

Ask the MAB

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I have a son with TS. Aside from TS, he has been diagnosed with other disorders (ADHD, OCD, anxiety and some rage/anger issues). How do I work with him as far as his behavior goes? How would his physicians and therapist determine if what he's doing is either a tic or something that is resulting from one of his other disorders, or if it is just a child misbehaving?

There are a couple of important steps to getting anger and other behaviors under control. First of all, understand that behavioral issues can be controlled. Sometimes I hear parents and doctors say that such problems can't be managed, but it is important to know with the right kind of help they can be effectively addressed. Second, identify and appropriately treat any underlying condition such as anxiety, depression or ADHD. Rage is highly associated with anxiety and mood problems as well as ADHD. Third, the strongest evidenced based therapy for anger and aggression (once the co-morbid psychiatric disorders are managed) is behavioral treatment. High quality behavioral treatment for the child, adult and family have repeatedly demonstrated efficacy. Some families have been frustrated by behavioral treatments. I sometime say behavioral treatment is like art – there is good art and bad art. Similarly there is good behavioral treatment and well...not so good behavioral treatment. With the right therapist or “coach,” anger and behavior can be effectively managed.

I have heard that certain therapies for people with OCD can be conflicting when used to treat someone who has OCD with TS. What are these therapies that can cause conflict and why?

Effective therapies for OCD include cognitive behavioral therapy (called CBT) based on Exposure and Response Prevention (called ERP). What does this mean? OCD symptoms originate in the brain, but are maintained or worsened by a process called negative reinforcement. For someone with OCD, when they have an obsession and they do a ritual to make the obsession go away, the obsession and the ritual are reinforced. So that the next time the person has an obsession they will do the ritual to make the obsession go away. This pattern may make the person with OCD feel temporary relief, but over time, this approach to symptom management actually makes symptoms worse.

Disrupting this cycle of reinforcement is what CBT with ERP is intended to do. CBT teaches the person skills to resist the ritual when they have the obsession. It is difficult, but the person soon learns that the obsession goes away anyway without the ritual and that by resisting the completion of the ritual they can break the negative reinforcement cycle. Nothing about this process is inconsistent with having OCD or TS. For some reason people think that because OCD is a brain disorder that behavioral treatments are inappropriate. This is an incorrect assumption.

CBT with ERP is perfectly compatible with the use of medication. Medication helps with decreasing anxiety and distress and CBT with ERP teaches people how to manage their symptoms effectively. OCD and TS are just like other medical problems; there are medication treatments and good behavioral management strategies. Medication and therapy work hand in hand to bring people relief. Plus, learning how to live effectively with a problem is empowering; it builds confidence and self-esteem.

Is it true that that some people with TS have anger or rage episodes? I have TS and ever since I was a child I have had a problem with my temper. I get angry very quickly and at times I have even blacked out and couldn't remember what happened. I feel horrible later about having upset my friends and family. How do I explain this to them?

People with TS often have other conditions that put them at risk for anger control problems. As noted above, identifying those conditions, treating them appropriately and then using good behavioral techniques for anger management can be very helpful. In a recent treatment study of TS, children who enrolled in the study had very high rates of anxiety disorders other than OCD. Doctors are trained to look for ADHD and OCD but less are aware at how common other anxiety and mood disorders are in people with TS. Unrecognized and untreated anxiety and mood disorders can predispose one to anger control problems. If one has anger control problems and one hasn't been evaluated for these other conditions, it might be a good idea to get an evaluation.

There are a number of strategies that people with anger control problems can use. I like the RIBEYE strategy: Relaxation techniques, Identify the problem, Brainstorm a solution, Evaluate the solutions, say Yes to one, and Encourage yourself. What is consistent across anger management strategies is that first step, which is to take a step back from the situation, then think about the problem, pick the best solution and then reward yourself for a job well done. Like any skill, it takes practice. The first couple of times, anger might break through, but working at it can pay off. Finding a good therapist or coach might be necessary for those who can't readily get the hang of it. □

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