ABSTRACT
A RANDOMIZED WAITLIST-CONTROLLED PILOT TRIAL OF ONLINE-DELIVERED COMPREHENSIVE BEHAVIORAL INTERVENTION FOR TICS-ENHANCED

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Although studies demonstrate that comprehensive behavioral intervention for tics (CBIT) is more effective than nonspecific supportive therapy in reducing tics and related impairment, there is room for improvement, as up to 47% of treatment seeking youth do not show adequate response to treatment. Accordingly, the current randomized, waitlist-controlled pilot trial examined the preliminary efficacy, acceptability, and durability of online-delivered CBIT-Enhanced (CBIT-E), which included the standard CBIT protocol, plus specific and targeted instrumental conditioning procedures focused on directly reinforcing the use of inhibitory competing responses. The present study also explored differences in tic severity outcomes between CBIT-E participants and waitlist control (WLC) participants who crossed over to receive standard CBIT. Twenty youth (9-17 years old) with persistent tic disorders (PTDs) participated in the pilot trial. Results demonstrated that CBIT-E is an effective treatment for children with tic disorders, with mixed findings suggesting better treatment outcomes for participants who received CBIT-E compared to WLC. Treatment acceptability was high, and CBIT-E treatment outcomes were durable at three-month follow up. Finally, exploratory analyses suggested that participants may not experience enhanced outcomes following CBIT-E compared to standard CBIT.