Once mastered, will CBIT last a lifetime? Since CBIT is a behavioral treatment, does that imply CBIT exercises may seem like a good idea at the time, it is often bittersweet by making the child even more angry, nervous, or disheartened about therapy – all things that are associated with worse, not better, tics. Encouraging and rewarding children for doing their CBIT exercises is a much better way to go. Part of the CBIT training for parents is to help them understand how best to encourage and reward so the parent doesn’t become a “nag” and the child has the best chance of learning.

We are also making a special effort to educate teachers, school personnel and employers about CBIT, not because we want them to perform CBIT, but because we want them to get the best information about CBIT from the right source. We have noticed that people often have opinions about CBIT without knowing the facts. We want people who live and work with patients to have the facts – CBIT is an important skill for people with tic disorders that is taught by skilled and trained therapists. Telling people to “stop ticing” is wrong and unhelpful, and not what CBIT is all about. That is not to say that parents, co-workers, and bosses won’t have a role in CBIT. In fact, they may play a pivotal role in helping to create and maintain the positive environment necessary for CBIT to be most effective.

Where can I go to have CBIT performed? CBIT can be taught by a trained psychologist, doctor, nurse, social worker, or other therapist. As with any treatment, the training and skill of the clinician are critical to outcome. It is our recommendation that only therapists who have been trained in the principles of cognitive behavior therapy and have received specific training in CBIT should provide this treatment. Unfortunately, right now, few clinicians have been trained in CBIT.

Now that our collaborative research project has shown how well CBIT can reduce tic severity, we are working closely with the TSA to get the word out to the professional community and to establish training programs in CBIT across the country for professionals who work with TS individuals and their families. Until this is done, there will likely continue to be a shortage of therapists trained in CBIT. Some professionals who are not well-trained in CBIT will try to do the treatment, and it is important to understand that their results may not be as good as the results obtained from a trained and experienced CBIT clinician. We encourage you to select your therapist carefully and ask about their training in CBIT.

What should I do if my child refuses to do his CBIT exercises? How many of us always do what is in our best interest – exercise, eat right, get a good night’s sleep, etc.? Doing something for oneself is not always easy. Some kids with TS might really struggle to learn CBIT. Recognizing how hard it is for them, helping them keep their spirits up, motivating them to keep trying, are all roles parents can play. Although pushing, pressuring, and prodding your child to do CBIT exercises may seem like a good idea at the time, it is often bittersweet by making the child even more angry, nervous, or disheartened about therapy – all things that are associated with worse, not better, tics. Encouraging and rewarding children for doing their CBIT exercises is a much better way to go. Part of the CBIT training for parents is to help them understand how best to encourage and reward so the parent doesn’t become a “nag” and the child has the best chance of learning.

We are also making a special effort to educate teachers, school personnel and employers about CBIT, not because we want them to perform CBIT, but because we want them to get the best information about CBIT from the right source. We have noticed that people often have opinions about CBIT without knowing the facts. We want people who live and work with patients to have the facts – CBIT is an important skill for people with tic disorders that is taught by skilled and trained therapists. Telling people to “stop ticing” is wrong and unhelpful, and not what CBIT is all about. That is not to say that parents, co-workers, and bosses won’t have a role in CBIT. In fact, they may play a pivotal role in helping to create and maintain the positive environment necessary for CBIT to be most effective.

Where can I go to have CBIT performed? CBIT can be taught by a trained psychologist, doctor, nurse, social worker, or other therapist. As with any treatment, the training and skill of the clinician are critical to outcome. It is our recommendation that only therapists who have been trained in the principles of cognitive behavior therapy and have received specific training in CBIT should provide this treatment. Unfortunately, right now, few clinicians have been trained in CBIT.

Now that our collaborative research project has shown how well CBIT can reduce tic severity, we are working closely with the TSA to get the word out to the professional community and to establish training programs in CBIT across the country for professionals who work with TS individuals and their families. Until this is done, there will likely continue to be a shortage of therapists trained in CBIT. Some professionals who are not well-trained in CBIT will try to do the treatment, and it is important to understand that their results may not be as good as the results obtained from a trained and experienced CBIT clinician. We encourage you to select your therapist carefully and ask about their training in CBIT.

What should I do if my child refuses to do his CBIT exercises? How many of us always do what is in our best interest – exercise, eat right, get a good night’s sleep, etc.? Doing something for oneself is not always easy. Some kids with TS might really struggle to learn CBIT. Recognizing how hard it is for them, helping them keep their spirits up, motivating them to keep trying, are all roles parents can play. Although pushing, pressuring, and prodding your child to do CBIT exercises may seem like a good idea at the time, it is often bittersweet by making the child even more angry, nervous, or disheartened about therapy – all things that are associated with worse, not better, tics. Encouraging and rewarding children for doing their CBIT exercises is a much better way to go. Part of the CBIT training for parents is to help them understand how best to encourage and reward so the parent doesn’t become a “nag” and the child has the best chance of learning.

We are also making a special effort to educate teachers, school personnel and employers about CBIT, not because we want them to perform CBIT, but because we want them to get the best information about CBIT from the right source. We have noticed that people often have opinions about CBIT without knowing the facts. We want people who live and work with patients to have the facts – CBIT is an important skill for people with tic disorders that is taught by skilled and trained therapists. Telling people to “stop ticing” is wrong and unhelpful, and not what CBIT is all about. That is not to say that parents, co-workers, and bosses won’t have a role in CBIT. In fact, they may play a pivotal role in helping to create and maintain the positive environment necessary for CBIT to be most effective.

Where can I go to have CBIT performed? CBIT can be taught by a trained psychologist, doctor, nurse, social worker, or other therapist. As with any treatment, the training and skill of the clinician are critical to outcome. It is our recommendation that only therapists who have been trained in the principles of cognitive behavior therapy and have received specific training in CBIT should provide this treatment. Unfortunately, right now, few clinicians have been trained in CBIT.

Now that our collaborative research project has shown how well CBIT can reduce tic severity, we are working closely with the TSA to get the word out to the professional community and to establish training programs in CBIT across the country for professionals who work with TS individuals and their families. Until this is done, there will likely continue to be a shortage of therapists trained in CBIT. Some professionals who are not well-trained in CBIT will try to do the treatment, and it is important to understand that their results may not be as good as the results obtained from a trained and experienced CBIT clinician. We encourage you to select your therapist carefully and ask about their training in CBIT.

What should I do if my child refuses to do his CBIT exercises? How many of us always do what is in our best interest – exercise, eat right, get a good night’s sleep, etc.? Doing something for oneself is not always easy. Some kids with TS might really struggle to learn CBIT. Recognizing how hard it is for them, helping them keep their spirits up, motivating them to keep trying, are all roles parents can play. Although pushing, pressuring, and prodding your
Since the mid 1960s medication has been the only real treatment option for children and adults with tic disorders. However, while helpful for many people, its use is often limited by side effects. In 2001 the Tourette Syndrome Association Behavioral Therapy Consortium began developing and testing a promising behavioral treatment option. This work has led to the publication of the first large-scale study showing that a non-medication treatment can effectively reduce tic severity. This treatment is called the Comprehensive Behavioral Intervention for Tics (CBIT—see-bit).

Although new treatments often bring great hope and excitement, some in the TS community are concerned that promoting behavioral approaches for treating tics may have negative consequences. There is concern that families will read about CBIT and conclude that tics are willful and easily controlled. We have known for years that this conclusion is incorrect and harmful to people with tics. Expecting people to “stop ticcing” or treating them as if they are doing own “unconscious” increases their anxiety and exacerbates tic symptoms. In addition, this self-blame and helplessness that some in the TS community are concerned that promoting behavioral treatment approaches for tics may have negative consequences. While there are likely to be people who misunderstand or misuse a powerful tool such as CBIT, we need to explain the benefits and limitations of these approaches to help people better understand what CBIT is and isn’t, what it can and can’t do and how behavioral interventions are helpful in reducing tic severity.

What is CBIT?

CBIT is a non-drug treatment consisting of three important components:

- Training the patient to be more aware of his or her tics and the urge to tic. Next, the patient is taught to perform a specific behavior that makes the tic more difficult to do, as soon as the tic or urge appears. For example, a young person with a frequent throat clearing tic might be taught to engage in slow, rhythmic breathing whenever he felt the urge to clear his throat. A competing response chosen for a head-shaking tic might be gently tensing the head or neck muscles. Consistent and repeated practice of a carefully chosen competing response done at the appropriate time is necessary for the treatment to be effective.

- The functional intervention (FI) is based on the fact that certain situations or reactions to tics can make them worse than they would otherwise be. The goal of FI is to identify these situations and teach the patient to change them so that the tics aren’t made worse unnecessarily. For example, someone whose tics get worse when doing homework or before a presentation at work would be taught to manage their stress before and during these situations.

- Since CBIT works, does this mean that people with TS are able to suppress their tics?

CBIT does not teach voluntary suppression, but rather teaches people to make competing responses when they have a tic. Since tics are involuntary movements, voluntary suppression is not possible. Instead, CBIT teaches people to use competing responses when they have a tic. For example, if someone has a tic that makes them feel anxious, they are taught to do something else that makes them feel more relaxed. This is called a competing response. For example, a person who has a tic that makes them feel anxious can be taught to use a competing response such as deep breathing or counting to 10. These competing responses help to distract the person from the tic and reduce their anxiety.

How do you learn CBIT?

Training the patient to be more aware of his or her tics and the urge to tic. The first step of CBIT, the functional intervention (FI), is based on the fact that certain situations or reactions to tics can make them worse than they would otherwise be. For example, someone whose tics get worse when doing homework or before a presentation at work would be taught to manage their stress before and during these situations. We’ve always been told that TS is a neurological disorder and that tics are involuntary. However, just as important, tics are also extremely sensitive to the environment in which they occur. Everyone with TS knows that a stressful or hostile environment can make tics worse. Similarly, positive and calming environments can be very helpful in reducing tic severity. In this regard, TS is like diabetes. Diabetes is a medical condition, but it is highly influenced by behavioral factors such as consistent diet, exercise, and the ability to monitor blood sugar and take insulin. What CBIT attempts to do is to help children and adults figure out those factors in their environment that make their tics worse; teach these individuals how to create environments that are more stable, predictable and easily manageable; and learn skills to cope with environments that are stressful and tic-challenging.

Since CBIT works, does this mean that people with TS are able to suppress their tics?

Because a person can voluntarily suppress tics for a short period of time, someone incorrectly assumes that a person with tics should be able to control them all the time. This is not the case. Voluntary tic suppression can be done short term, but it doesn’t become a regular use. Voluntary suppression is tiresome and people who do it become tired, frustrated and irritable. It is very important to realize that CBIT is not the same as voluntary tic suppression. Instead, CBIT teaches people with TS a set of specific skills they can use to manage their tics or behaviors, without having to use voluntary suppression. In CBIT we don’t want patients to voluntarily suppress. Rather, we want them to practice the competing response that they developed with their therapist. When a person does the right competing response in a calm focused manner, the tic gets better, and they feel better and more in control, not frustrated and irritable. Initially, this requires some effort and concentration, but with practice, both adults and children can learn to do their competing responses and easily participate in routine activities. In this regard, CBIT is like other learned skills which often are effortful in the beginning, but quickly become second nature.

I’ve been told to ignore my child’s tics because making him more aware of tics makes them worse. Won’t CBIT make tics worse?

Calming extra attention to tics at home, school or in the workplace makes people more self-conscious about their tics and subsequently decreases their tics. The goal of CBIT is to help people with TS become more self-aware and understand what their tics are, and then learn to change them. Our experience with hundreds of TS patients is that as people with TS become more self-aware and understand what their tics are, they often feel relaxed, feel more empowered and self-confident. These emotions are all associated with decreased tics, not increased tics. In CBIT, the goal of self-awareness training is to help people understand their tics and what makes tics better and worse. This self-awareness is often described by patients as beneficial by itself, even without other parts of CBIT.

I’ve heard that when people with TS try to stop their tics, it will make other tics worse or will cause a rebound in tics after the efforts to stop have ended. Won’t CBIT cause these problems, too?

Every clinician who has worked with people with TS has heard a patient say that when they voluntarily suppressed their tics, they could stop working up to a point, but then they relapsed. “My therapist told me to ignore my child’s tics because making him more aware of tics makes them worse. Won’t CBIT make tics worse?” CBIT does not teach voluntary suppression, but rather teaches people to make competing responses. CBIT can be used with medications, or if I use medication reduction in tic severity and improved ability to function. Complete elimination of all tics and other TSP symptoms doesn’t occur. The goal of CBIT is to help people with TS become more self-aware and understand what their tics are, and then learn to change them. Our experience with hundreds of TS patients is that as people with TS become more self-aware and understand what their tics are, they often feel relaxed, feel more empowered and self-confident. These emotions are all associated with decreased tics, not increased tics. In CBIT, the goal of self-awareness training is to help people understand their tics and what makes tics better and worse. This self-awareness is often described by patients as beneficial by itself, even without other parts of CBIT.

Is CBIT for everybody who has TS or tics?

Although the skills taught in CBIT can be used by everyone with tics, not everyone will necessarily benefit. At this time we don’t understand exactly what makes someone benefit from treatment while others do not. In our clinical experience, teaching these people with TS are better able to manage their tics and reduce the negative influence that tics may have on their lives.

How effective is CBIT for somebody with TS?

The results from our large, multi-site, National Institutes of Health-funded studies show that over half of people who undergo CBIT will have significant reductions in tic severity and improved ability to function. Complete elimination of all tics and other TSP symptoms doesn’t occur. The goal of CBIT is to help people with TS become more self-aware and understand what their tics are, and then learn to change them. Our experience with hundreds of TS patients is that as people with TS become more self-aware and understand what their tics are, they often feel relaxed, feel more empowered and self-confident. These emotions are all associated with decreased tics, not increased tics. In CBIT, the goal of self-awareness training is to help people understand their tics and what makes tics better and worse. This self-awareness is often described by patients as beneficial by itself, even without other parts of CBIT.

Is CBIT easy to do?

When they first hear about CBIT, professionals, patients and families sometimes say that the treatment seems simple and easy. Make no mistake, time and hard work are needed for CBIT to work well. As with any new skill, CBIT usually requires more work at the beginning to master the techniques and then becomes easier over time. Should CBIT be used as a first line of treatment, used with medications, or if I use medication reduction in tic severity and improved ability to function. Complete elimination of all tics and other TSP symptoms doesn’t occur. The goal of CBIT is to help people with TS become more self-aware and understand what their tics are, and then learn to change them. Our experience with hundreds of TS patients is that as people with TS become more self-aware and understand what their tics are, they often feel relaxed, feel more empowered and self-confident. These emotions are all associated with decreased tics, not increased tics. In CBIT, the goal of self-awareness training is to help people understand their tics and what makes tics better and worse. This self-awareness is often described by patients as beneficial by itself, even without other parts of CBIT.

Don’t CBIT simply lead to the competing response becoming a new tic?

When people first hear about CBIT they become concerned that the competing response will become a new tic. There are two parts of a competing response that assure that this doesn’t happen. First, we...