Chapter 6

Habit Reversal Treatment Manual for Tic Disorders

Douglas W. Woods
University of Wisconsin-Milwaukee

1. INTRODUCTION

As discussed in Chapter 5, one of the most effective nonpharmacological treatments for tic disorders is habit reversal. This chapter provides a structured manual for the implementation of habit reversal with children, adolescents, and adults who are experiencing a transient tic disorder, chronic tic disorder, or Tourette’s syndrome. The manual presented in this chapter is based on the habit reversal procedure originally created by Azrin and Nunn (1973; 1977).

Consistent with previous research, users of the treatment protocol outlined below should expect relatively high success in treating persons with transient or chronic motor tic disorder (Miltenberger, Fuqua, & Woods, 1998; Peterson, & Azrin, 1993; Peterson, Campise, & Azrin, 1994). Though few studies exist evaluating the effectiveness of habit reversal as a treatment for vocal tic disorders or Tourette’s syndrome, the current literature suggests the procedure outlined below may also be an effective intervention for such disorders (Peterson & Azrin, 1993). After describing the treatment, specific techniques and modifications to the protocol are discussed.

2. HABIT REVERSAL TREATMENT PROTOCOL FOR TIC DISORDERS

The following protocol (see Appendix A for Therapist Checklist which summarizes the treatment) is designed to be implemented in 3 sessions for a person exhibiting a transient or chronic tic disorder (single tic presentation).
As described below, persons with transient or chronic tic disorders (multiple tics) or Tourette’s syndrome will require additional sessions.

2.1 Session 1

The goals of Session 1 are (1) to develop an understanding of the client’s tics through an initial interview; (2) to utilize supplemental standardized assessments to determine the client’s psychological functioning, social functioning, and tic severity; and (3) to establish a protocol for ongoing assessment. Due to the large number of components, the clinician should schedule 2-3 hours to complete Session 1. In addition, the patient should have a complete medical evaluation prior to the start of treatment. Only after a physician has examined the client and determined the tic is not secondary to another medical condition, should the clinician proceed with the protocol outlined in this chapter.

2.1.1 Interview

The purpose of the initial interview is to identify and operationally define the tic, identify possible environmental functions of the tic(s), and identify any comorbid conditions (e.g., Obsessive Compulsive Disorder or Attention Deficit/Hyperactivity Disorder) which may influence treatment implementation.

2.1.1.1 Identifying and Defining Tic(s)

The interview should start by having the client list his or her tics. For child clients, it is useful to have the child’s parent(s) in the room to assist in listing the tics. All tics should be listed, regardless of whether or not they are currently being exhibited. After identifying all tics, the client should estimate the daily frequency of each tic and rank order each tic from least to most distressing. The ranking serves two purposes. First, it allows the clinician to understand how the client views the tics’ impact on his or her life. Second, it provides a treatment hierarchy which allows the clinician to plan for treatment in Session 2.

After the tics have been identified, the clinician and client should create operational definitions for each tic currently being exhibited by the client.