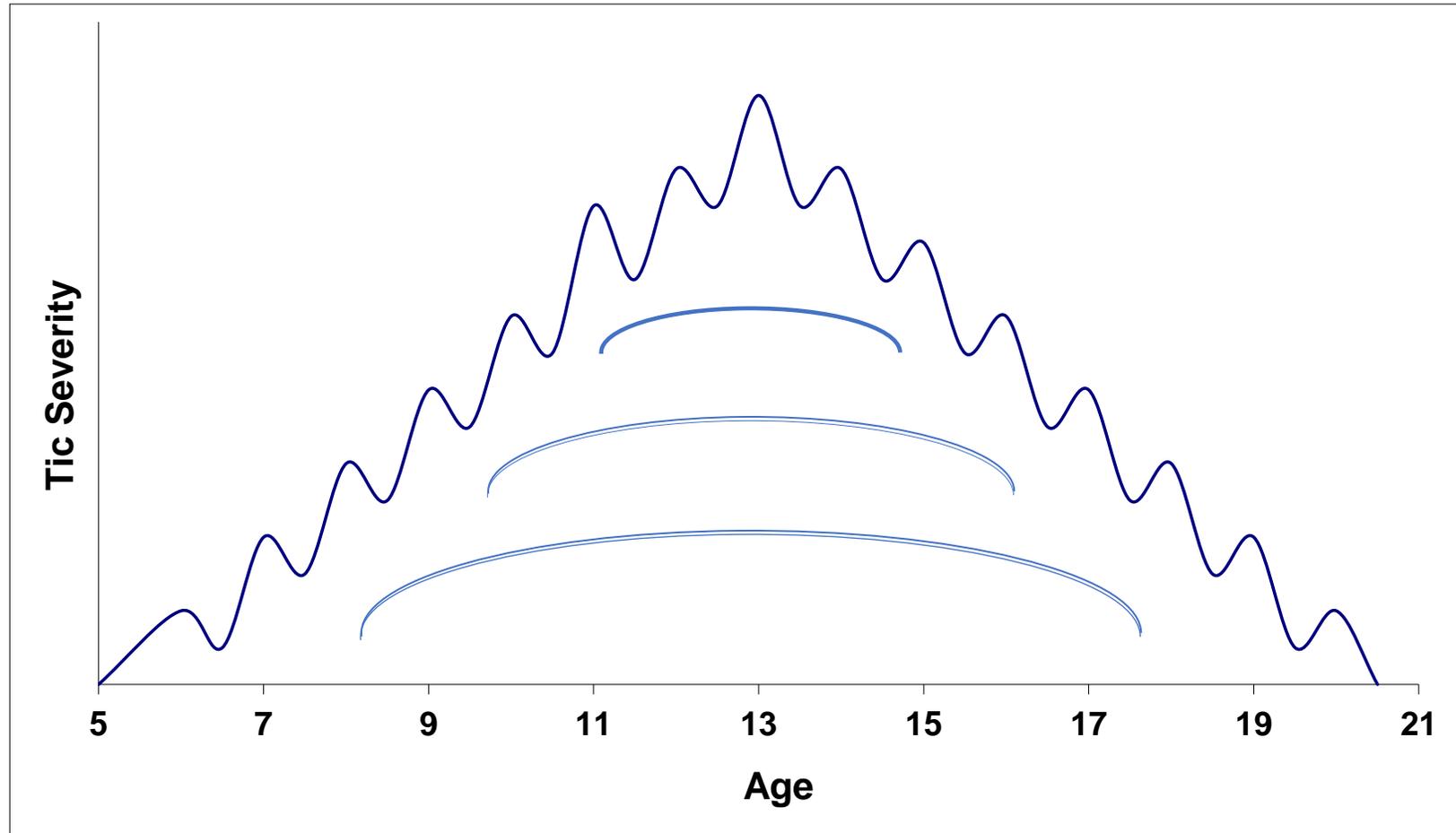
Content of the group



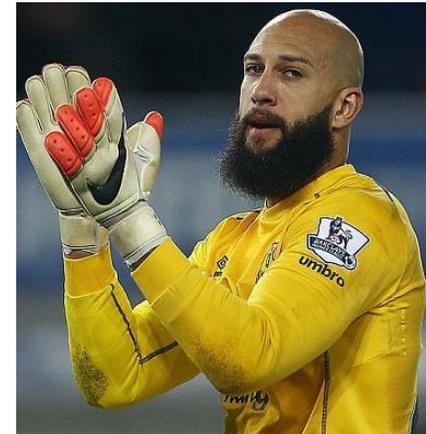
- providing information about tics
- supporting young people and parents to feel confident in talking about tics
- promoting resilience and discussing positive role models with tics
- answering young people and parents' questions

Example of info from the group

For lots of people (not everyone) tics will follow this pattern.....



Stars in their field ✓ Got tics ✓



Key strategies



- Educate everyone
- Practice your 'I have tics phrases'
- Remind everyone: ignore and avoid commenting on tics
- Get smart on seating

You can use some of these ideas too.....



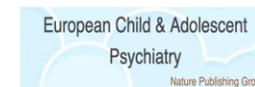
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<https://www.gosh.nhs.uk/medical-information/search-medicalconditions/tourettesyndrome/tourettesyndrome-information-pack>

Behavioural interventions for tics

When psychoeducation alone is insufficient, then behavioural tic treatments are recommended as first line interventions:

- Comprehensive Behavioural Intervention for Tics (HRT)
- Exposure and Response Prevention



European clinical guidelines for Tourette syndrome and other tic disorders—version 2.0. Part II: psychological interventions

Per Andréén, Ewgeni Jakubovski, [...], and Cara Verdellen

[Additional article information](#)

Associated Data

[Supplementary Materials](#)

Abstract

Part II of the European clinical guidelines for Tourette syndrome and other tic disorders (ECAP journal, 2011) provides updated information and recommendations for psychological interventions for individuals with tic disorders, created by a working group of the European Society for the Study of Tourette Syndrome (ESSTS). A systematic literature search was conducted to obtain original studies of psychological interventions for tic disorders, published since the initial European clinical guidelines were issued. Relevant studies were identified using computerized searches of the MEDLINE and PsycINFO databases for the years 2011–2019 and a manual search for the years 2019–2021. Based on clinical consensus, psychoeducation is recommended as an initial intervention regardless

of symptom severity. According to a systematic literature search, most evidence was found for *Habit Reversal Training* (HRT), primarily the expanded package *Comprehensive Behavioral Intervention for Tics* (CBIT). Evidence was also found for *Exposure and Response Prevention* (ERP), but to a lesser degree of certainty than HRT/CBIT due to fewer studies. Currently, cognitive interventions and third-wave interventions are not recommended as stand-alone treatments for tic disorders. Several novel treatment delivery formats are currently being evaluated, of which videoconference delivery of HRT/CBIT has the most evidence to date. To summarize, when psychoeducation alone is insufficient, both HRT/CBIT and ERP are recommended as first-line interventions for tic disorders. As part of the development of the clinical guidelines, a survey is reported from

Behavioural tic treatments

The rationale for using BT for treating tic disorders is based on the fact that tics can be suppressed for various lengths of time. Factors that can influence tics include:

- Premonitory urges (tic alerts)
- internal (e.g. emotional) states
- environmental factors (e.g. specific situations or activities, stress-inducers, social reactions)

The goal of behavioural therapies is to provide tic-specific behavioural techniques to enhance self-control and decrease factors that worsen or maintain tics.

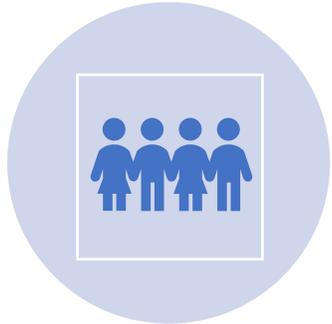
Who provides behavioural tic treatments:

- Often these are provided by clinical psychologists and CBT therapists with expertise in behavioural interventions in CAMHS teams or specialist services

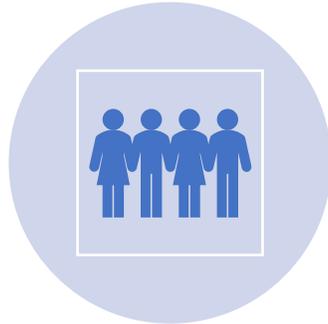
What do they involve:

- 8 or more sessions have been recommended for CBIT
- 12 for exposure and response prevention (ER)

What we currently offer?



ONLINE
PSYCHOEDUCATION
GROUPS



ONLINE EXPOSURE WITH
RESPONSE PREVENTION
GROUPS



INDIVIDUAL CBIT/HRT
OR ERP FOR TICS IN
PERSON OR ONLINE



CONSULTATION WITH
LOCAL THERAPIST
DELIVERING
BEHAVIOURAL TIC
TREATMENTS

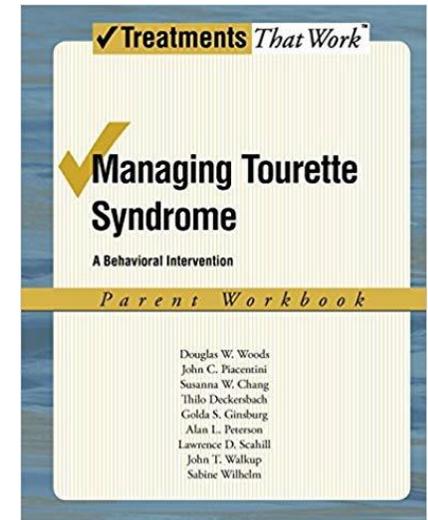
Which children are they suited to?

- Children who are bothered by their tics and want to learn strategies to gain greater control over them
- Children and families who will be able to engage in the practice tasks
- Children with classic tics (limited evidence re usefulness for children with functional tics)

Behavioural tic treatment manuals

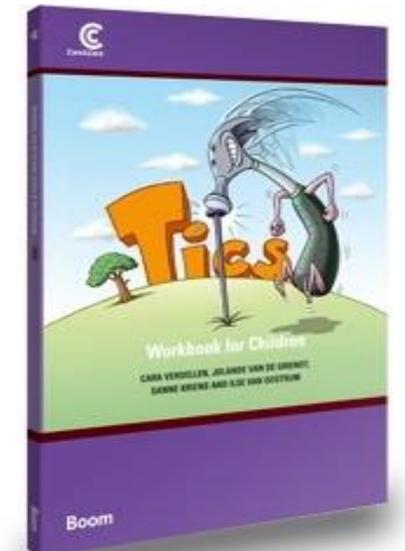
Managing Tourette Syndrome: A Behavioral Intervention for Children and Adults Therapist Guide

Douglas W Woods, John Piacentini, Susanna Chang, Thilo Deckersbach, Golda Ginsburg, Alan Peterson, Lawrence D Scahill, John T Walkup, and Sabine Wilhelm



Tics - Therapist Manual & Workbook for Children. English edition.

Cara Verdellen, Jolande van de Griendt, Sanne Kriens, Ilse van Oostrum



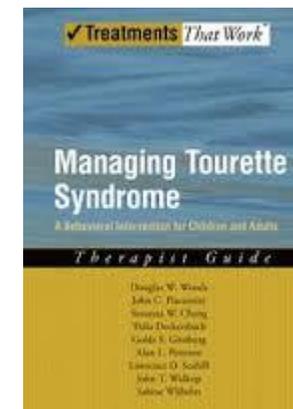
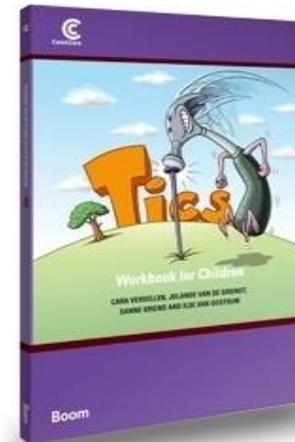
Habit Reversal Training (HRT)

● Theory:

- Awareness of the tic
- Incompatible response to interrupt or prevent the tic

● Intervention: multi-component (Azrin & Nunn, 1973; CBIT Woods et al., 2008)

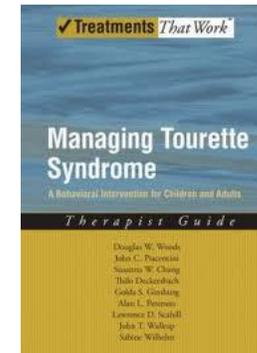
- Awareness training
- Training the incompatible response
- Relaxation training
- Social support
- Generalisation



Does HRT work?

● Several Randomized Controlled Trials:

- HRT > Wait List (WL), Massed Practice (MP), Supportive Therapy (SP)
 - Azrin & Peterson, 1990 (WL; N=10)
 - Azrin, Nunn, & Frantz, 1980 (MP; N=22)
 - Wilhelm ea, 2003 (ST: N=32)
 - Deckersbach ea, 2006 (ST: N=30)
 - Piacentini, Woods ea, 2010 (CBIT-ST: N=124)
 - Wilhelm, Peterson ea, 2012 (CBIT-ST: N=122)
- HRT = HRT + Cognitive Behavioural Treatment (CBT)
 - O'Connor, Gareau, & Borgeat, 1997 (N=14)
- HRT = HRT + Acceptance and Commitment Therapy (ACT)
 - Franklin, Best, & Wilson, 2011 (N=13)

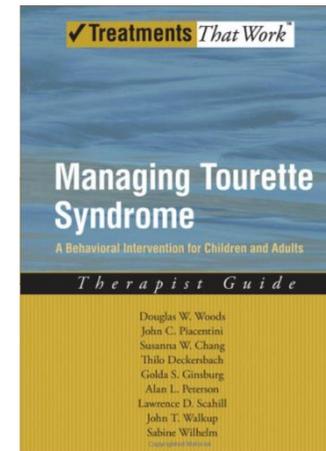
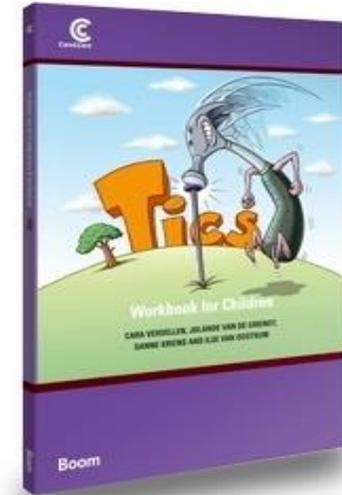


Does HRT work?

- HRT = Exposure and response prevention (ERP)
 - Verdellen, Keijsers, Cath, & Hoogduin, 2004 (N=43)
- Group HRT > PsychoEducation (PE)
 - Yates, Edwards, King, Luzon, Evangeli, Stark, McFarlane, Heyman, Ince, Kodric & Murphy, 2016 (N=33)
- Behaviour Therapy (BT) > PE
 - Rizzo, Pellico, Silvestri, Chiarotti & Cardona, 2018 (N=110)
- Group HRT/ ERP = individual HRT/ERP
 - Nissen, Kaergaard, Laursen, Parner & Thomsen, 2019 (N=59)

Comprehensive Behavioural Intervention for tics / Habit Reversal Training

- Tic Description
- Awareness Training
- Competing Response Training
- Social Support
- Functional analyses
- Motivational strategies



Make a Tic Hierarchy

- Use the YGTSS list of tics
- Select the **most bothersome** tic from the list
- Understand why it is bothersome to the patient



Tic Description

➤ Purpose

- Ensure therapist and patient are clear on the tic
- **Process**

Get the patient to describe the tic in a high level of detail

Where is the urge?

What happens first?

Then what happens?

Have we missed anything?



Tic Detection

- Therapist simulated practice (if necessary)
- Client practice
 - Client tics → client acknowledges → Praise client
 - Client tics → client doesn't acknowledge → prompt
 - Continue until at least 80% correct
- Have client simulate tics if s/he is not ticcing
- Practice these procedures following the urge



Competing Response Training

➤ Purpose

- A behaviour to do that is physically incompatible with the tic or that allows the person to do something while they do not tic

➤ Three techniques

- Choosing the Tic blocker
- Therapist tries competing response
- Patient practices competing response to mastery

Choosing the Tic Blocker

➤ 5 Rules -

1. **Incompatible** w/ tic
2. **Less socially** noticeable than the tic
3. Patient can **do CR almost** anywhere
4. **Maintain** CR for longer than one minute
5. Use **no props** ('naked in the desert')



- ## ➤ **Choosing a TB should be a decision b/w patient and therapist**



Tic Blocker for Motor tics

SHOULDER-
JERKING



SHOULDERS
DEPRESSED

HEAD-
SHAKING



TENSING
NECK

SHOULDER-
JERKING
ELBOW-
FLAPPING



SHOULDERS AND
HANDS PRESSURE

HEAD-
JERKING



TENSING
NECK

Vocal tics

Sounds



Breath in and out through the nose without a pause

Whistle

Swallow

Sniffing



Breath in and out through the mouth without a pause

Cursing



her

Breath in and out through the nose without a pause; hold lips tight

Therapist demonstrates tic blocker

- Therapist demonstrates action to patient
- Patient correctly implements to mastery
 - Contingent on tic urge or warning sign
 - Held for 1 min or until urge goes away, whichever is longer



Patient Practices

- Have patient demonstrate tic blocker and provide corrective feedback
- Have patient practice implementing tic blocker contingent on actual tic (or simulated tic)
- Therapist should prompt and praise as appropriate

Helpful tips

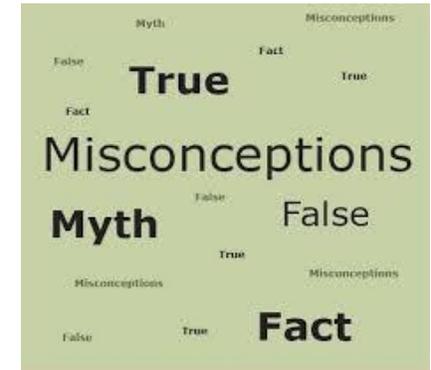
- Work towards generalisation: go to park; visit a shop; play games in session; read a book; look at the computer
- Build a hierarchy of places where the child is motivated to control their tics.
- Start with the easiest places and work through the hierarchy
- Train the parent as you train the child
- Listen to the patient and hear what they find works well for them
- Eye tics are hard to treat

Concerns about HRT?

- Onset of new tics HRT / PS
 - 1.25 new tics in each group
- Adverse outcomes
 - No difference between groups
- Worsening of co-occurring conditions
 - No difference at EoT, CBITs fewer symptoms at 6 months (Peterson et al, 2016; Behavior Therapy)
- Patient groups concerns around 'tic suppression'

BT is for mild tics only

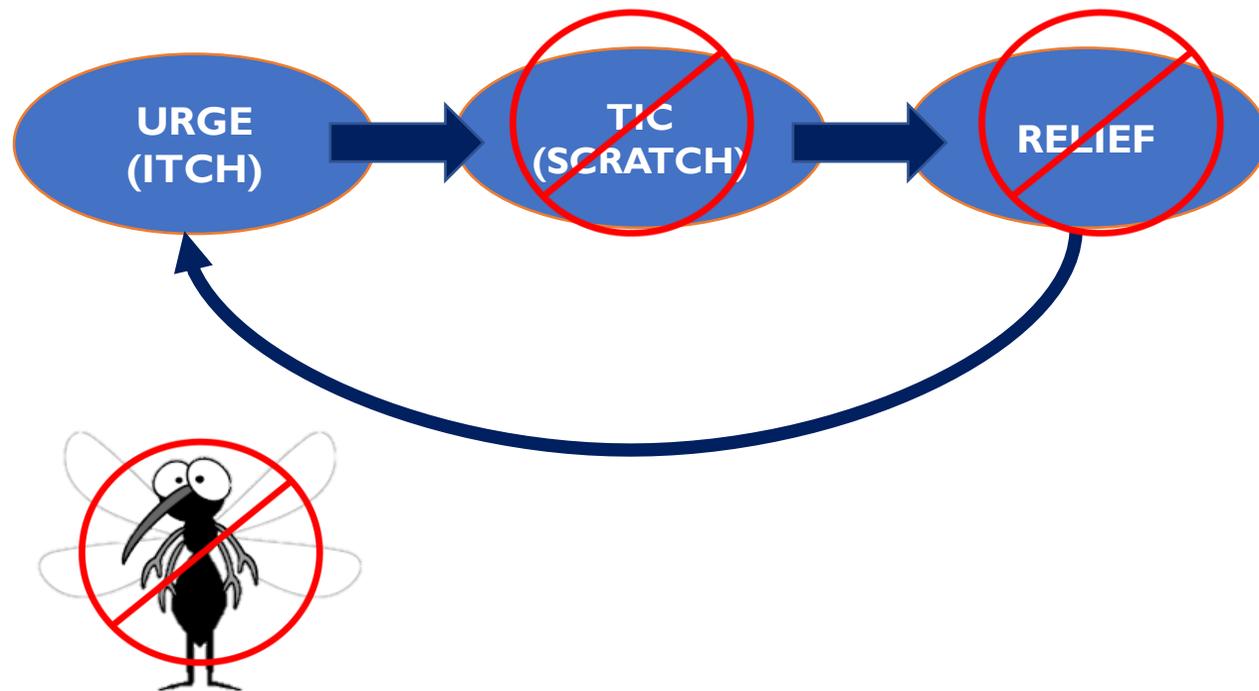
Success is reported in mild and severe tics/TS cases
(Piacentini et al., 2010; Verdellen et al., 2004; Wilhelm et al., 2012)



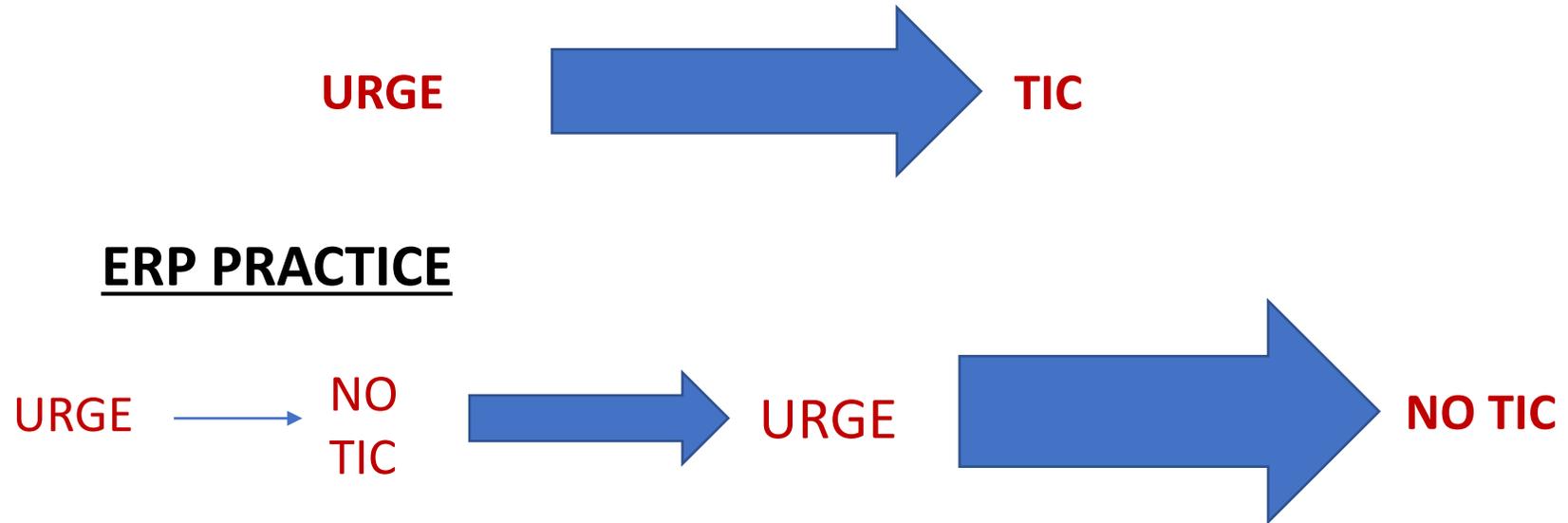
What is exposure and response prevention

- Young person is exposed to their tic-alert (premonitory urge) whilst controlling their tics
- They practice not ticcing when they have the urge to tic in sessions and at home with parents
- As they become more skilled at ERP this is made increasingly challenging through introducing tic triggers

ERP: The cycle of tics



Inhibitory learning



Video of ERP



What we cover in the ERP group

- Recap on psychoeducation about tics
- Explain exposure and response prevention
- Provide opportunities to practice
- Support young people to practise with their parents at home
- Build motivation and confidence in regards to tic practice.
- Increase a young person's ability to control tics when exposed to 'tic triggers' that make them want to tic

ERP: Set goals



Goal-based Outcome Record Sheet
START of group

Patient Name _____ Date _____

Completed by young person/parent/family (delete as appropriate) Clinician _____

In coming to this service, what are some of the problems you want help with or goals you want to achieve?
On a scale from zero to ten, please circle the number that best describes how close you are to reaching your goal today. Zero is as far away from your goal as you have ever been and ten is having reached your goal completely.

Goal number 1:

Goal not met at all Half way to reaching this goal ~~Goal~~ reached

0 1 2 3 4 5 6 7 8 9 10

Goal number 2:

Goal not met at all Half way to reaching this goal ~~Goal~~ reached

0 1 2 3 4 5 6 7 8 9 10

Goal number 3:

Goal not met at all Half way to reaching this goal ~~Goal~~ reached

0 1 2 3 4 5 6 7 8 9 10

Goals

Better control tics

Increase confidence
about tics

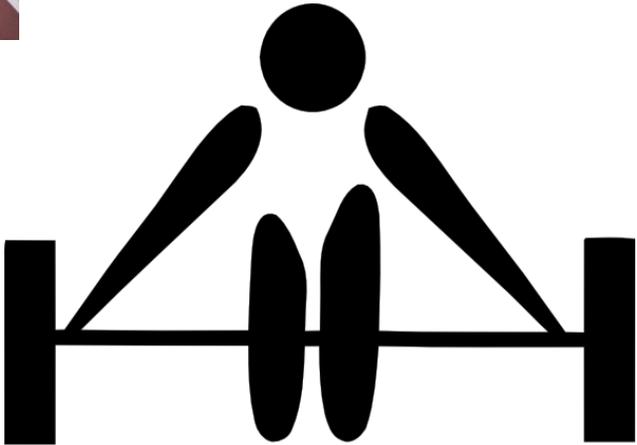
To be able to control
tics in a certain
situation (e.g. in
school or when
playing football)

ERP: Discuss aims and possible outcomes

- Over the next few sessions we will teach you the skills to manage tics when you want.
- Evidence has shown that this approach helps to reduce tics by up to 40-50% when young people do lots of practice. Like any skill this takes practice but don't worry we will call you to help you build your skills



Help young people understand that learning ERP requires practice



MYTHBUSTING



- If I control tics then they rebound and get worse when I stop controlling



- If I control tics then new tics will come in their place



- ERP only works for mild tics



Practicing response prevention



TRY AND STOP ALL YOUR TICS

**IF YOU EXPRESS THE SAME
TIC 3x IN A ROW:**

**FOCUS ON ONLY THAT TIC
UNTIL YOU CAN CONTROL IT
FOR 5 MINS THEN GO BACK TO
CONTROLLING ALL TICS**



<https://www.timeanddate.com/stopwatch/>

Exposure and Response Prevention

- The key ingredient in ERP is **tolerating the urge** while you **control your tics**.
- **With practice this will get easier**
- **We are going to get you to make the tic alert (also known as the urge) really strong until you get used to the feeling without ticcing**
- **We are working on all tics at the same time rather than one at a time**

A FEW IMPORTANT THINGS BEFORE WE BEGIN

- ! Acceptance is key, while tics can be a challenge they are just one aspect of your child's life
- ! The techniques which we will cover in these sessions provide additional tools for helping to manage tics during difficult times
- ! Practice is key. New skills take time to learn.
- ! Prioritise working on tics which bother your child the most
- ! You play a key role in being your child's coach



Involving parents

Have parents as co-therapists

Discuss and support them in their role as coach and cheerleader

TEAM ERP

- Parents-how can you support your child?
- We know that ERP is hard work and requires practice, but we are here to help you



HOW DID LAST WEEKS PRACTICE GO?

- ? Any personal records broken?
- ? What went well?
- ? Anything that was hard?



HOW YOU CAN KEEP YOUR CHILD MOTIVATED

- ✓ Link practice to their future goals regarding tics e.g if you practice now you will find it easier when answering a question in class
- ✓ Use lots of praise and encouragement – remember it is really difficult
- ✓ Don't force your child to practice – negotiate times for tic practice
- ✓ If you spot your child practising at other times, point this out to them subtly and show them that you are proud of them
- ✓ Consider the use of rewards or things which may motivate your young person



Tic Triggers

- What have you noticed makes your tics less or more frequent?
- Any surprises?
- Can you rank the triggers ?
- Discuss in small groups what makes the tic signal stronger.

Some of
the most
common
TIC
triggers
are...



TV/Video games



At home
after school



Doing
homework



In the classroom



In public places



Playing sport



In the car



Anticipation/
nerves



At meal time



Going to sleep

EXAMPLE OF A TIC TRIGGERS LADDER?



5. ERP whilst in a lesson I find difficult

4. ERP in a noisy place whilst talking about tics

3. ERP whilst others are ticing or acting out tics

2. ERP whilst talking about my tic urges

1. Practising ERP without talking



NHS

Great Ormond Street
Hospital for Children

NHS Foundation Trust

Involving children

NEXT LEVEL CHALLENGE...

★ Practice ERP in breakout rooms



- Getting inventive when increasing the level of difficulty. Some things we have tried:
 - Children in group/therapist acting or saying a tic whilst the child resists
 - Using a mirror. Having self view off or on using this zoom function
 - Answering times tables
 - Playing guitar whilst on zoom with others listening

Involving children



PRAISE AND ENCOURAGEMENT



SURPRISE THEM-WHAT DID THEY
THINK THEY WOULD BE ABLE TO
DO AND WHAT COULD THEY DO



PRAISE MUTUAL SUPPORT



PREPARE FOR PERSONAL BEST
TIMES TO DROP DURING PERIODS
WHEN TICS ARE AT A PEAK OR
WHEN INCREASING THE LEVEL OF
DIFFICULTY

ERP in triggering situation



Why have we been offering ERP in groups

ERP addresses multiple tics simultaneously in contrast to HRT/CBITs, which treat one tic one at a time.

- Those accessing our clinic tend to present with more severe symptoms and multiple varied tics.
- Treatment effects of ERP for tics are comparable to that of HRT (Verdellen et al., 2004)

Why group format?

- to access as many children as possible.
- Opportunities for children with tics to meet and work with other children
- There is preliminary evidence that ERP can be effective in a group format (Heijerman-Holtgreffe et al. 2020)
- Own pilot data showed high attendance rate and positive outcome

Problem solving

Child doesn't seem as engaged in behavioural tic treatment?

Questions to think about:

- Are tics bothering the child at present?
- Do they understand the approach?
- Who are the tics a problem for?
- How is practice going in sessions and at home?
- Is it currently a challenging period for tics?
- Are they having challenges in engaging due to mode of delivery (group/online)?
- Are other challenges more of a priority?

Training opportunities



Psychoeducation Day on Tourette Syndrome

FOR NHS TRUSTS AND CLINICIANS

Friday
23 September 2022
10:00 – 16:00

[CLICK HERE](#)
to register for
this course

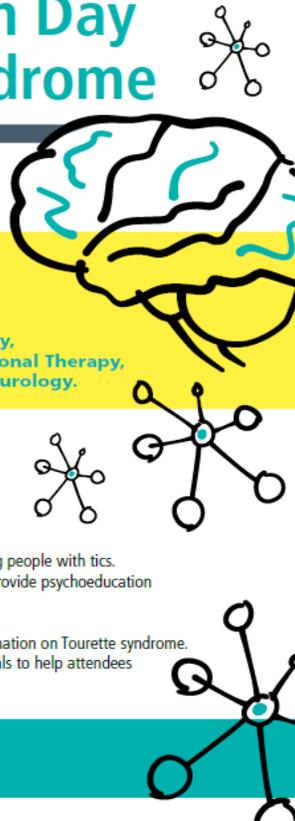
A 1-day
training course
for professionals
from disciplines
such as Psychology,
Nursing, Occupational Therapy,
Psychiatry and Neurology.

Booking information:
Per Delegate: **£150**

This training is for professionals working with children and young people with tics. The course will include a wealth of material frequently used to provide psychoeducation to young people and their families.

The course contains a review of the literature, background information on Tourette syndrome. Including symptom trajectory and management, practical materials to help attendees discuss the condition with young people and their families.

For queries, please contact:
✉ | PGME.Education@gosh.nhs.uk



Behavioural Treatment for Tics (CBIT)

FOR NHS TRUSTS

Fri/Thurs
29/30 September 2022
10:00 – 16:00

[CLICK HERE](#)
to register for
this course

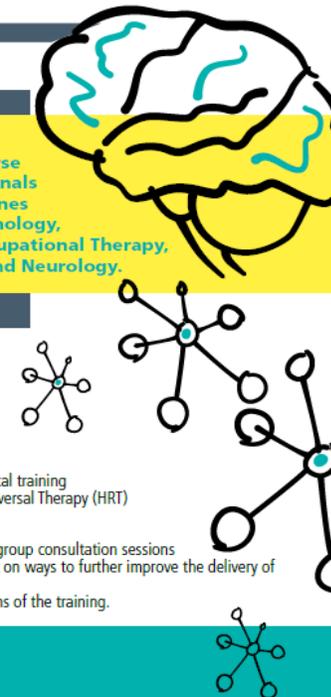
A 2-day
training course
for professionals
from disciplines
such as Psychology,
Nursing, Occupational Therapy,
Psychiatry and Neurology.

Booking information:
Per Delegate **£350**
Please enquire for bespoke team training

The course will include theoretical approaches and practical training in Exposure and Response Prevention (ERP) and Habit Reversal Therapy (HRT) as behavioral treatments for Tourette syndrome.

Included in the training is the opportunity for two online group consultation sessions where clinicians can bring cases for discussion and reflect on ways to further improve the delivery of treatment. The supervision will need to be completed within 6 months of the training.

For queries, please contact:
✉ | PGME.Education@gosh.nhs.uk



Books

For adults and professionals:

- Tic Disorders: A Guide for Parents and Professionals – Uttom Chowdhury and Tara Murphy
- Challenging Kids, Challenged Teachers: Teaching Students with Tourette's, Bipolar Disorder, Executive Dysfunction, OCD, AD/HD and More - Leslie E. Packer
- A Family's Guide to Tourette Syndrome – John T Walkup, Mink, Black et al
- An Unlikely Strength: Tourette Syndrome and the Search for Happiness in 60 Voices Paperback by Larry Barber

Books

For young people:

- I Tic – Abby Hargrove (6 yrs +)
- Can I tell you about Tourette syndrome? - Mal Leicester (recommended 9 yrs +)
- The Tourette's Survival Kit: Tools for Young Adults with Tics - Tara Murphy and Damon Millar. (15 yrs +)
- Nix your tics – B. Duncan McKinlay (15 yrs +)
- Welcome to Biscuit Land: A Year in the Life of Tourettes hero – Jessica Thom, a YouTuber with Tourette's Syndrome (adults)
- Coping with Tourette Syndrome: A Workbook for Kids with Tic Disorders – Sandra Buffolano (workbook, 10 yrs +)

Resources for Clinicians

Books

- The Clinician's Guide to Treatment and Management of Youth with Tourette Syndrome and Tic Disorders 2018 by Joseph F. McGuire et al
- Managing Tourette Syndrome: A Behavioral Intervention for Children and Adults Therapist Guide 2009 by Woods and Piacentini
- Tics - Therapist Manual & Workbook for Children by Verdellen et al 2016

Great Ormond Street Hospital Specialist clinic have drawn together a comprehensive Tourette syndrome information pack

www.gosh.nhs.uk/medical-information/search-medical-conditions/tourette-syndrome/tourette-syndrome-information-pack

Useful resources for professionals

- Join European Society for the Study of Tourette Syndrome
- Specialist list for Tourette Action / Tourette Scotland
- Sign up for the NeuroDiverse Newsletter
<https://tinyurl.com/bzd57n9f>
- TAA webinars
 - <https://tourette.org/resources/taa-webinars/>
- ACAMH podcasts
 - <https://www.acamh.org/blog/tics-and-the-pandemic/>

Websites

Tourette associations of American, Canada and the Uk-based Tourette action

<https://tourette.org/resources/overview/>

<https://tourette.ca/about-tourette-syndrome/questions-answers/>

<https://www.tourettes-action.org.uk/64-resources.html>

Thank you: Questions