

ESSTS 2021

Habit Reversal Workshop

Part two – Habit Reversal Training

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Part two – Habit Reversal Training

- How is a patients prepared for HRT?
- What is the basic idea behind Habit Reversal Training?
- What is the basic procedure?
- How does the treatment manual look like?

How is a patients prepared for HRT?

Psychoeducation

- The therapy of tic disorders should start with psychoeducation of the patient
- Regardless of whether the patient will receive HRT or will be treated with medication, or will not receive further treatment at all.

Psychoeducation

- The patient should be informed about:
 - What is a tic
 - Types of tics (e.g., vocal/motor, simple/complex)
 - Premonitory Urge
 - Diagnosis
 - Frequency and course of tic disorders
 - Causes of tic disorders
 - Comorbidities
 - Treatment options and alternatives
 - Appropriateness of treatment at all

Psychoeducation

- Specific information on CBIT/HRT:
 - Elements and treatment rationale
 - Prospects of success (30% reduction on average)
 - Importance of therapy motivation and cooperation
 - Clarify fears regarding therapy
 - Common concerns:
 - Rebound after suppression
 - HRT leads to new tics
 - Aggravation of tics by HRT
- These concerns could not be proven true in studies!



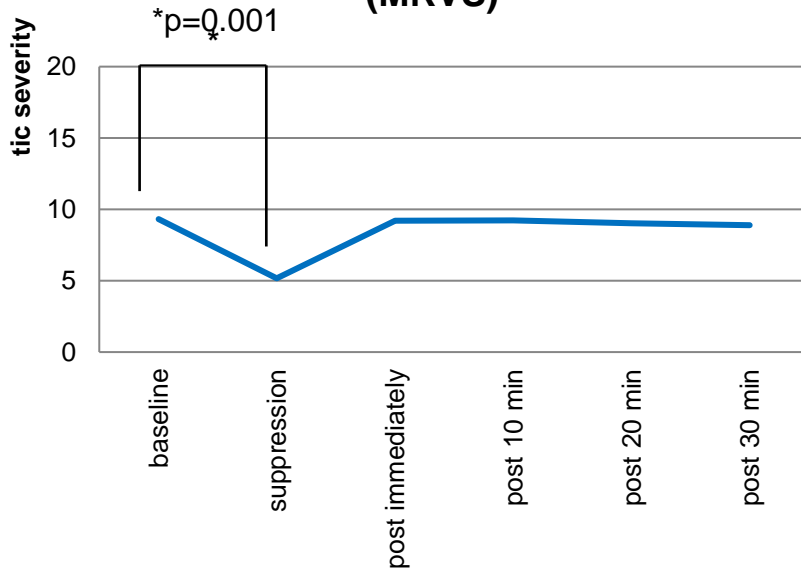
Tourette patients' misbelief of a tic rebound is due to overall difficulties in reliable tic rating



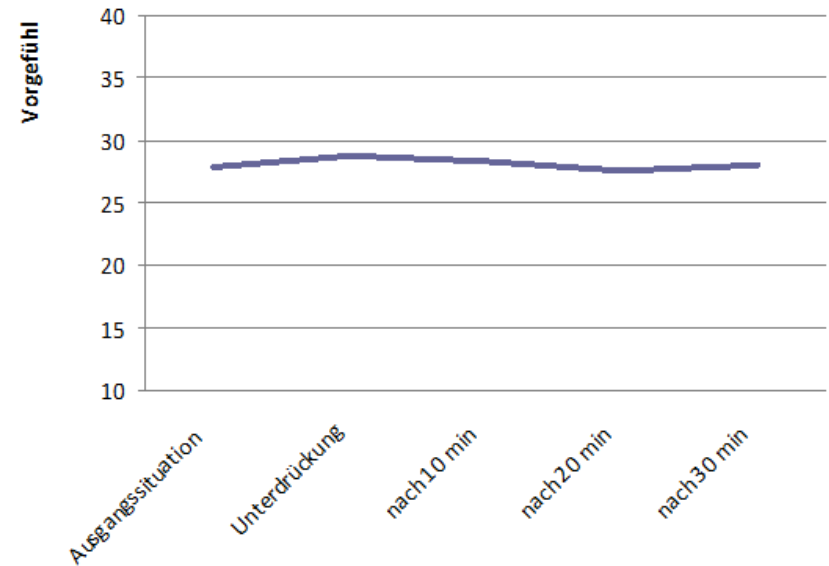
Kirsten R Müller-Vahl*, Laura Riemann, Stefanie Bokemeyer

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Modified Rush Video Rating Scale (MRVS)

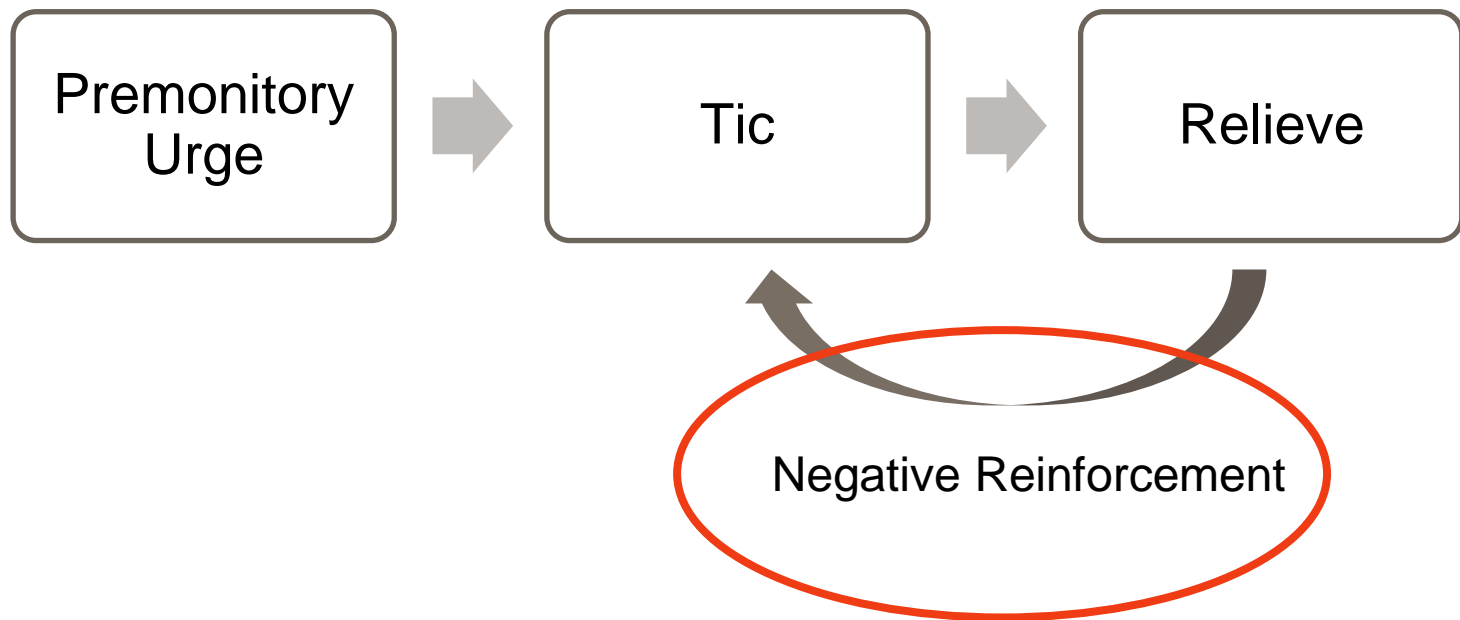


Premonitory Urge for Tics Scale (PUTS)



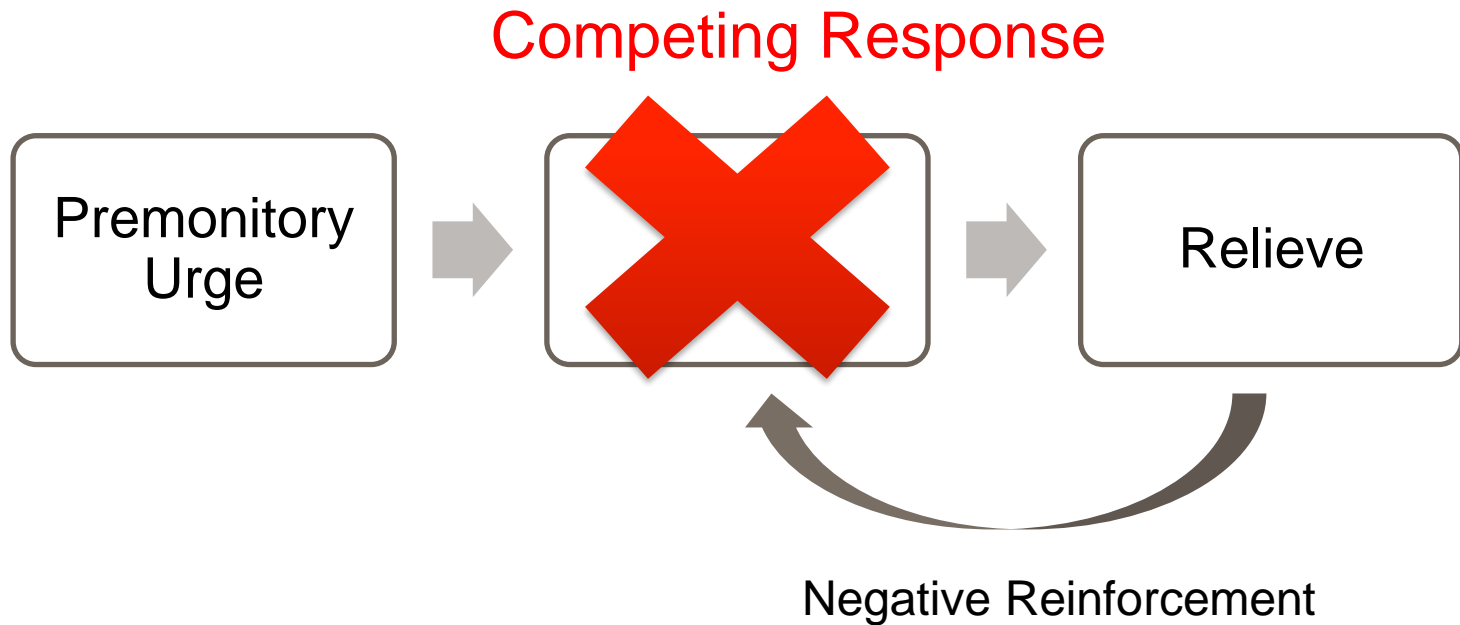
What is the basic idea behind Habit Reversal Training?

Maintenance of Tics



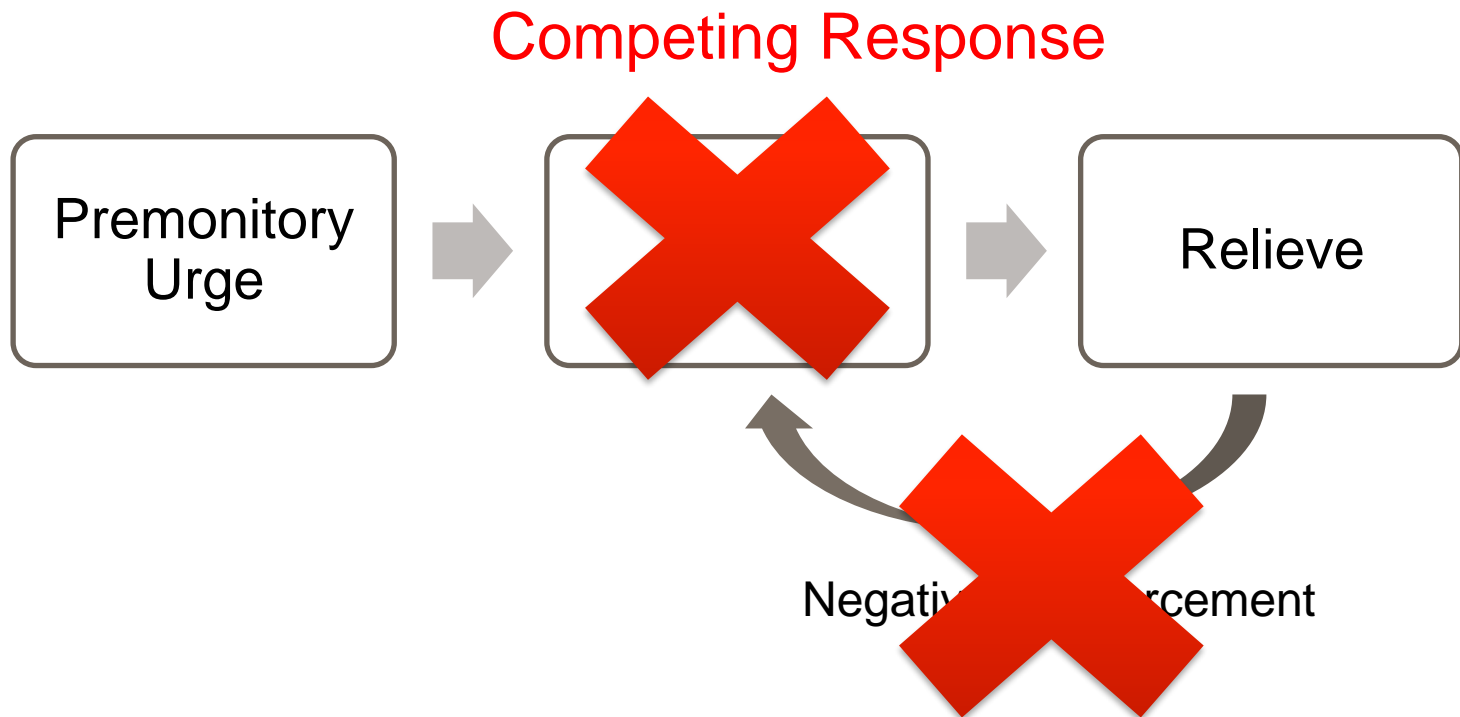
Maintenance of Tics

Aim of HRT



Maintenance of Tics

Aim of HRT



What is the basic procedure?

Overview of HRT

Step 1: Tic Hierarchy

Step 2: Awareness Training

Step 3: Selection of a Competing Response

Step 4: Training of the Competing Response

Step 1: Tic Hierarchy

- In HRT, all tics are treated one after the other.
- For this purpose, the order of tics should be determined
 - this is done with the help of the tic hierarchy
 - Enumeration of all tics
 - Evaluation of the severity of each tic by the patient.

Step 1: Tic Hierarchy

	Tic Severity			
Session number	3	4	5	
Date:	21.01.19	28.01.19	04.02.19	
Tic Label				
<i>Head jerk</i>	5	5	6	
<i>Sniffing</i>	8	6	4	
<i>Coughing</i>	7	5	7	
<i>Blinking</i>	2	3	3	
<i>Grimassing</i>	6	6	5	
...				

Tic severity on a 1-10 scale, 1= "barely present" - 10 = "barely tolerable".

Step 1: Tic Hierarchy

Which tic should you start with?

- Procedure 1: the most disturbing tic
- Procedure 2: the easiest tic to treat.
 - To be recognized by: Presence of a premonitory urge, suppressibility given, tic newer and less automated (more conscious).
- Tip: do not start with a blink tic
- The hierarchy can change every week and should be followed along

Step 2: Awareness Training

Self-Monitoring

```
graph TD; A[Self-Monitoring] --> B[Description of the Tic: Beginning + Sequence]; B --> C[Description of the Premonitory Urge]; C --> D[Awareness exercises for Tic and Premonitory Urge];
```

Description of the Tic: Beginning
+ Sequence

Description of the Premonitory
Urge

Awareness exercises for Tic and
Premonitory Urge

Step 2: Awareness Training

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Description of the Tic: Beginning
+ Sequence

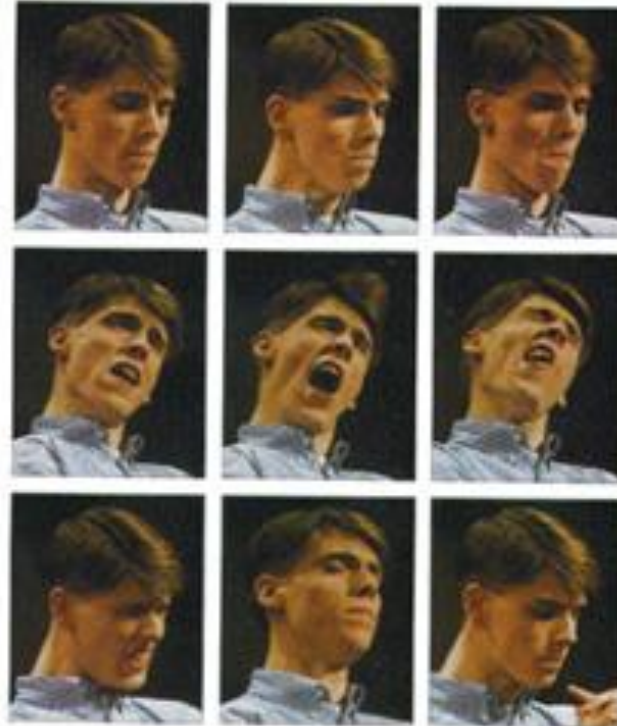
Description of the Premonitory
Urge

Awareness exercises for Tic and
Premonitory Urge

Step 2: Awareness Training

Description of the exact onset and sequence of each tic.

Very important:
Identify first movement!



Step 2: Awareness Training

Self-Monitoring

Description of the Tic: Beginning
+ Sequence

Description of the Premonitory
Urge

Awareness exercises for Tic and
Premonitory Urge

Description of the Premonitory Urge

- Ticklish/itchy feeling
- Pressure in the brain or body
- Feeling agitated or tense
- Feeling that something is not "right"
- Feeling that something is not complete
- Energy in the body that wants to get out

Taken from the PUTS by Woods et al. 2005

Step 2: Awareness Training

Self-Monitoring

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graph TD; A[Self-Monitoring] --> B[Description of the Tic: Beginning + Sequence]; B --> C[Description of the Premonitory Urge]; C --> D[Awareness exercises for Tic and Premonitory Urge];
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Description of the Tic: Beginning
+ Sequence

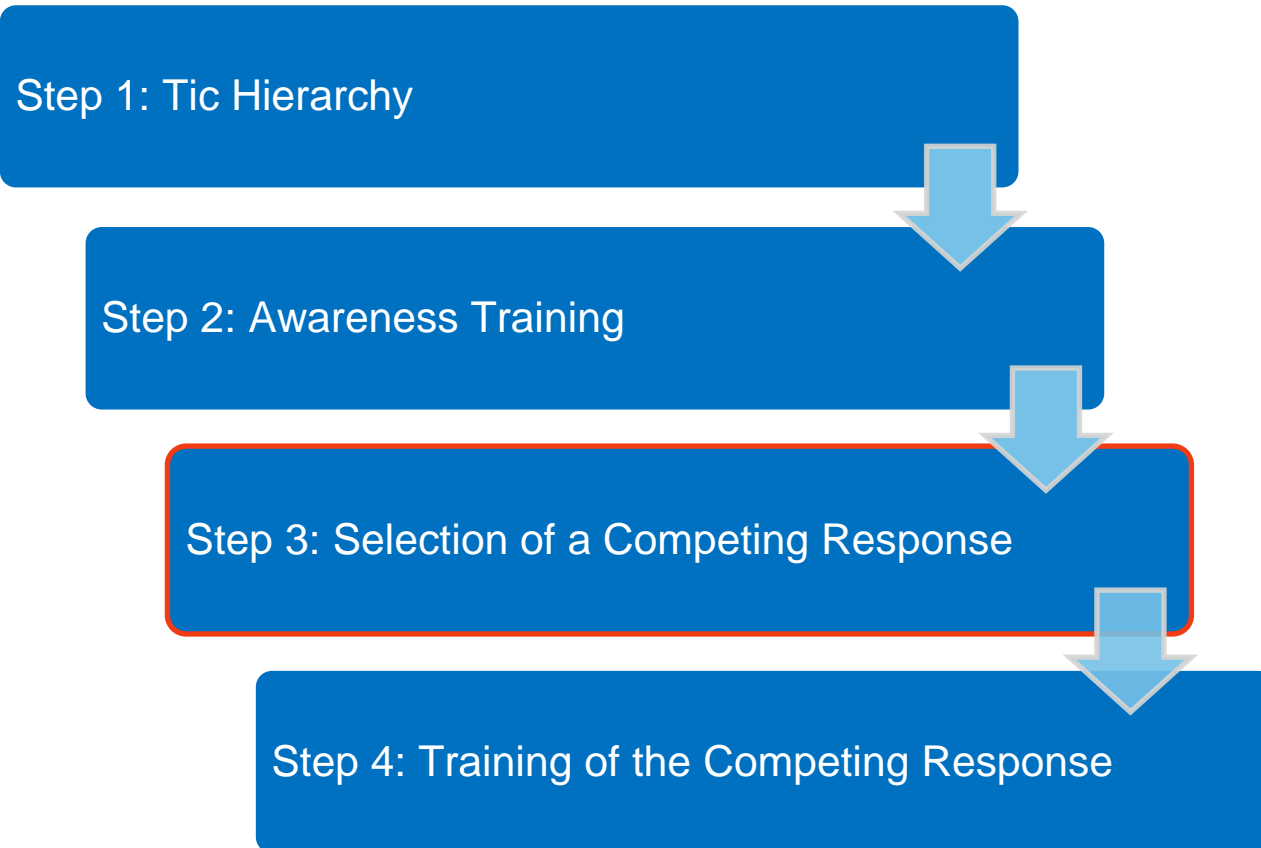
Description of the Premonitory
Urge

Awareness exercises for Tic and
Premonitory Urge

Awareness exercises for Tic and Premonitory Urge

- Procedure:
 - First Patient task: Raise the hand every time the tic comes
 - Therapist's task: if the patient catches a tic, praise him/her if the patient misses a tic, raise the hand
 - Meanwhile: Therapist and patient talk about everyday things.
 - Second Patient task: raise the hand as soon as the premonitory urge occurs.
 - The exercise continues for about 10 minutes, or until the patient manages to catch the tic almost every time (80%).

Overview of HRT



Step 3: Selection of a Competing Response

A competing response should meet the following criteria:

- be less conspicuous than the tic
- be socially acceptable (e.g., attract little attention)
- be easily integrated into everyday life
- be individually adapted to the patient

Step 3: Selection of a Competing Response

Variants of competing response described in detail:

1. Incompatible movement
 - Simultaneous execution of the tic impossible
2. Attenuated movement
 - Conscious, weakened "imitation" of the tic
3. Partial movement
 - For complex tics, or series of tics
 - Intentionally executed initial movement

Competing response for vocal tics

→ Reversal of the breathing pattern

	Mouth	Nose
Exhaling	<p>Tics: throat clearing, coughing, words</p> <p>Competing response: Inhaling through the mouth and exhaling through the nose</p>	<p>Tics: Snorting, blowing nose.</p> <p>Competing response: Inhaling through the nose and exhaling through the mouth</p>
Inhaling	<p>Tics: whooping, beeping.</p> <p>Competing response: Exhaling through the mouth and inhaling through the nose</p>	<p>Tics: Sniffing, pulling up nose.</p> <p>Competing response: Exhaling through nose and inhale through mouth</p>

Overview of HRT



Step 4: Training of the competing response

Step 1: Dry exercise

- Exercise of countermovement independent of tic
- Therapist can demonstrate the countermovement

Tip: Explain to patient that it is normal for the countermovement to feel "artificial" and "unnatural" at first. With practice, this feeling disappears.

Step 4: Training of the competing response

Step 2: Practice with the tic

- Patient should perform the competing response whenever the premonitory urge occurs, but no later than at the onset of the tic.
- It should be performed for at least one minute or until the premonitory urge subsides or disappears altogether.
- Exercise in session: analogous to awareness training, only with the competing response.
- Praise for successful exercise!!!

Recording the Tic, Premonitory Urge and Competing response

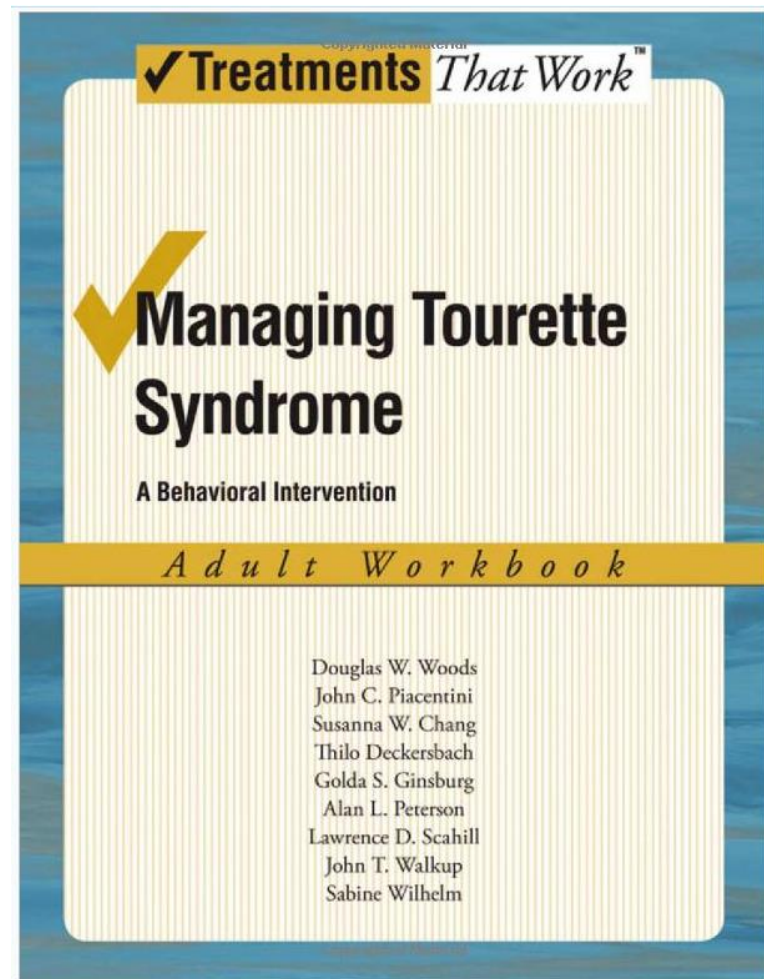
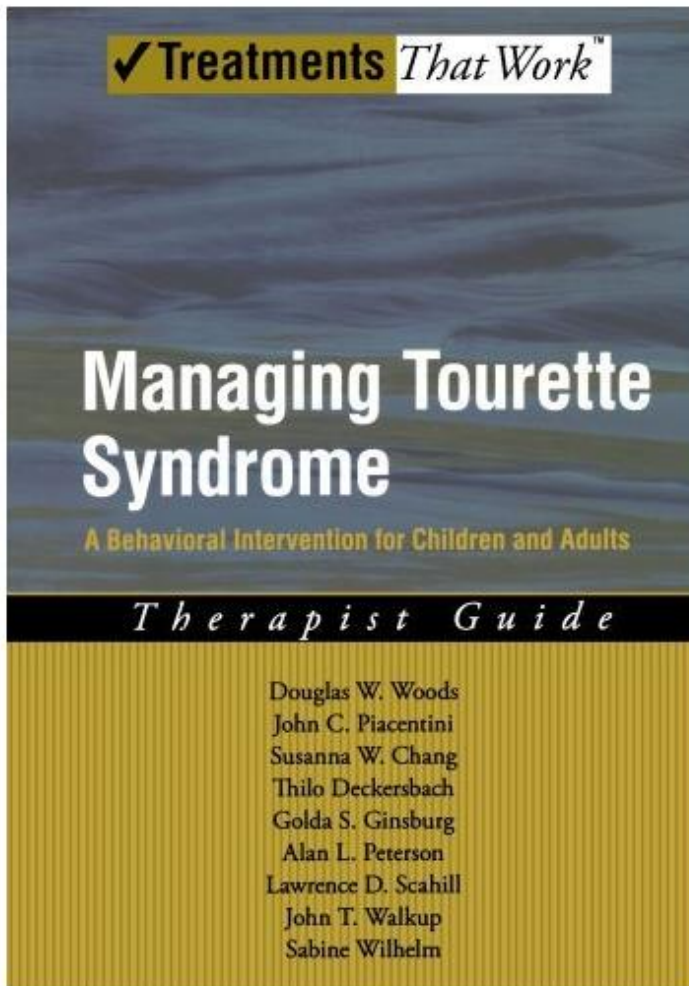
No.	Name of the Tic	Description of the tic	Premonitory Urge	Competing response

Homework: Practice makes perfect!

- From now on, the patient should always perform the competing response!
- Dedicated exercises should be regular, preferably daily, but at least 3-4 times a week.
 - One exercise should last about 30 minutes
 - Times for practicing should be firmly scheduled in the weekly calendar
 - Exercises should be done calmly, without disturbances and haste
 - Exercises should be done with increasing difficulty
 - Close people such as friends or family should be asked for support

How does the treatment manual look like?

CBIT: Comprehensive Behavioral Intervention for Tics



CBIT: Comprehensive Behavioral Intervention for Tics

- Short-term behavioral therapy with 8 sessions over 10 weeks.
- First 2 sessions as double sessions
- Sessions 1-6 weekly
- Sessions 7 and 8 biweekly
- Refresher sessions possible (monthly)

CBIT: further elements

- Functional Analysis
- Motivation building
- Resource activation
- Reward system
- Homework

Summary

- Psychoeducation is important and should always be done first
- The core element of CBIT is HRT.
- HRT consists of: Awareness training and practice of competing response.
- Therapy success is achieved through regular, independent practice by the patient.
- The CBIT Manual can be consulted for more information.

HRT demonstration by D. Woods

<https://www.youtube.com/watch?v=A--OxYXwBDk>