

BEHAVIOURAL THERAPY OPTIONS FOR TOURETTE SYNDROME

BEHAVIOURAL THERAPY CAN BE HELPFUL FOR SOME PEOPLE LIVING WITH TOURETTE SYNDROME. THIS FACTSHEET EXPLAINS THE DIFFERENT TYPES OF THERAPY THAT ARE CURRENTLY RECOMMENDED FOR TOURETTE SYNDROME.

Behavioural therapies, also known as psychological therapies, are recommended as the first option for managing tics in Tourette syndrome (TS) and can help to reduce the stigma of tics, as well as any anxiety you feel when you experience tics.

You may already know when a tic will occur, like knowing when a sneeze is about to happen. If you do, that awareness or the sensation just before a tic is called a 'premonitory sensation' or 'premonitory urge'. Behavioural therapies help people with TS recognise what triggers a tic and how to act on these premonitory sensations. Behavioural therapies can also help you to learn ways of substituting tics for different actions.

 Always talk to a healthcare professional before starting any new therapy to make sure it's right for you.

TYPES OF BEHAVIOURAL THERAPIES

PSYCHOEDUCATION

Psychoeducation is the first step for treating tics and involves teaching you, your family, friends – teachers about what to expect with a tic, how to manage them – available treatment options. Psychoeducation can help you to recognise and avoid situations that may make your tics worse – aims to lessen the overall impact the tic has on you. Psychoeducation can be more effective when used alongside other behavioural therapies.

“Feeling comfortable and confident in who you are and being able to educate others about having a tic disorder is really important – having tics is a only small part of who you are.”

EMMA MCNALLY, Tourettes Action

HABIT REVERSAL TRAINING

A tic isn't just one thing. It can be different for different people and some people have several different tics. Habit reversal training focusses on substituting tics with a different response, treating each tic on a one-by-one basis.

Habit reversal training begins with identifying the most bothersome tic – the one that causes you the most discomfort, distress or difficulty. You're taught to recognise the signs (those premonitory sensations) leading up to a tic. Developing a good awareness about when and where in your body a tic will happen is important to master before moving on to competing training, which replaces the tic with another action. With competing training, you're taught to use the same muscles that are activated during the tic and swapping it with a different action. Once you successfully manage your most bothersome tic, attention turns to your next most bothersome tic and the process repeats.

EXAMPLE OF COMPETING TRAINING



During competing training, if you have a tic that involves head rubbing, for example, you may be taught how to swap the action of rubbing your head with an action of placing your hands on your knees or folding your arms. The alternative action is intended to prevent the original tic. Practice is key to learning the competing action.

COMPREHENSIVE BEHAVIOURAL INTERVENTION FOR TICS

Comprehensive behavioural intervention for tics, sometimes shortened to CBIT, is an extension of habit reversal training that uses additional techniques, such as relaxation training to lessen stress, muscle relaxing exercises – implementing plans to help avoid situations that trigger your tics.

EXPOSURE AND RESPONSE PREVENTION

Exposure and response prevention teaches you how to hold in your tics for as long as possible.

Unlike habit reversal training, exposure and response prevention focusses on addressing all of your tics at once. It involves timing how long the tic can be held in for, followed by motivational techniques to encourage you to beat your last time. The therapy then concentrates on your urge to tic and trying to resist its onset, particularly if your tics are caused by triggering situations or activities.

HOW EASY IS EXPOSURE AND RESPONSE PREVENTION?

Trying to suppress, or hold in, tics takes a tremendous amount of focus and energy, so you need to be fully motivated to learn this behavioural technique.

COGNITIVE INTERVENTIONS

Cognitive interventions focus on altering thought processes and behaviours behind the tics, rather than on the tics themselves.

Feeling tense can lead to ticking, and having an awareness of how mental and physical tension builds up and trying to gradually reduce it can have a positive impact on your symptoms. However, the effectiveness of cognitive interventions as a stand-alone treatment for tics is unclear and larger research studies are needed to find out how helpful they could be for TS.

Cognitive interventions and third-wave interventions are not currently recommended as stand-alone therapies.

THIRD-WAVE INTERVENTIONS

Third-wave interventions is a broad term covering several different types of therapy that focus on improving your emotional health and well-being as well as accepting the realities of living with TS.

Third-wave interventions offer a holistic approach to managing the stress caused by tics with an emphasis on mindfulness and self-awareness. The aim of acceptance-based training is to encourage you to feel comfortable when expressing your tics and not to feel embarrassed when they occur.

Third-wave interventions may be beneficial when used together with other behavioural therapies, but so far only small research studies have been carried out in TS. More research is needed to find out if this approach is useful as a stand-alone therapy.

NEW WAYS OF PROVIDING BEHAVIOURAL THERAPIES

Traditionally, behavioural therapies have been carried out by psychologists or behavioural therapists on a one-to-one basis. However, research studies have recently been looking at alternative ways to provide these therapies to make them more accessible to more people in ways that don't compromise care.

Group therapy sessions, for example, may be one way for many people to access therapy, but the downside is that this type of environment might also increase tic expression. Virtual or online behavioural therapy sessions and self-help programmes reduce travel time, but it's not yet known if such approaches are as beneficial as face-to-face sessions with a trained therapist or other healthcare professional. More research studies are needed to shape best clinical practice.



CONCLUSION

Psychoeducation helps people living with TS, their family and their friends to understand the condition and is the first step in behavioural therapy. As with any type of therapy, psychoeducation should be tailored to your specific needs and that of your family. If you find that psychoeducation alone is not enough, habit reversal training, comprehensive behavioural intervention for tics and exposure and response prevention may be recommended.

Although behavioural therapies may help reduce tic severity, this doesn't mean tics are just psychological or that they can always be controlled. Behavioural therapies work well for some people but don't suit others. Managing tics is about finding what works for you, ensuring you're listened to, your wishes are respected – your needs are being recognised.

HOW CAN I GET BEHAVIOURAL THERAPY?

You will need to be referred to a clinical psychologist by a healthcare professional. Tourettes Action's list of behavioural therapists includes clinicians working in both the NHS and privately.

If you wish to access a clinical psychologist privately, make sure you see an appropriately qualified individual using websites such as www.achipp.org.uk.

INFORMATION FROM TOURETTES ACTION

Tourettes Action holds a list of habit reversal training therapists which can be given to you on request. Please email us for a copy. If you are a therapist and would like to be added to the list, please contact us with your details.

Email: help@tourettes-action.org.uk

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