Tourette Syndrome Association of Greater Washington
Suburban Hospital/Bethesda, MD
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Tourette Syndrome, OCD, Tourettic OCD and the Alphabet Soup Syndrome

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TIC Disorders (DSM-IV)

Transient Tic-Any combination of tics but disappears within a year

Chronic Motor/Phonic Tic-Only motor or phonic, not both

TS-Multiple motor tics and one or more phonic tics are present during course of disorder

Tic Disorder NOS-Tics are present, but none of the above
TICS: Definition & Types

**DEFINITION:** Sudden, repetitive, stereotyped movements or phonic productions

**TYPES:**

- **Simple Motor**-(Sudden, Brief, Meaningless): e.g. eye blink, nose twitch, pout, head jerk, shoulder shrug, stomach tension, kick, jaw stretch, body jerk, etc.

- **Complex Motor**-(Slower, Longer, Purposeful): e.g. stare, facial gesture, bite, smell, hit, hand gesture, even up, touch, tap, numbers, repeat motions, position things, etc.

- **Simple Phonic**-(Sudden, Meaningless): e.g. throat clear, cough, sniff, spit, bark, grunt, suck, gurgle, etc.

- **Complex Phonic**-(Slower, Meaningful): e.g. “shut up”, “bitch”, “no way”, echolalia, coprolalia, counting, etc.

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TIC DISORDERS: COURSE

Typically Begins at 6 or 7
Typically Peaks During Early Adolescence
Typically Waxes and Wanes
Adults - 75% abated or gone
  15% moderate problems
  10% severe problems
Tics occur in 20% of children

10/26/12
TIC Disorders: Associated Traits

Inattention, Impulsivity
Disinhibition of Behaviors and Thoughts
Hyperactivity and Restlessness
Learning Disabilities
Emotional Lability, Irritability, Anger, Aggression
Obsessive Compulsive Features
Anxiety, Phobias, Separation Anxiety
Depression, Guilt, Helplessness
Sensory Processing Problems, BFRB’s

Multiple Comorbidity: “Alphabet Soup Syndrome”
COMORBIDITY: The Rule

Diagnostic/ Categorical Conceptualization

VS

Dimensional Perspective
Holistic Perspective
Developmental Considerations
FOCUS ON OCD/TS COMORBIDITY:

1. OCD and TS are more closely related than is commonly appreciated

2. IT MATTERS!
WHY IT MATTERS

UNDERSTANDING AND EFFECTIVELY TREATING:
TOCD
“Alphabet Soup” Kids, Adolescents and Adults

UNDERSTANDING AND POSSIBLY PREVENTING AN
“EVOLUTIONARY” FORM OF OCD

CONCEPTUALLY INTEGRATING DISORDERS THAT MAY BE
“TWO SIDES OF THE SAME COIN”

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Part 1: TOURETTIC OCD (TOCD) ORIGINS

• Interview hundreds of children and adolescents presenting with a distinguishable form of OCD

• Interview scores of children and adolescents with tics and Tourette Disorder

• Draw connections between complex tics and compulsions (i.e. TD and OCD)
TOURETTIC OCD (TOCD) ORIGINS (cont.)

• Develop conceptual framework describing the relationship between OCD and TD (TOCD)

• Modify treatment approach for patients identified as TOCD sufferers

• Publish TOCD theoretical and clinical implications in professional journal (“see how it flies”)
TIC or Compulsion?
It’s Tourettic OCD


TRADITIONAL DISTINCTIONS BETWEEN OCD AND TD: Diagnostic Criteria

• Anxiety Disorder vs. Disorder First Diagnosed in Infancy, Childhood, or Adolescence
• Compulsion vs. Tics (motor or phonic)
• Obsessions vs. Premonitory Sensations
• Cognitive/Affective vs. Sensory/Motor
TRADITIONAL DISTINCTIONS BETWEEN OCD AND TD: Clinical Characteristics

- Repetitive Behaviors perceived as willful and goal-oriented vs. involuntary
- Course: Relatively constant, onset possible from childhood to adulthood vs. childhood onset, adolescent worsening, adult abatement
- Single disorder vs. significant comorbidity
TRADITIONAL DISTINCTIONS BETWEEN OCD AND TD: Treatment Approaches

OCD

CBT: Exposure and Response Prevention
    Cognitive Therapy

MED: SSRI’s
    Various Augmenters

TICS and TD

CBT: Contingency Management
    Relaxation Training
    Habit Reversal

MED: Neuroleptics
    Alpha-2 Agonists
RELATEDNESS OF OCD & TICS/TD

Frequent Comorbidity
Genetic Linkage
Possible Shared Neurobiology
Similar Clinical Presentation
TOURETTIC OCD (TOCD): Distinguishing Features

1. Somatic discomfort, sensory phenomena, promonitory urges (not anxiety) drive compulsions.
2. Elaborate obsessions and belief in catastrophic consequences absent or minimal. May have preoccupation with unrelenting discomfort.
3. Compulsions often involve “Just Right” or “Just So” requirements. Emphasis on symmetry, arrangement, positioning, evening Up, ordering, touching, etc.
4. May or may not have personal or family history of tics.
TOURETTIC OCD (TOCD): Possible Historical Indicators

Early sensory processing issues
Personal or family history of chronic motor or phonic tics or TD
PANDAS/PANS
Multiple comorbid diagnoses
Non- or weak response to SSRI monotherapy
Non- weak or anomalous response to standard CBT (E/RP)
TOCD: TREATMENT IMPLICATIONS

COGNITIVE BEHAVIOR THERAPY

Augmentation of E/RP and Cognitive Behavior with:

- Relaxation Training
- Substitution Strategies (e.g. HRT)
- Contingency Management
- Rote Practice
TOCD: TREATMENT IMPLICATIONS

PHARMACOTHERAPY

Augmentation of SSRI’s with Neuroleptics or Alpha-2 Agonists

Neuroleptic Monotherapy

Alpha-2 Agonist Monotherapy
TOCD: TREATMENT IMPLICATIONS

OPTIONAL STRATEGIES TO TARGET ASSOCIATED FEATURES

Executive Function Deficits/Impulsivity
Obsessionality/Compulsivity
Emotional Dysregulation/Anger
Oppositionality/Aggression
Learning Disabilities
Sensory Processing Problems
Anxiety/Stress
Depression
TOCD: TREATMENT IMPLICATIONS

OPTIONAL STRATEGIES TO TARGET TICS

Habit Reversal Training
Reward - based Contingency Management
Relaxation Training
Exposure / Response Prevention
Tic “Shaping”
C-BIT - Functional Intervention & HRT
TOCD: OTHER TREATMENT IMPLICATIONS

- Clinical Decision-Making
- “Alphabet Soup” Kids
- Developmental Forms of OCD and TD
<table>
<thead>
<tr>
<th>Diagnoses</th>
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<tbody>
<tr>
<td>ALPHABET SOUP KID:</td>
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<td>Josh: Age 11</td>
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<td>Diagnoses:</td>
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PREPARING ALPHABET SOUP FAMILIES FOR TREATMENT

Maturation/Development Helps
Language Matters: Depathologize their Dilemma
Extra Alive!
Toyota vs. Ferraris
Old Nellie vs. Thoroughbred
Getting the Best/Staying out of Trouble
Be Ready For The Long Haul—It’s Worth It!
Emphasize Potential/Cautious Optimism
Exploit All Possible Resources

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TREATMENT APPROACH

CONSIDER A VARIETY OF GENERAL STRATEGIES

- Pharmacological Consultation
- Family Education
- School Consultation
- Parent Training
- Family Support
- Family Therapy
- Mobilize Advocacy
- Build Support Network
- Problem - Solving
- Self - Esteem Building
- Educating Others
TREATMENT APPROACH (cont.)

CHOOSE STRATEGIES THAT TARGET CRITICAL DIMENSIONAL FEATURES:

- Obsessionality/Compulsivity:
- Tics:
- Executive Function Deficits:
- Emotional Dysregulation/Anger:
- Oppositionality/Aggression:
- Learning Disabilities:
- Sensory Processing Problems:
- Anxiety/Stress:
- Depression:
CONCLUSIONS

Rational, coherent and humane approach to treating Alphabet Soup kids is possible, worthwhile and beneficial

Approach is demanding and requires a widely-skilled therapist or, more likely, a skilled and well-coordinated therapeutic team

Approach can be seen as a prototype, and be approximated as possible, by willing and knowledgeable therapist(s)
THE END