



ASK THE Expert

John Piacentini, Ph.D., Director, UCLA Child OCD, Anxiety and Tic Disorders Program and Chairman of the TSA Behavioral Sciences Consortium.

A multi-site group of collaborators, the TSA Behavioral Sciences Consortium was established by TSA several years ago. Members are previous recipients of TSA grant awards who were brought together to enhance progress in this field by determining the efficacy of this behavioral intervention. TSA is the recipient of a multi-year, multi-million dollar NIH grant on behalf of the researchers which began in September of last year. They are pursuing studies to ascertain the usefulness of this treatment to ameliorate the symptoms of TS. Dr. Piacentini, Consortium Chair and Principal Investigator on the NIH grant provided the following responses to questions about this behavioral treatment.

What is CBIT?

CBIT stands for Comprehensive Behavioral Intervention for Tics. CBIT is a set of non-drug therapeutic techniques that can be used to manage tics and tic urges. The two primary components of CBIT are Habit Reversal Training (HRT) and Functional Intervention (FI).

HRT was first developed about 30 years ago to treat what were then called "nervous habits" (hence the term "Habit Reversal"). However, researchers also saw the possibility that the method might be useful in reducing the tics associated with Tourette Syndrome. The first step in HRT aims to increase a person's ability to recognize the urges or feelings that often seem to precede (trigger) the tics. After individuals learn to become more aware of their tics and urges, they are taught to better recognize what is called "a premonitory urge" and then immediately perform a specific behavior that helps to reduce, and in some cases, even prevent a particularly unwanted tic. This is called a competing response. For example, a youngster with a very frequent throat clearing tic would be taught to engage in slow rhythmic breathing whenever he felt the urge to clear his throat. A competing response chosen for a highly severe head-shaking tic might be staring straight

ahead while gently tensing the head or neck muscles. Our team believes that consistent and repeated practice of a carefully chosen competing response can over time and in some cases, greatly decrease and perhaps even eliminate the tic and its urge.

Functional Intervention is based on a number of studies conducted over the years showing that certain stressful situations and/or unpleasant social consequences of having tics (e.g., teasing) can make tics worse. The goal of FI is to identify these situations and consequences and attempt to change them so the tics aren't made worse unnecessarily. For example, an individual whose tics get worse when he is stressed or upset would be taught stress management or other calming techniques as part of treatment. Or if it was determined that teasing by siblings made tics worse in a child, the siblings would be encouraged and taught ways to refrain from this behavior.

Although CBIT is based on principles of behavior therapy, the approach does not presume that tics can be suppressed voluntarily or that their cause is rooted in environmental factors. Actually, many people with TS have happened upon these techniques by themselves and use them to control or camouflage their tics—for example, by masking a tic with one that is socially more acceptable. CBIT aims to enhance the usefulness of these techniques by analyzing and teaching them in a more careful, consistent, and systematic manner.

What does this mean for the future of TS treatment?

Medication is the primary treatment for tic disorders and will most likely remain so for many years. It should be noted that behavioral techniques can be used by those who take medications. However, while medication can be a very effective treatment for many with tic disorders, it doesn't work in all cases. In addition, unwanted side effects and other safety concerns limit the use of medication, especially in young children. As a non-medication treatment, CBIT has the

potential to provide an effective alternative, either as an addition to medication or as a stand-alone treatment. However, although HRT and FI have been used for over two decades, only a relatively small number of clinicians, primarily behavior therapists, have been trained in the techniques. Should our collaborative research project confirm CBIT's effectiveness, we will work with the TSA to disseminate our findings to the professional community and establish training programs. Hopefully, these efforts will greatly increase the number of therapists qualified to teach this treatment.

What should clinicians know about it—right now and down the road?

Right now, clinicians should know: 1) what CBIT is, 2) that research has shown the components of CBIT (i.e., HRT and FI) to be helpful, 3) that CBIT can be combined with medication or used alone, and 4) that, although only a relatively small number of clinicians are trained to use this treatment. This situation will hopefully improve in the coming years.

Down the road, with the confirming data we aim to provide from our large study, we anticipate that many TS clinicians and other health care providers will seek training in CBIT or work to establish connections with CBIT-trained therapists in order to provide patients with as many research-supported treatment options as possible.

Other members of the TSA Behavioral Sciences Consortium/NIH grant research team are: Susanna Chang, Ph.D. (UCLA Neuropsychiatric Institute); Alan Peterson, Ph.D. (Wilford Hall Medical Center/University of Texas Health Sciences Center San Antonio); Lawrence Scahill, R.N., Ph.D. (Yale Child Study Center); John Walkup, M.D. and Golda Ginsburg, Ph.D. (Johns Hopkins University School of Medicine); Sabine Wilhelm, Ph.D. and Thilo Deckersbach, Ph.D. (Massachusetts General Hospital/Harvard Medical School); and Douglas Woods, Ph.D. (University of Wisconsin-Milwaukee). →

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