Using Habit Reversal to Treat Tourette Syndrome and other Tic Disorders:
A Selective Bibliography

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Tic Disorders
Tic disorders comprise a group of clinical syndromes that share primary characteristics (i.e., tic expression) and differ mainly in severity. The DSM-IV provides diagnostic criteria for three distinct tic disorders: Tourette’s disorder (a.k.a., Tourette syndrome), chronic tic disorder, and transient tic disorder. Tourette syndrome is the most severe, and perhaps most common, tic disorder and is characterized by multiple motor and phonic tics. Tics are typically defined as involuntary, sudden, and repetitive motor movements and phonic (audible) expressions. Individuals diagnosed with tic disorders exhibit tics many times a day, across time in a fluctuating pattern. In addition, these individuals frequently meet diagnostic criteria for obsessive-compulsive disorder, attention-related disorders, and learning disabilities; however, tics are the only clinical behaviors that are identified in the DSM-IV diagnostic criteria for tic disorders.

Habit Reversal
Azrin and Nunn (1973) developed habit reversal to treat various “habits” such as tics, nail biting, hair pulling, among others. The original habit reversal treatment package included multiple components including competing response training, awareness training, social support, relaxation therapy, self-monitoring, contingency management, among others. The first three components (i.e., competing response training, awareness training, social support) are widely considered the most critical for treatment efficacy.

GENERAL RESOURCES ON TOURETTE SYNDROME


Tourette Syndrome Association, Inc.
http://www.tsa-usa.org/
PRACTITIONER GUIDES


REVIEW AND DISCUSSION ARTICLES


EXPERIMENTAL ARTICLES


1 This reference list includes studies of full and “simplified” versions of habit reversal.


*** Group-design Evaluation