How effective is CBIT for someone with Tourette Syndrome?

Results from a large, multi-site National Institutes of Health–funded study show that over half of those who undergo CBIT will have significant reductions in tic severity along with improved ability to function. Complete elimination of all tics and other Tourette syndrome (TS) symptoms is seen occasionally in CBIT, but is not to be expected. CBIT is not a “cure” for TS, but rather a tool that can help individuals better manage their tics and reduce the negative impact of tics on their lives.

About Our Program

The program consists of eight weekly sessions with a focus on embedding the tic strategies or “competing responses” into everyday life. The sessions focus on identifying the frequency and severity of tics and teaching alternate strategies to the child. These new strategies help the child manage his or her tic disorder with discretion and confidence.

The initial visit for evaluation generally lasts about two hours. Weekly sessions are approximately 45-60 minutes in length. Our program is highly dependent on the commitment of the child adhering to practice sessions outside of clinic time.

An occupational therapy practitioner will work with the patient to promote active participation in activities or occupations that are meaningful in his or her daily life. Our occupational therapists help the child develop a competing response for the tics, thereby limiting the interruption of tics on health, well-being and development. Additionally, we provide intervention for many of the co-existing conditions which can be more interruptive than tics (ADD, OCD, dysgraphia, executive functioning deficits).
Who?

Jan Rowe, Dr. OT, OTR/L, FAOTA, earned her doctorate from NOVA Southeastern University in Ft. Lauderdale, FL., in 2004 and has been working exclusively with Tourette syndrome (TS) and tic disorders patients since 2010. She started the Pediatric Tourette Syndrome and Tic Disorder Clinic at UAB in January of 2010; the program is now offered through the Children’s of Alabama Physical and Occupational Therapy Department at Park Place as the CBIT (Comprehensive Behavioral Intervention for Tics) Clinic. The first occupational therapist to coordinate a comprehensive behavioral intervention program for tic disorders, Dr. Rowe now trains occupational therapists throughout the country to work with children who have Tourette syndrome or tic disorders. In addition, she has been appointed to the Medical Advisory Board for the Tourette Syndrome Association.

Leon S. Dure, MD, division director of Pediatric Neurology at Children’s of Alabama, has been on the UAB staff since 1994 and has a strong clinical interest in movement disorders affecting children. The Pediatric Movement Disorders Clinic at Children’s, the first of its kind in the South, addresses a variety of conditions – the most common being tic disorders such as Tourette syndrome. (CBIT is a service of the Pediatric Movement Disorders Clinic.) Dr. Dure served on the Tourette Syndrome Association Medical Advisory Board (1997 – 2013) and has participated as an investigator in a number of observational and intervention trials in TS.

Drs. Rowe and Dure helped to secure a national Tourette Syndrome Association grant with Cornell Medical School in New York to develop the first CBIT manual for occupational therapists. Through Dr. Rowe’s clinic and research, “Occupational therapists have been found to be effective at delivering CBIT and offer another route to therapy for families.” (Rowe, Yuen & Dure, 2013). Dr. Rowe will continue to teach other occupational therapists the application of this protocol for a wider distribution of services. Currently patients come from all over the country and internationally to participate in her program due to the limited availability of this therapy for children with tic disorders or Tourette syndrome.

Questions or more information:

If you are interested in an evaluation, simply call or email for more information. Insurances are accepted, and may cover the evaluation, eight sessions and three booster sessions upon completion of the program. A physician referral is required.