



REPETITIVE BEHAVIORS IN THE CONTEXT OF DEVELOPMENTAL DISABILITIES

Condition	Treatment	Recommended Pharmacological Strategy
TICS:	<ul style="list-style-type: none"> Comprehensive assessment * 	
Mild Tics	<ul style="list-style-type: none"> Active monitoring and support may be sufficient for mild tics 	
Moderate Tics	<ul style="list-style-type: none"> Start with habit reversal therapy (HRT) (8-9 years and older) 	
Severe Tics	<ul style="list-style-type: none"> If course of HRT is ineffective or not feasible consider a trial of drug therapy with alpha 2 agonists 	<ul style="list-style-type: none"> Alpha 2 adrenergic agonists: <ul style="list-style-type: none"> Clonidine - reduces both motor and vocal tics <ul style="list-style-type: none"> - adequate trial is at least 8-12 weeks - usual daily dose 0.05-0.3 mg/day in divided doses Guanfacine - Usual daily dose 0.5-3 mg/day in divided doses Clonidine or Guanfacine as above If ineffective - Risperidone or Haloperidol
Tourette's Disorder	<p>Comprehensive assessment * and identification of tic symptoms and co-morbid symptoms/disorders</p> <p>Education about tic disorder and support to family and patient</p> <p>Refer if co-morbidity is complex **</p>	Treatment as above according to tick severity.
Obsessive-Compulsive Disorder	<p>Comprehensive assessment *</p> <p>Refer if co-morbidity is complex **</p>	<ul style="list-style-type: none"> CBT (Exposure and Response Prevention) SSRIs: start low dose, slow titration, efficacy can take 12 weeks.

* Comprehensive Assessment Includes:

Clarification that movement is a tic vs. stereotypy, compulsion or myoclonus
 Duration, course and severity
 Family history (positive family history provides support for a tic disorder diagnosis), PE (note IQ) dysmorphismology - refer to DD assessment guidelines.
 Collateral information
 Change in medical status: infection, seizures, medication changes and reactions.
 Behavioral antecedents: triggers, environmental changes.
 Review for most common comorbid presentations: ADHD, OCD, ASP (Autism Spectrum Disorders)
 Safety assessment: of potential harm to child or others.

Use of assessment scales is strongly recommended

The website www.schoolpsychiatry.org lists all screening instruments and whether free access is available on line

** Specialty referral is beneficial when:

Comprehensive diagnosis is sought
 Concerns of co-morbid neurological condition
 Concerns of co-morbid psychiatric condition beyond simple ADHD, anxiety, depression.
 Primary care treatment not successful.
 Behavioral treatment specialist is recommended
 CBT for anxiety
 ABA for self injury
 Symptoms significantly compromise functioning.
 Major shifts in friends, school, family.
 Parents/patient feels overwhelmed
 Any question of self-harm
 Reasonable effort with counseling shows little progress
 Complexity high due to medical/neurological conditions
 Psychosis/mania
 Co-morbid conditions interfering with therapy.



COMORBIDITY AND REPETITIVE BEHAVIORS

Condition	Treatment
Tics and ADHD	<ul style="list-style-type: none"> • When ADHD is the primary issue: <ul style="list-style-type: none"> - low dose MPH - alpha 2 agonists - atomoxetine Caution for worsening tics • When tics are the primary issue: <ul style="list-style-type: none"> - alpha 2 agonists - refer to speciality care if concerns**
Tics and OCD	<ul style="list-style-type: none"> • When OCD is the primary issue: <ul style="list-style-type: none"> - CBT (Cognitive Behavior Therapy) - SSRI • When tics are the primary issue: <ul style="list-style-type: none"> - usual guidelines - HRT - refer to speciality care if concerns**
OCD and ADHD	<ul style="list-style-type: none"> • Ascertain whether OCD or ADHD is the primary issue: <ul style="list-style-type: none"> Usual guidelines Conservative dosing Refer to speciality care if concerns*
Triad: Tics, OCD, and ADHD	<ul style="list-style-type: none"> • Refer to specialty care** • In the meantime treat most impairing of 3 using conservative dosing

*** A Comprehensive Assessment before initiating treatment includes:**

- Duration and severity
- Family history (positive family history provides support for a tic disorder diagnosis), PE (note IQ) dysmorphology - refer to DD assessment guidelines.
- Collateral information
- Change in medical status: infection, seizures, medication changes and reactions.
- Behavioral antecedents: triggers, environmental changes.
- Review for most common comorbid presentations: ADHD, OCD, ASP.
- Safety assessment: of potential harm to child or others.

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Note:

1. Treating the tics may not help co-occurring condition
2. OCD medication – time to effect may be long

