

ASK THE Expert

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What is the connection between TS and difficulty managing anger for some individuals? How do the associated disorders (OCD, ADHD) contribute to some people's inability to control their anger?

Anger is one of the basic human emotions; people report that they get angry about once or twice per week, and that on average, their anger lasts about thirty minutes. Anger varies in intensity from mild annoyance to rage and fury. People express this emotion in different ways — some ways are adaptive, such as finding a solution to the problem that caused anger, and other ways are far less acceptable socially such as yelling or hitting another person. Throughout the course of our development and socialization, we all learn how to control excessive experiences and maladaptive expressions of anger. However, frequent and very intense anger, particularly when it is accompanied by yelling, pushing or throwing things, creates a problem not only for those who experience it, but also for those who are the targets of these outbursts.

Children, adolescents, and adults with TS, particularly those who seek clinical attention, often report levels of anger that are higher than in the general population. For example, in a survey of 3,500 adults with TS, anger was noted as a problem by 37 percent of the participants. Anger, aggression and obstinacy are reported by the parents of 60 percent of children with TS who seek clinical services. Due to their intensity and unpredictability in response to minimal provocation, anger outbursts in TS have been described as rage attacks or rage storms. The explosive and out-of-character nature of anger outbursts in TS resembles the characteristics of aggression noted in intermittent explosive disorder as well as with what has been described as anger attacks in depression.

Whether excessive anger is actually a part of having TS, or related to co-occurring conditions, or due to the burden of coping with a chronic illness, is not clear. Moreover, the relationship between tic

severity and anger is difficult to study due to the waxing and waning nature of tics. That said, frequent and intensive anger outbursts may prove to be a marker of more severe forms of TS. The best-documented research finding to date indicates that having ADHD in addition to TS may be contributing to disruptive behavior and anger outbursts in children with TS. Also, it may be that brain mechanisms that underlie impulse control and emotion regulation are somehow affected in TS, but these areas of research are still awaiting investigation.

Is there something that parents can do to enable their children to manage anger better? Describe the basic techniques you use to help a child learn to control anger outbursts.

There are a number of strategies parents can use to help their children control anger. One of the best-known behavioral treatments for child disruptive behavior, including anger and aggression, is called "Parent Training." This method teaches parents how to reduce the frequency and intensity of their child's outbursts. The core skills include providing positive reinforcement for appropriate behavior, communicating directions effectively, and being consistent with consequences for disruptive behaviors.

Different resources that parents and mental health professionals can use to learn about this treatment include Alan Kazdin's "Parent Management Training" (Oxford 2005) or Russell Barkley's "Defiant Children" (Guilford 1997). Parent training programs may consist of 8 to 12 weekly, one-hour sessions. About 60 percent of parents report a significant reduction in their child's disruptive behavior.

"Anger Control Training" is another type of cognitive behavioral therapy that we have evaluated in adolescents with TS who exhibit excessive anger. This involves ten weekly sessions that include education about emotion regulation, problem solving, and role-playing of appropriate behaviors that can be used in frustrating situations. For example, as part of the problem solv-

ing training, children have to identify and evaluate the consequences of various actions for themselves and for the others involved in hypothetical conflicts. After that, a child can be asked to recall a time when he or she was frustrated, and then is asked to problem solve and role play behaviors that would have de-escalated the problem. At the end of each session, children are assigned homework to practice particular "anger coping" skills and to write about their positive anger management experiences. These reports are then discussed at the next session.

Both Parent Training and Anger Control Training are examples of psychosocial interventions that have been studied and shown to be effective in children without tics. We have recently completed two studies of these interventions in children and adolescents with TS complicated by explosive and disruptive behavior. One study evaluated the effects of Parent Training for 6- to 11-year-old children, and the second one evaluated the effects of Anger Control Training for 12- to 16-year-old adolescents. We reasoned that difficulties in family interactions on the one hand, and problems with the child's emotion regulation skills on the other hand, may contribute to disruptive behavior seen with TS. This is no different than what has been observed among people who do not have TS. Although the samples were small, our results were encouraging and suggest that both Parent Training and Anger Control Training may help to reduce disruptive behavior in children and adolescents with tics. However, larger studies are needed to confirm these results.



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When is it advisable to consult with a therapist? And how can a family find a professional who can help?

There are several signals that indicate when anger outbursts may require clinical attention. These may include danger to self or others, property damage, high frequency, duration and intensity of episodes, as well as disruption in family life, school achievement, and peer relations. The root causes of anger outbursts in TS are poorly understood. Therefore, when children and adolescents with TS are brought to clinical attention, anger outbursts may be mistakenly attributed to their having TS, and unfortunately, co-occurring conditions such as ADHD may be overlooked. Also, these outbursts may pose a dilemma for clinicians who must decide whether to focus treatment on the tics (the core characteristic of TS) or on disruptive behavior problems. Careful evaluation of disruptive behavior and associated psychopathology should be among the first steps when planning treatment for these youngsters.

Regarding the treatments we have studied in our Yale TS clinic and seeking a professional provider, there is a good chance that behaviorally trained mental health professionals with different specialties such as psychology, social work, nursing, and psychiatry may well have expertise in Parent Training and Anger Control Training. It is possible that your doctor may be able to make a referral. Alternatively, you may contact mental health providers on your medical insurance list, and inquire about their experience with behavioral treatments for disruptive behavior.