ASK THE Expert

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Where is CBIT research going on?

Comprehensive Behavioral Intervention for Tics, known as CBIT, is currently testing both adults and children. The child study, which is being conducted at UCLA, University of Wisconsin at Milwaukee and Johns Hopkins is nearly completed. The adult study is ongoing at three sites: Dr. Scahill at Yale, Dr. Peterson at the University of Texas Health Science Center at San Antonio, and myself at the Massachusetts General Hospital/Harvard Medical School. We are currently recruiting participants ages 16 and older for this study. Based on our experience to date, we think that the most important components of CBIT include teaching participants to be aware of the "urge" to tic and then helping them to develop competing responses to specific tics.

What do you believe will be the impact of this treatment for people with TS?

Time will tell. Currently the most common treatment for other than mild tics is medication. Although medication can be effective in reducing tics, it rarely controls all the tics and for some people the medications have unwanted side effects and may not be helpful. So, it is clear that we need other treatment choices.

How did the TSA Behavioral Sciences get started?

The smaller studies funded by TSA conducted by each of us in the past showed that behavioral interventions may be a promising treatment method for people with TS. We were encouraged by those results, and promoted by the TSA we decided to investigate this intervention in a larger study. The CBIT studies are funded by the National Institutes of Mental Health, and will be the largest studies of this kind ever done.

Data from this research will likely provide us with more definite answers on questions regarding the efficacy of behavior therapy in TS. We recently met our enrollment goal for the child study, and have enrolled about 50% of our adult participants. When both studies are completed, TSA newsletter readers will be informed of the results.

Do you believe that in the future this treatment will become widespread? If so, when?

As I already mentioned, our smaller studies showed that CBIT could be a promising treatment for tics. As a result of these initial findings, there is already a growing interest in the clinical community to learn more about behavior therapy for tics. We are currently preparing a treatment manual in response to this clinical need. If the results of our larger studies turn out to be positive as well, I have no doubt that CBIT treatment will be used much more widely.

Do you think youngsters and adults enrolled in the two studies will respond differently to this treatment?

We will watch closely to learn whether these are all dependant differences between the groups. Clinical reports suggest that adults with persistent and troublesome TS often have a more severe form of the disorder, and one might suspect that this might make improvement more challenging. On the other hand, adults are more aware of the onset of their tics, and may also be more motivated to make use of the therapy. Although CBIT training for adults and children are similar, they also differ in important ways. For instance, in contrast to the adult treatment, for children, CBIT involves handouts that are age-appropriate. It includes a behavioral reward system, and strongly encourages active family participation. We have tried to optimize the treatment for each population. Therefore, it is possible that in the end, the results for both groups will be similar.

What is the extent of the commitment required of those who wish to participate in the study?

The study is designed to compare the benefits of CBIT to a program of Supportive Psychotherapy with eligible participants randomly assigned to receive one or the other intervention. Regardless of their assignment, at no cost, all participants will receive a diagnostic assessment and 8 individualized treatment sessions over the course of 10 weeks. Evaluation of the durability of treatment gains over a 3- and 6-month follow-up period will be done.

In the CBIT group, a therapist will help the participant learn to become more aware of the earliest signs of tics - including the specific circumstances when tics may occur and the sensations and feelings that precede a tic. In addition, the participant will learn specific movements that can be performed in order to prevent the tic(s) from reoccurring. The therapist will also help them learn relaxation techniques to reduce stress, and thereby make it easier to resist the tic urges.

The primary focus of Supportive Psychotherapy is to educate participants about tics, how they present themselves, the possible causes of their movements, the common conditions that may occur along with having their tics, and environmental factors that may affect their symptoms (e.g. family, social life, school, stress.) At the end conclusion of the Supportive Therapy program, participants will then be offered an opportunity to participate in CBIT.

In addition to the eight treatment sessions at various points during the research study, tics, compulsions, symptoms, anxiety and mood will be assessed.

Individuals interesting in participating in the study can contact one of the study coordinators listed below to learn more about the study and if interested, undergo a phone screen to determine their eligibility.

- OCD & Tic Disorders Clinic, Massachusetts General Hospital, Boston, MA; Shana Franklin, 617-724-4354; sfranklin2@partners.org.
- Yale Child Study Center, Yale University, New Haven, CT; Joe McGuire, 203-785-5805; joseph.mcguire@yale.edu.
- University of Texas Health Sciences Center, San Antonio, TX; Christin Pasker, 210-562-5411; pasker@uthscsa.edu.