

Tourette's Disorder Fact Sheet



Minnesota Association for
Children's Mental Health

165 Western Avenue North, Suite 2
Saint Paul, MN 55102-4613

Symptoms/Behaviors

Symptoms and behaviors must be excessive or frequent.

- Throat clearing
- Barking
- Snorting
- Hopping
- Vocal outbursts
- Mimicking of other people
- Shoulder shrugging
- Facial grimaces
- Facial twitches
- Blinking
- Arm or leg jerking
- Finger flexing
- Fist clenching
- Lip licking
- Easily frustrated
- Sudden rage attacks

Resources: See macmh.org/edguidelink for more Tourette's disorder specific resources.

About the Disorder

Tourette's disorder is a neurological disorder that has dramatic consequences for children/youth. The Center for Disease Control (CDC) estimates that over 138,000 American youth are diagnosed with Tourette's disorder and it affects an approximate additional 2 million people to some degree. Boys identified with Tourette's disorder outnumber girls 3 to 1; the disorder affects all races and ethnic groups. Researchers have traced the condition to a single abnormal gene that predisposes the individual to abnormal production or function of dopamine and other neurotransmitters in the brain.

Vocal and motor tics are the symptoms of Tourette's disorder. They are involuntary, come and go over time, changing in type, location, frequency, and intensity. The DSM-5 describes tics as "a sudden, rapid, recurrent, nonrhythmic motor movement or vocalization." Children/youth experience their most severe tics before they are in their mid teens. All students with Tourette's disorder present multiple motor and vocal tics, although not necessarily simultaneously. Many students have symptoms mild enough that they never seek help; many others find their symptoms subside after they reach adulthood.

The CDC estimates that 25 percent of students in the U.S. have a tic at some time in their life. Not all students with tics have Tourette's disorder, although they may have a related tic disorder. Tics may be simple (eye blinking, head jerking, coughing, snorting) or complex (jumping, swinging objects, mimicking other people's gestures or speech, rapid repetitions of a word or phrase). In fact, the range of tics exhibited by people with Tourette's disorder is so broad that family members, teachers, and friends may find it hard to believe that these actions or vocalizations are not deliberate.

Like someone compelled to cough or sneeze, people with Tourette's disorder may feel an irresistible urge to carry out their tics. Others may not be aware of the fact they are ticcing. Some people can suppress their tics for hours at a time, but this leads to stronger outbursts of tics later on. Often, students repress their tics during school hours and release them when they return home and feel safe from harassment or teasing.

Somewhere between 50 to 70 percent of students with Tourette's disorder have related learning disabilities, attention-deficit/hyperactivity disorder (ADHD), obsessive-compulsive disorder (OCD), or difficulties with impulse control. Sensory integration problems may explain some behaviors. Problems such as depression and anxiety may underlie visible tics, and stress is known to worsen symptoms.

Educational Implications

Tics, such as eye blinking or shoulder shrugging, can make it difficult for students to concentrate. But suppressing tics is exhausting and takes energy away from learning.

Tics may also be disruptive or offensive to teachers and classmates. Peers may ridicule the students with Tourette's disorder or repeatedly trigger an outburst of tics to harass the student. Tension and fatigue generally increase tics.

Please note: Most students with Tourette's disorder do not qualify for special education services unless the coexisting conditions are severe. However, some may qualify for Section 504 accommodations.

Instructional Strategies and Classroom Accommodations

- Educate other students about Tourette's disorder, encourage the student to provide his own explanations, and encourage peers to ignore tics when possible.
- Do not urge the student to stop or stay quiet. Remember, it's not that your student won't stop—they simply can't stop.
- Do not impose disciplinary action for tic behaviors.
- To promote order and provide a diversion for escalating behavior, provide adult supervision in the hallways, during assemblies, in the cafeteria, when returning from recess, and at other high-stress times.
- Refer to the school occupational therapist for an evaluation of sensory difficulties and modify the environment to control stimuli such as light, noise, or unexpected touch.
- Help the student to recognize fatigue and the internal and external stimuli that signal the onset of tics. Prearrange a signal and a quiet, safe place for the student to go to relax or rest.
- Provide a private, quiet place for test taking. Remove time limits when possible.
- Help the student learn to predict outbursts and be able to request a break. Self-management techniques may be a necessary lifetime skill for the student.
- Reduce handwriting tasks and note taking. Provide note takers or photocopies of overheads during lectures and encourage computer use for composition tasks. Handwriting problems are common due to hand, arm, or shoulder tics.
- Give students with Tourette's disorder special responsibilities that they can do well. Encourage them to show their skills in sports, music, art, or other areas.
- Provide structured, predictable scheduling to reduce stress and ensure adult supervision in group settings.

*For additional suggestions on classroom strategies and modifications, see *An Educator's Guide to Children's Mental Health* chapter on Meeting the Needs of All Students.*