The "Brake Shop": Intervention for Co-Morbid Tourette Syndrome and Obsessive Compulsive Disorder

McKinlay, B.D., Stewart, S. L., & Cullion, C

Child and Parent Resource Institute (CPRI)

London, Ontario, Canada

Abstract

Evidence regarding psychological treatment and family support for co-morbid TS and Obsessive Compulsive Disorder (OCD) is rare. This study explored the treatment of co-morbid TS+ (TS and associated disorders) and OCD using an Exposure Response Prevention (ERP) protocol developed by March and Mulle [8]. This technique was expanded upon and implemented within the "Brake Shop" service for TS+. Results indicated improvement in global functioning, social participation, and behaviour toward others. Moreover, a decrease in inattentiveness, oppositionality, and difficulties at home were found.

Introduction

Obsessive Compulsive symptoms are frequently seen in patients with TS. Evidence regarding psychological treatment and family support for children/youth diagnosed with TS+ is scarce. Hence, evaluating the current treatment utilized within the "Brake Shop", a unique and specialized tertiary care clinic, is an important step in providing evidence of treatment success and gains in children/youth with TS+ and co-morbid OCD.

Method

Thirteen males with a mean age of 13.59 years made up the ERP Group. Participants in the ERP group were diagnosed with Obsessive-Compulsive Disorder (OCD). Families completed the following measures pre- and post- treatment: Brief Child and Family Phone Interview (BCFPI), The Conners' Parent Rating Scale, an OCD rating scale developed by the National Institution of Mental Health (NIMH) and a satisfaction survey. Clinicians completed the Child and Adolescent Functional Assessment Scale (CAFAS). The ERP group met once a week for eight 60-90 minute sessions. Parents and/or residence workers were asked to attend the first session, and the second half of the sixth and eighth sessions. The treatment approach borrowed heavily from, and elaborated upon, the protocols found in the book, "OCD in Children and Adolescents: A Cognitive-Behavioural Treatment Manual" [10]. The overall premise of the group was to reduce the anxiety surrounding intrusive, obsessive thoughts so that the client was no longer forced into engaging in time-consuming, embarrassing, and/or disruptive rituals to achieve some internal peace.

Table 1:

Measures

Brief Child and Family Phone Interview (BCFPI)

The BCFPI [5] is an 81 item standardized interview that assesses the nature and severity of children's problems. It is the mandated intake measure used by all children's mental health centres in the province of Ontario.

Conners' Parent Rating Scale – Revised (L)

The subscales found on the Conners' Parent [7] include: oppositional, cognitive problems/inattention; hyperactivity; anxious/shy; perfectionism; social problems; psychosomatic; ADHD index; restless/impulsiveness; emotional lability; Conners' global index total; DSM-IV: Inattentive; DSM-IV: Hyperactive-Impulsive; DSM-IV: Total.

National Institute of Mental Health (NIMH; OCD Scale)

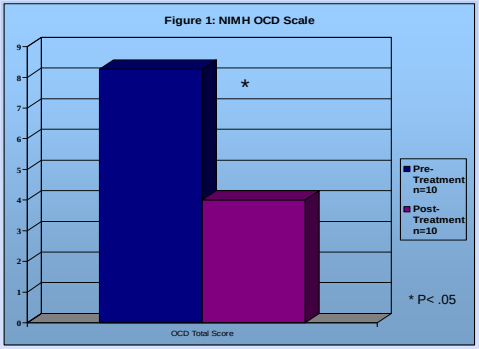
The NIMH Global OC scale [10] is a widely used rating scale for measuring severity and changes in severity of obsessive compulsive disorder. It is completed by the child with assistance depending on his/her age.

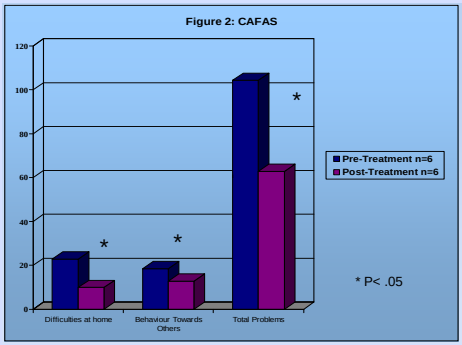
The Child & Adolescent Functional Assessment Scale (CAFAS)

The CAFAS [8] is a multidimensional rating of level of functioning. This measure consists of subscales assessing functional impairment in eight domains: school/work, home, community, behaviour toward others, moods and emotions, self-harm, substance abuse, and thinking.

Results

The NIMH indicated children/youth's global level of OCD impairment, t (10) = 3.79, p< .01, declined as a result of treatment (See Figure 1). On the CAFAS, difficulties at home, t (6) = 3.11, p < .05, behavior toward others, t (6) = 2.83, p < .05 and total problems, t (6) = 3.39, p < .05, subscales showed a decline from pre- to post-treatment (See Figure 2). Conners' subscales inattentiveness, t (3) = 3.40, p <.05, oppositional behaviour, t (3) = 6.55, p < .01, and DSM-IV Total, t (3) = 3.40, p < .05 showed a reduction from pre- to post-treatment. On the BCFPI, "social participation", t (7) = 3.51, p < .01 showed an increase.





Discussion

Based on the results, ERP is an effective treatment approach to address TS+ and OCD related symptomatology in highly complex children and youth. Specifically, a reduction was found in obsessive compulsive symptoms when comparing pre-and post-measures. Social withdrawal and anxiety declined while social involvement and participation improved over the course of the treatment suggesting reduced anxiety, isolation and an improvement in the quality of the social lives of the children/youths. In addition, intervention reduced defiance, global problems, and behavioural problems toward others. Findings indicated overall symptom reduction and improved quality of life for the children/youth and their families.

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