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Comorbidities/ complex cases Obsessive compulsive disorder

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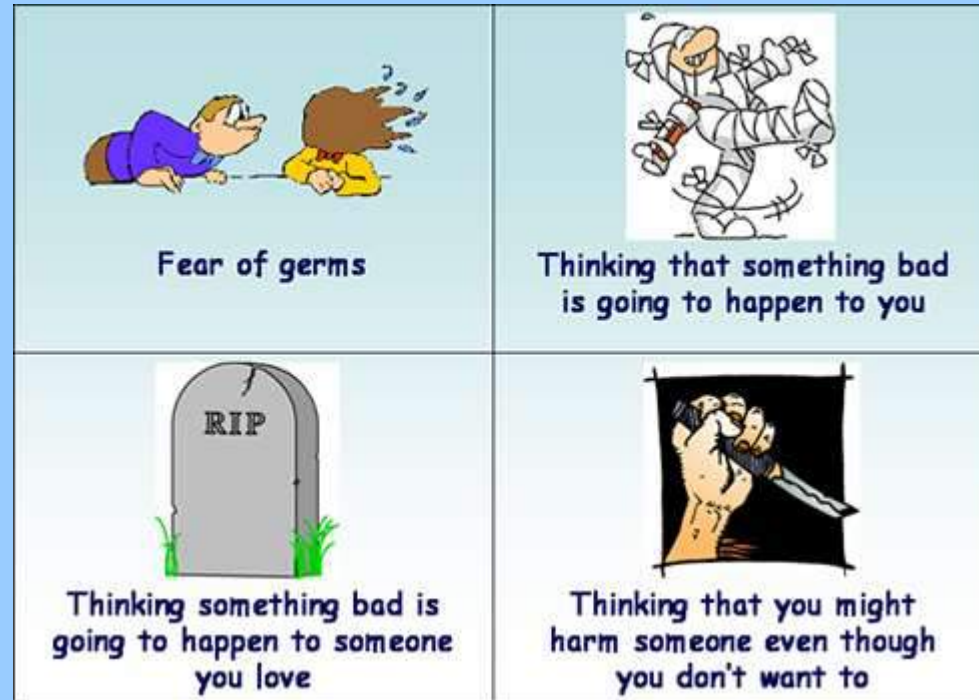
Intrusions/ obsessions we all have...

- Impulse to hit or hurt someone
- Impulse to yell curses in a silent church
- Impulse to destroy something
- Impulse to cause a collision while driving
- Impulse to push other people away from a crowd or a row
- Impulse to jump off the roof of a tall building, mountain or cliff
- Impulse to jump from the platform when a train arrives
- Impulse to drop a baby

- Etc.. etc. etc.



Obsessions



Compulsions

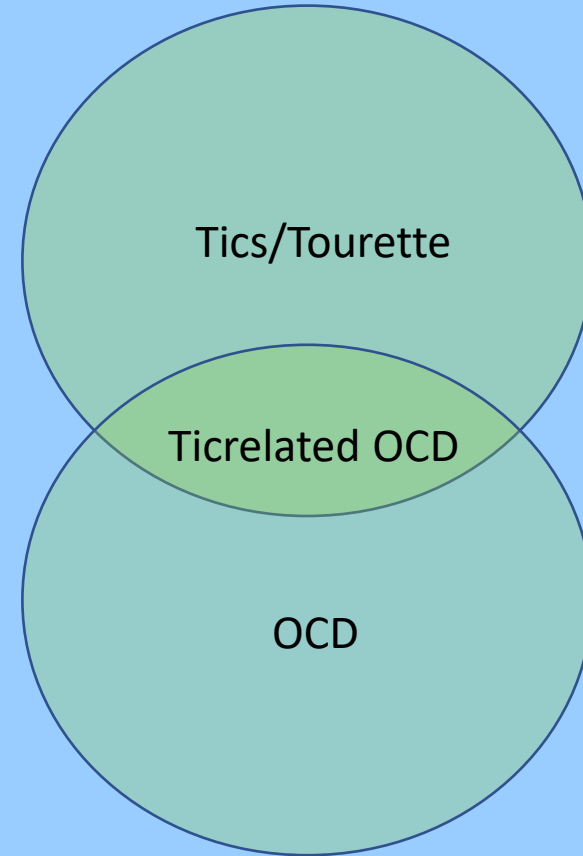
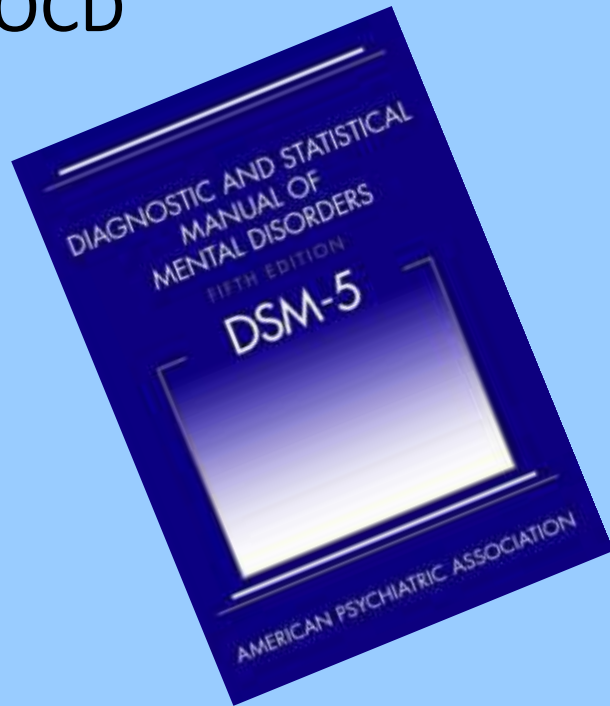


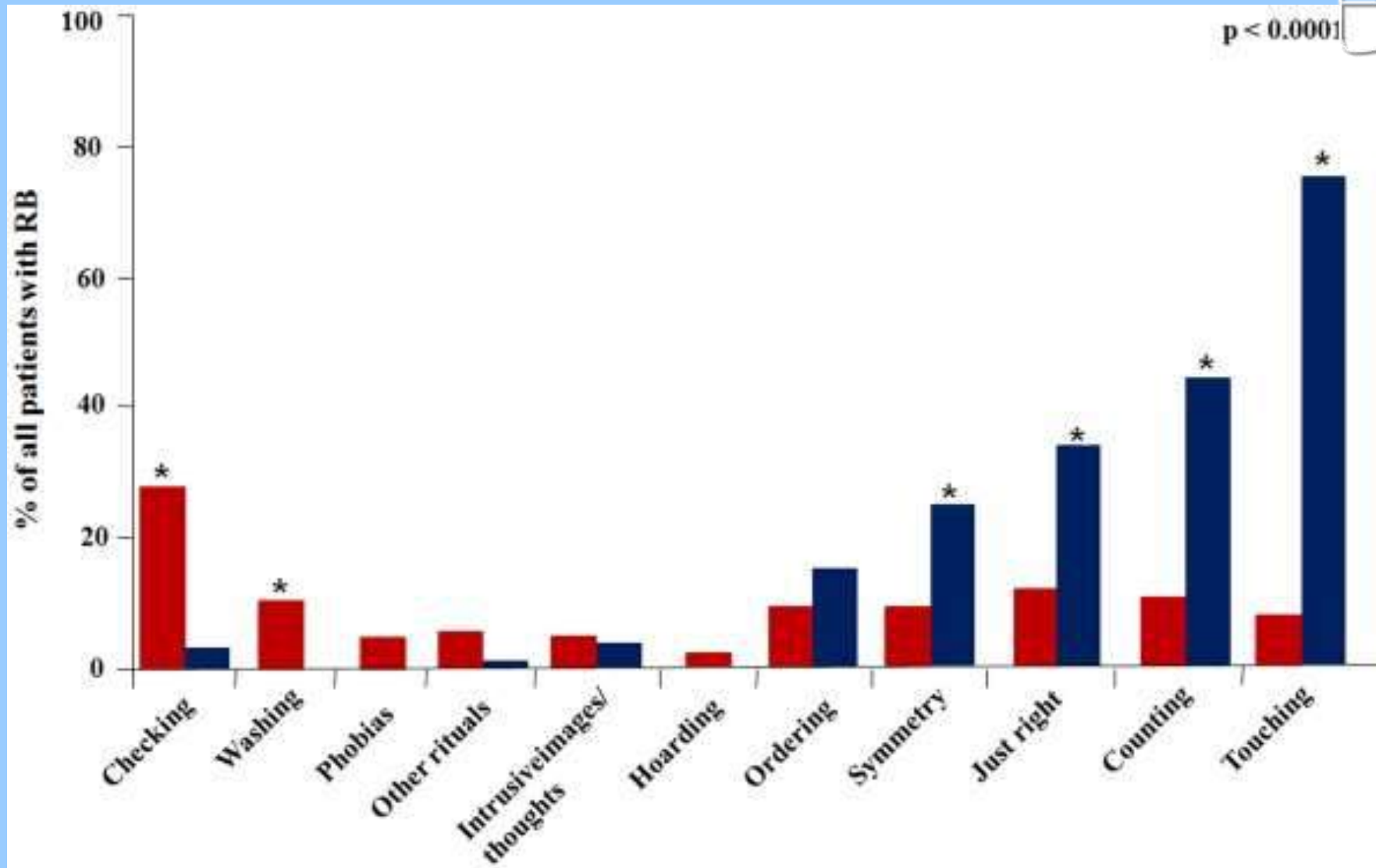


DSM5

New specification:

TICRELATED OCD





Red columns: 'OCD-like' Repetitive Behaviours; blue columns: 'tic-like' Repetitive Behaviours * $p < 0.0001$. (Worbe et al , 2010)

	Pure OCS without tics	OCS + tics/ TS
Starting age	Often >18 yrs	Around 14 years
Sex	Male ≤ Female	More male
Just right perceptions before OCS	+	+++
Mental Play	+	+++
Touching, ticking, rubbing	+	+++
Accompanying fear	+++	+
Goaloriented OCD	+++	+
Sexual, religious, aggressive obsessions	++	+++
Severity of OCS	=	=
Effect on treatment	= SSRI	= SSRI +dopamine antagonist

For an overview: Cath, Blijd-Hoogewys & Van de Griendt in Verdellen, Wertenbroek & Cath, 2019

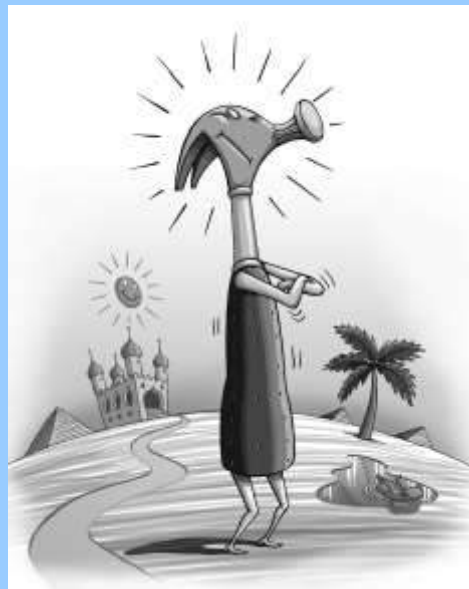
Treatment options

- Comorbid OCD does not have a negative impact on BT outcomes (McGuire et al., 2014)
- Comorbid tics do not interfere with CBT for OCD (Conelea et al., 2014; Himle et al., 2003)
- However, lower treatment response on medical treatment (either 2 trials of SSRI, or 1 trial of SSRI and 1 trial of clomipramine) for patients with OCTD (Benatti et al., 2021)
- Start with OCD or tic treatment?? Depending on question for help
 - If obsessions/ anxiety are a barrier for tic treatment, start with OCD treatment (Bloch & Storch, 2015)

Treatment options

- Both ERP and HRT are suitable for treating TS with comorbid OCD
- Slight preference for ERP because of comparability of techniques (Andrén et al., 2019; Conelea et al., 2014; Verdellen, et al., 2004)

	TS	OCD	Ticrelated OCD
Response prevention of the	Tic	Compulsion	Ticrelated OCD symptoms
Exposure on	Premonitory urges	Anxiety	Just right feeling



Clinical case

- Mandy, 14 yrs old
- Motor tics: head shaking, touching tics, tapping on doors
- Vocal tics: huh sound
- In the past, there have been several other tics
- Bed ritual
- Putting things down several times – cause broken phones, glassware etc.
- Sometimes premonitory urge, sometimes anxiety/ obsession (“if I don’t do this, I will see someone vomiting”)
- Avoidance of places where people might vomit



Tics	Tic-related OCD	OCD
Head shaking, huh sound	Touching door 3x, putting glass down 3x	Bed ritual, if I don't do this, someone will vomit
Itchy feeling in neck/ throat	Just not right feeling/ strange feeling in fingers	Anxiety

Treatment options

- First step: find out what are tics and what is OCD
- If not clear: do ERP as a diagnostic measure
- Start with what is most bothersome
 - ERP on tics
 - ERP on ticrelated OCD
 - ERP on OCD
 - Exposure in vivo on avoidance behaviour



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Thank you for your attention!

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Using Catalepsy in Functional Tics

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Catalepsy induction

- Theory/rationale
- Application in functional tics
- Video demonstration

Catalepsy

- State of tonic immobility, freeze response
- Muscular rigidity
- Fixed posture
- Decreased sensitivity to pain
- Can be intentional induced

Example:

- Living statues



Catalepsy in animals

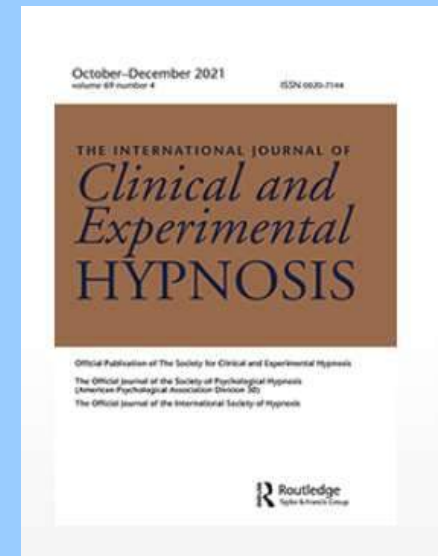
- Defense mechanism in both human and animals
- “Totstellreflex”: tonic immobility



- <https://youtu.be/SMZDieZoing>

Catalepsy in people

- Originally used to help patients get into a hypnotic state (Sacerdote, 1970)
- Can be induced in the body, e.g. arms, legs, trunk, shoulders
- Effective in conversion disorder- motor type (e.g. paresis, paralysis, coordination problems, tremors, uncontrolled movements etc) (Moene et al., 2003)
- Effective in functional tics?



Catalepsy Induction

How to do it?

- Psychoeducation: “confuse the muscles”
- Start with catalepsy in the arm
- Push & pull fingers at the same time around different body parts
- Give lots of suggestions of what people might experience



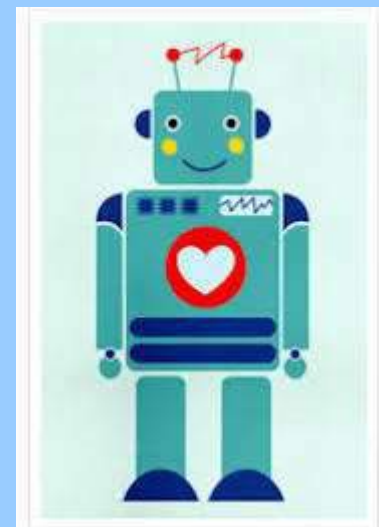
Catalepsy Induction

- Patient does not have to do anything, just let it happen. If needed: distract
- Describe what you feel in the arm (first signs of resistance)
- Stiffness/ deaf feeling will appear in the arm/ feeling of a dissociated arm
- Test by pushing the arm down gently, if it bounces back in the original position, the (first signs of) catalepsy is there
- Cotherapist: invite a family member to learn how to do this
- Practice at home!! 5-10 times a day



Catalepsy Induction

- Next sessions: if needed catalepsy in other body parts
 - Legs
 - Shoulders
 - Total body catalepsy
- Ask patient to concentrate on the feeling of catalepsy to speed up the process
- In the end thinking of this feeling will be enough to induce the catalepsy
- Practice cataleptic state while walking/writing etc.
 - First a “robot walk”
 - Shape this into more normal movements



Background information

- Based on: Moene, F.C.; Spinhoven, P.; Hoogduin, K.; van Dyck, R. A Randomized Controlled Clinical Trial of a Hypnosis-Based Treatment for Patients with Conversion Disorder, Motor Type. *Int. J. Clin. Exp. Hypn.* **2003**, *51*, 29–50, doi:10.1076/iceh.51.1.29.14067
- Catalepsy is currently researched in functional neurological symptoms, in combination with hypnosis (N=64; Tibben et al., in preparation)
- Dutch manual available (Hoogduin et al., 2017)

Video demonstration

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