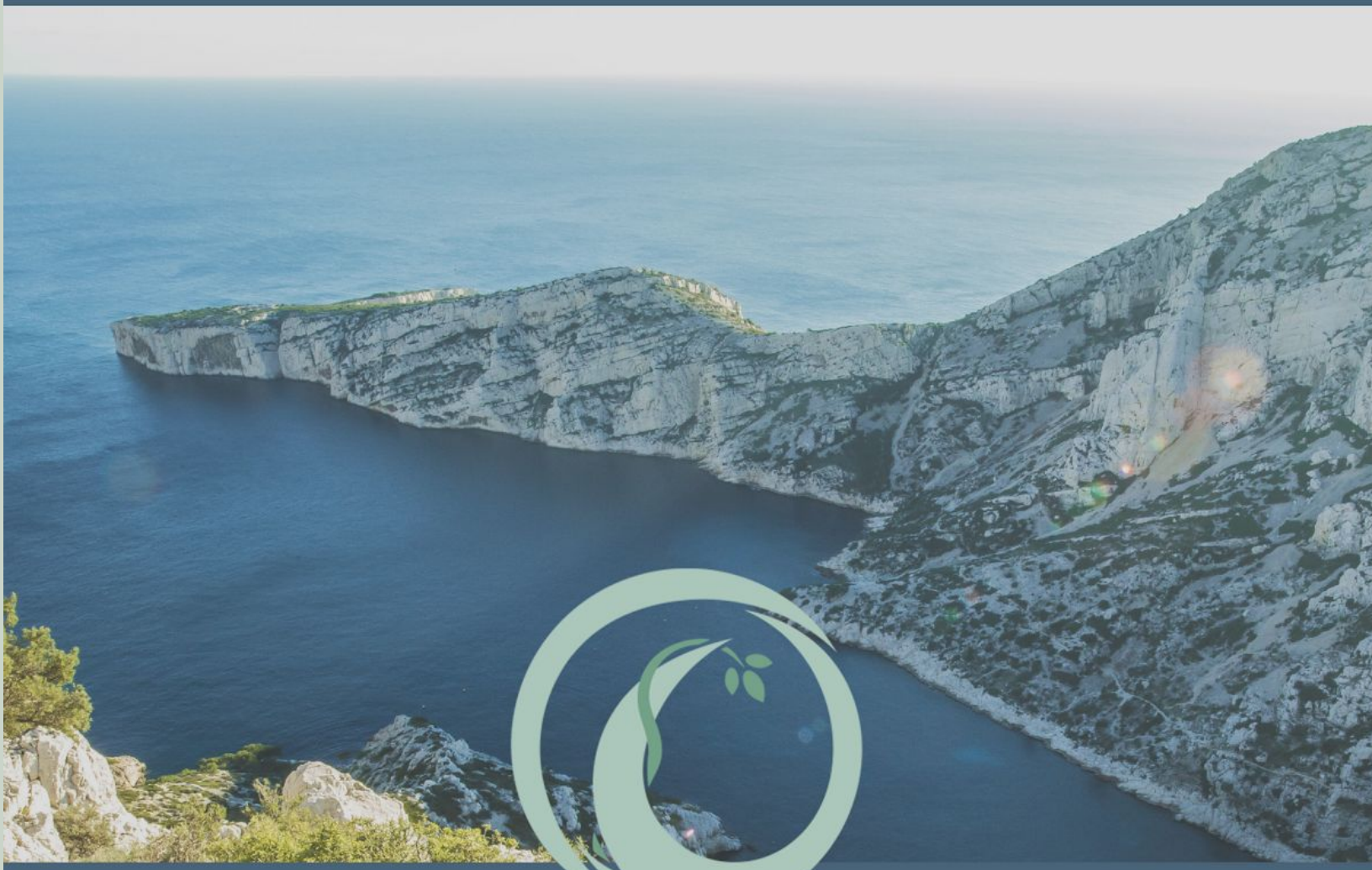
Tourette Alliance

EDUCATOR'S TOOLKIT



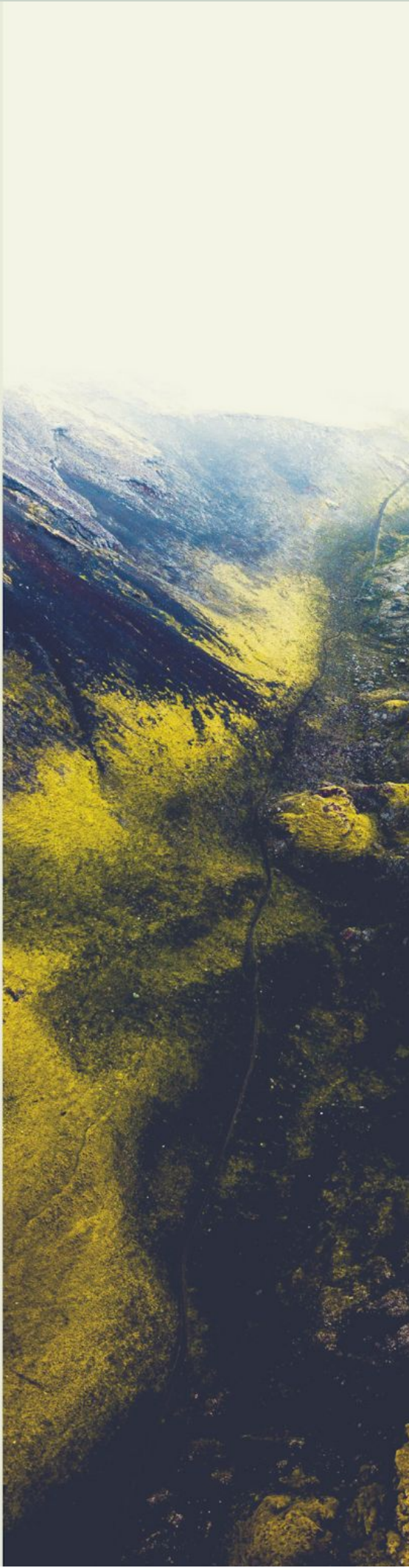
FAMILIES/EDUCATORS NORTHERN IRELAND

Working to raise awareness, acceptance and understanding of Tourette Syndrome info@TouretteAlliance.org

VOCAL TICS

SOME EXAMPLES

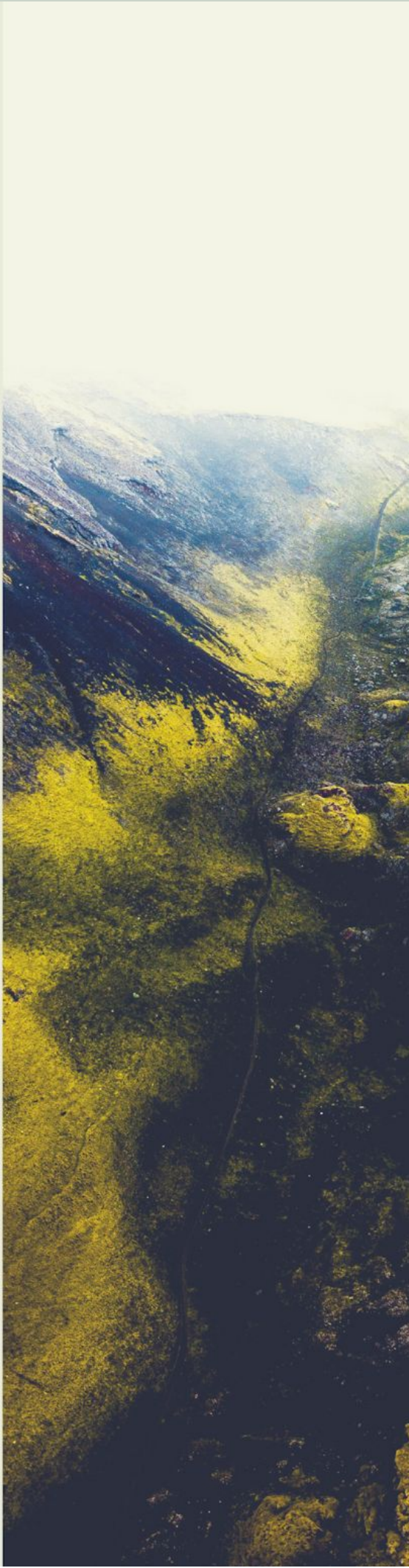
THROAT CLEARING
CLUCKING
POPPING
SNIFFING
SNORTING
SPITTING
SLURPING
COUGHING
COOING
ODD LAUGH
LOUD SHOUTING
HOWLING
GASPING/ODD BREATHING PATTERNS
SNARLING
HUMMING
GRUNTING
GULPING
RETCHING
WHISTLING
MAKING ANIMAL NOISES
HISSING
PANTING
SQUEAKING
LOUD SCREAM/SCREECH
YIPPING
MAKING UP WORDS
BEAT BOXING
REPEATING OF SONG LYRICS
REPEATING LINES FROM COMMERCIALS
BEAT BOXING
SHOUTING OUT RANDOM WORDS
BABY TALKING
USING ACCENTS
SPEECH DISFLUENCIES
USING SOCIALLY
INAPPROPRIATE/OBSCENE WORDS OR PHRASES (COPROLALIA)
REPEATING WORDS OR SOUNDS OF OTHERS (ECHOLALIA)
REPEATING ONE'S OWN WORDS (PALILALIA)



MOTOR TICS

SOME EXAMPLES

EYE ROLLING
EYE BLINKING
FACIAL GRIMACE
NOSE SCRUNCHING
FINGER FLICKING
LIP SUCKING
LIP BITING
HAND BITING
SMELLING THINGS
HEAD ROLLING
MUSCLE FLEXING
BENDING
TWISTING
HOPPING
HEAD SWIVEL
THROWING HEAD BACKWARDS
NECK SCRUNCHING
SHOULDER SHRUGGING/POPPING
ABDOMINAL SCRUNCHING
FOOT SHAKING
CLATTERING/CHATTERING TEETH
FINGER STRETCHES
TOE WALKINGODD FOOT PATTERNS/SHUFFLING
PULLING ON CLOTHES
WRIST FLICKING
SNAPPING/FLAPPING ARMS
DYSTONIC TICS
FLICKING NAILS
HAND CLAPPING
HAND FLAPPING
FACE RUBBING
JUMPING
SPINNING
SPITTING
SCRATCHING
NOSE TOUCHING
RUBBING FEET ON THE GROUND
NEED TO TOUCH ITEMS WITH THE TONGUE
NEEDING TO TOUCH OTHER PEOPLE
NEEDING TO TOUCH SPECIFIC ITEMS
JUMPING JACKS
STANDING ON HEAD
SELF-HITTING
HITTING OTHERS
THROWING THINGS
SOCIALLY INAPPROPRIATE/OBSCENE GESTURES (COPROPRAXIA)



TouretteAlliance
Acceptance, Advocacy & Awareness

TOURETTE SYNDROME

BY SUSAN CONNERS, M.ED.

TOURETTE SYNDROME WAXES AND WANES

Both motor and vocal tics wax and wane. This first implies that the tics change all the time. You could be teaching a child who has a snorting tic and in a few weeks that could disappear and he could be shouting a word across your classroom. Tics change much more frequently in children than adults, which makes this particular criterion one of the most difficult for educators to get a handle on.

Waxing and waning also means that tics change in severity depending on environmental circumstances. The most common of these are stress and anxiety, excitement and fatigue and illness. Some people's tics worsen when they overheat or on sensory overload. Events such as family birthdays, vacations and field trips can be very exciting for a child, which could temporarily cause symptoms to worsen. Tics almost always tend to worsen at the end of the day because of the level of fatigue. It is also very common for tics to increase during pre-puberty and puberty. It has been reported widely that most children seem to experience more severe tics at home. This may be because they are loved and accepted at home and feel 'safe' to express their symptoms.

TOURETTE SYNDROME IS ALSO HIGHLY SUGGESTIBLE

TS can be very suggestible. (a reaction to something or someone that has been seen or heard) If I hear an unusual noise, I have to repeat it. If one is with someone else with TS, they will tend to repeat each other's tics. This is particularly common with inappropriate vocal or motor tics. Inappropriate words or motor tics can be completely random but they can also just as easily be triggered by someone or something that one sees and thus appear very purposeful.

The analogy that I like to use is walking through a park. You pass 13 park benches and have no desire or urge to touch the first twelve benches. However, the 13th bench has a sign that says "wet paint, don't touch". You have to touch it.

"STOP TICCING!":

The most counter productive request that any can make is to ask a child to 'stop ticcing.' First of all, that is not completely possible. The child may be able to suppress the movements and sounds for a very limited time, doing his or her best to hold in the tics. However, the stress and energy needed to try and suppress symptoms will actually make the tics worse. Also, the effort needed to hold in the tics, even for short periods of time, diminishes the child's ability to concentrate. This effort has been compared to someone trying to suppress a sneeze or trying not to blink ones eyes for a limited time.

TouretteAlliance
Acceptance, Advocacy & Awareness

VOCAL TICS

BY SUSAN CONNERS, M.ED.

A VOCAL TIC IS CALLED A VOCAL TIC BECAUSE YOU HEAR IT.

They can often be the most difficult tics because of the disruption they cause. A vocal tic can be defined as the repeated uttering of a sound, word or phrase. Simple vocal tics can be noises such as a constant sniffing or throat clearing, a squeak, a snort, a howl, a bark, etc. Complex vocal tics are linguistically meaningful words or phrases that are repeated over and over. A boy diagnosed with TS whom I once taught made a series of snorts and animal sounds. He also repeated phrases such as "chickens are fuzzy, chickens are fuzzy" and "I have a chicken in my pants". Complex vocal tics can take the form of echoing what someone else says (echolalia) or repeating your own words over and over again (pallillalia). Complex vocal tics can also take the form of voice intonation changes, speaking in a foreign accent and what may sound like a stuttering.

UNFORTUNATELY, ANYONE WHO KNOWS ANYTHING ABOUT TS KNOWS OF THE VOCAL TIC THAT TAKES THE FORM OF INAPPROPRIATE LANGUAGE.

This is known as coprolalia. It does exist and can certainly be a part of Tourette, but is NOT necessary for a diagnosis. It actually occurs very infrequently with people with TS. It usually takes the form of curse words, but could be anything inappropriate such as ethnic slurs, sexual utterances or comments on a person's appearance such as "you're bald, you're fat". It can be a very random comment but could also seem very directed to a certain situation, which makes it appear deliberate. It is NOT deliberate. My student's "I have a chicken in my pants" could be classified as coprolalia. In my classroom where we all understood Tourette, it is simply ignored. In the real world, this certainly is not often the case.

TICS ARE:

MOTOR OR VOCAL, SIMPLE OR COMPLEX

REPETITIVE (STEREOTYPIC)

TEMPORARILY SUPPRESSIBLE

SUGGESTIBLE & CHANGEABLE

POSSIBLE DURING SLEEP

OFTEN INCREASED WITH STRESS, ANXIETY, EXCITEMENT, FATIGUE & ILLNESS

OFTEN IMPROVED WITH FOCUSED ACTIVITY

TouretteAlliance
Acceptance, Advocacy & Awareness

MOTOR TICS

BY SUSAN CONNERS, M.ED.

A MOTOR TIC IS A RAPID, REPETITIVE MOVEMENT OF ANY VOLUNTARY MUSCULAR GROUP IN YOUR BODY.

Simple motor tics usually involve just one muscular group and could include; rapid eye blinking, head jerking, facial grimaces, arm flailing, finger tapping, toe tapping to name a few. These tics can occur in bouts that can sometimes seem purposeful. Many people with TS also exhibit complex motor tics, which are more complex movements and are rarely recognized as tics. They could include hopping, knee bending, twirling, jumping, head banging, whole body bending or a series of what look like simple motor tics. These types of tics can be very interfering with what one is trying to accomplish.

THEY CAN ALSO BE VERY PAINFUL.

I have seen people who have broken bones due to severe complex motor tics. I, myself, have a complex motor tic where I must tap my finger on the table, touch my chin and then lick my shoulder always in that sequence. This must look quite ridiculous to someone who does not understand movement disorders.

Probably the most complex motor tic I have ever witnessed was a handstand tic that a third grader had to do over and over all day long. We had to be very creative in school with this tic. The list of motor tics is endless. Literally any movement can be a tic. Most people, however, think that if a tic is not disrupting the class that it is not interfering with the child's ability to get their work done. Some of the most unobtrusive tics can be the most bothersome. Imagine trying to read when your eyes are constantly blinking or your head is shaking. Try to write when you have to repeatedly twist your wrists. Environmental accommodations are often needed so that the child can get their work done.

TICS ARE:

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ADHD & TS

THE TOURETTE ALLIANCE

ADHD common co-occurring condition in this complex neurodevelopmental disorder, with the latest research showing that the majority of adults and children with Tourette Syndrome may also have ADHD. It can often be seen in those with Tourette before the tics--ADHD appears within the first few years of life and the tics don't typically start until nearer the age of 5 or 6

Children with Tourette Syndrome and ADHD can be some of the most challenging children you will ever teach--they are also often some of the most rewarding. Although it so easy for us as educators to see what seems like bad behavior, this couldn't be further from reality.

(Research from CHADD, the organization which provides support for those whose lives are affected by ADHD, shows that up to 50% of those with ADHD have Tourette Syndrome or another Chronic Tic Disorder.)

While some individuals with Tourette Syndrome may have the inattentive but not hyperactive subtype of ADHD, several common symptoms characterize it:

Inattentive

- Easily distracted by even the smallest extraneous noise
- Difficulty sustaining attention
- Difficulty staying on task

Hyperactive

- Have an under stimulated nervous system
- Can't sit still for long periods of time
- Need constant movement – finger tapping, chewing gum, etc.
- Concentrate better when they have some movement

In a classroom ADHD children can display several behaviors:

- Are very fidgety
- Have a difficult time remaining seated for any length of time.
- Seem to be in constant motion
- Exhibit a very short attention span
- Get in your face and shout out answers before being called on.
- Have a difficult time initiating or finishing anything
- Are some of the most disorganized children you will ever encounter.
- Always come to your class unprepared and with the wrong materials
- Lose everything, pencils, pens, homework, etc.

Impulsive

- Blurt out without being called on
- Fail to think before acting
- Do dangerous things without thinking of consequences
- Difficulty regulating their emotional responses to situations

Socially Immature

- Their social/emotional age is often about 2/3 of their actual chronological age
- Difficulty with social interactions with children their own age
- Prefer to play with younger children
- Often respond in a manner that is not age appropriate

Disorganized.

- This particular symptom is called Executive Dysfunction. Children with this will have difficulty with any tasks that requiring organization, remembering things, time management, etc.

(See our upcoming fact for an in-depth discussion on Executive Dysfunction)

ADHD & TS

THE TOURETTE ALLIANCE

By Susan Conners, M.Ed.

OCD & TS

THE TOURETTE ALLIANCE

WHEN THE MIND GETS "STUCK"

by Susan Conners, M.Ed.

"THE BIGGEST FEAR IS THAT EVERYONE WILL THINK THAT YOU'RE CRAZY. YOU FEEL CRAZY DOING THESE RIDICULOUS THINGS OVER AND OVER AGAIN." -S.C.

I've often referred to my obsessions and compulsions as "tics of the mind". My body tics and my mind tics as it gets "stuck" on thoughts & ideas. An obsession is a thought that your mind gets stuck on, causing great anxiety. A compulsion is what you have to do to alleviate the anxiety of an obsession.

One of the most common obsessions that we hear about is a germ obsession. A person has a fear of germs and contamination. In order to alleviate the obsession, the person must wash. They may wash their hands over and over again or take very long, very frequent showers, or clean their home and belongings continually.

Although germ obsessions are the ones we hear about the most, OCD can take literally hundreds of other forms. A person can become obsessed with counting things over and over again. With OCD, there is always the doubt that you didn't do something right the first time so you must do it repeatedly just to be sure.

I once met a young girl who developed a counting obsession which took the form of counting every word in every line she read or wrote. A sophomore in highschool, she was soon failing everything. The more anxious she became, the worse the compulsion was. Everything she attempted to read or write took hours and hours. Until the obsession subsided, it became necessary to provide her with a note taker and books on tape to allow her to be able to finish her work

When I talk about the obsessions and compulsions that I experienced growing up, people inevitably ask me why I didn't simply tell the teacher or my parents what was going on in my head.

There are two reasons why kids don't tell. First of all, you have nothing to compare it to. How did I know that other kids weren't doing the same thing in their head? Secondly, the biggest fear is that everyone will think that you're crazy. You feel crazy doing these ridiculous things over and over again.

An obsession could take the form of checking things over and over again. You're never quite sure that you completed it the first time. I would check the stove, the coffee pot, the iron, the thermostat, eight and nine times before I could get out of my house in the morning.

Symmetry is a very common obsession. What is perceived as perfectionism is almost always a red flag for OCD. Kids who erase over and over again, kids who asked repeated questions. People with OCD don't transition well. They may appear to be stubborn, but may just be having a difficult time moving on to a new activity.

Some people with OCD have obsessive thoughts that go on in their head over and over all day long. They can often be violent or sexual thoughts that are very disturbing. They don't act on them but are very interfering and also terrifying.

Many people with OCD have what I have coined *"an obsessive sense of justice"*.

Red flags for this in a classroom may included:

Children who are "tattle tales". They must make sure that you know of every infraction of other children in the class.

A person who debates every issue-a grade on a test, a new rule, etc.

A child who is overly critical of other children if they don't measure up to their expectations.

OCD almost always appears irrational to the onlooker and often even to the person who has it but despite the absurdity of these obsessions and compulsions, one cannot stop.

They appear very inflexible and any even minor changes in the day's schedule can cause them to melt down for lengthy periods of time; for instance changing what's for dinner, a cancelled play date, etc.

Just like the tics, OCD can be exacerbated by stress, anxiety, excitement, fatigue and other environmental factors. It can also be extremely debilitating.

OCD

By Susan Conners, M.Ed.

Common obsessions can include:

- The need for symmetry, perfectionism and neatness
- Repeated counting
- Checking things over and over
- Constant doubt or worrying
- Obsessive fears
- Fear of germs/contamination
- Ritualistic behaviors
- Asking repeated questions
- Difficulty with transitions or any kind of change/inflexibility
- An obsessive sense of justice
- Obsessive thoughts
- Change and transition difficulties

Less Common obsessions can include:

- Hoarding
- Collecting Things
- Compulsive Stealing (Kleptomania)
- Obsessive Fears: Fear of acting on an impulse to harm others, fear of violent or horrific images in one's mind, fear of sleeping in one's bed
- Religious Obsessions (Scrupulosity)
- Superstitions: Lucky/unlucky numbers, certain colors

SPD & TS

THE TOURETTE ALLIANCE

WHEN THERE'S MORE TO BEING SENSITIVE THAN MEETS THE EYE

By Susan Conners, M.Ed.

Sensory Processing Disorder (SPD) is a disorder which is quite commonly associated with Tourette Syndrome. SPD is the constant bombardment of sensory input that is neither perceived nor interpreted correctly. It can affect any of the senses and cause great anxiety/pain for the individual as well as problems with:

Daily functioning
Family relationships
Regulating emotions/behavior
Self-esteem
Learning and performance at school or work
Behavior

In the course of a day those with sensory processing issues may vacillate between being hypersensitive and hyposensitive. At one time they might be extremely sensitive to light touch- jerking away from a soft pat on the shoulder while at another time be completely indifferent to pain.

When I visit a school to work with an individual who has developed *"behavioral"* problems, I first question educators about where the behaviors most frequently occur. The most common responses are:

The hallways between classes
The cafeteria
The playground
The school bus
Physical Education class
School assemblies

These are all areas of high sensory overload, which may be intolerable to those with this SPD.

The environment plays a huge role in day-to-day functioning for these individuals. We need to look at making environmental accommodations to help meet their needs and eradicate certain behaviors that are caused by a reaction to the environment.

Below is a list of strategies and accommodations for both home and school that may help with SPD:

Home

- Look for shirts that have no labels or cut out the labels.
- Make sure that clothing is tried on before purchase and ensure that they "feel right".
- Something as simple as putting clothes in the dryer just before putting them on makes them feel softer and more comfortable.
- If your a child wants to wear the same types of clothes every day, let them.
- If someone tells you that, for example, they can't stand to hear someone chew, believe them. Allow them to wear a headset during dinner or eat in a separate room.
- As much as possible, avoid loud, chaotic environments.
- If you find yourself in such a situation learn when to remove yourself or teach your child the words to let you know that if they can't tolerate their surroundings you will help remove them.

School

- Allow the child to leave class 3 to 4 minutes early to avoid crowded hallways.
- Allow them to bring a friend so they can also have their social time like the other students.
- Find a quiet place for them to eat lunch with a couple of friends.
- During school assemblies, allow the child to sit at the end of the row preferably toward the back so if it gets too noisy they can quickly go to the hallway for a few minutes.
- On the playground or in P.E. class, have an aide nearby who can help the child remove him/herself before the problem escalates.
- Allow the child to wear a headset in noisy, chaotic environments
- Involve the school's Occupational Therapist to assess the sensory needs and suggest possible solutions.

Red flags that may signal hyposensitivity :

- May appear sluggish
- Have self abusive behaviors/tics/obsessions
- Pick at skin, scabs, nails, etc.
- Repeatedly touch surfaces or objects that are soothing
- Crave strong sensory input

"IMAGINE EVERYTHING YOU FEEL TIMES A MILLION. I FEEL EVERYTHING YOU DO, I JUST FEEL IT A LOT DIFFERENTLY-AND FAR MORE INTENSELY."

- CONNOR

Examples of sensory hypersensitivity:

- Those who are sensitive to sudden touch, the feel of certain fabrics
- Can't touch certain surfaces such as paper, a counter top, etc.
- Need to have tags cut out of clothes or socks without seams
- Are very sensitive to bright or florescent lights
- Can't tolerate the texture of certain foods in their mouth
- Are very sensitive to certain smells
- Are over reactive to certain sounds
- Appear to hear everything equally loud
- Melt down or become more aggressive in noisy chaotic environments where there is high sensory overload

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Acceptance, Advocacy & Awareness

DYSGRAPHIA

BY SUSAN CONNERS, M.ED.

DYSGRAPHIA IS A SPECIFIC LEARNING DISABILITY THAT AFFECTS AN EXTREMELY LARGE NUMBER OF CHILDREN WITH TS & ADHD

Dysgraphia can also affect children affects how easily children acquire written language and how well they use written language to express their thoughts.

Dysgraphia can be the result of fine motor skills weakness and/or a disconnect between what your mind sees and what you actually produce on paper. Dysgraphia is one of the primary reasons why these children become frustrated, refuse to do their work and ultimately fail. When you can't write, you cannot do your work. It's as simple as that.

In addition to the the possible characteristics listed in the column to the right, we also add interfering tics, obsessions and sensory issues for children with TS. Handwriting can be extremely difficult if not impossible for these children.

These children will be seen writing a few words, stopping and shaking out their hand before they can continue. It actually hurts to write. The more they write, the more it hurts and the more fatigued their hand becomes which results in completely illegible work and increased frustration. There are times when a child can write a few sentences without too much of a problem but that ability waxes and wanes just like the tics.

Any hand, finger, eye or upper body tic can interfere with the writing process.

Obsessions such as writing and erasing words until they look perfect can also hinder writing.

Some children with sensory issues may have a difficult time touching certain paper or writing instrument.

Children who exhibit signs of Dysgraphia should be evaluated by an Occupational Therapist who will be able to identify this disability and provide therapy as well as useful accommodations to help these children.

CHARACTERISICS OF DYSGRAPHIA CAN INCLUDE:

- Slow and laborious writing
- Hand and finger cramping
- Letter reversal ("d" becomes a "b")
- Letter reversals within a word ("read" becomes "raed")
- Sloppy handwriting – uneven spacing – irregular margins, inconsistent lettering
- Inability to copy correctly from book to paper or chalkboard to paper (visual motor)
- Difficulty with written expression - getting thoughts onto paper
- Difficulty with punctuation and capitalization
- Difficulty with note-taking
- Poor spelling

TouretteAlliance
Acceptance, Advocacy & Awareness

DYSGRAPHIA

BY SUSAN CONNERS, M.ED.

OCCUPATIONAL THERAPY EVALUATIONS

When evaluating for Dysgraphia, Occupational Therapists must ensure that they give the child a long enough writing sample to accomplish. Test them under less than optimum conditions that mimic what they would normally be doing in a classroom setting. Collect a large sampling of their everyday written work to be able to more accurately evaluate this disorder. Look for interfering tics, obsessions, writing rituals, etc.

The following are common classroom difficulties for children with Dysrgraphia:

Math - when copying the problem from the textbook to the paper, the numbers may be reversed.

Numbers may be lined up incorrectly (the 10's column lined up with the 100's column) thus resulting in a wrong answer.

Homework assignments may be copied incorrectly from the board. Letters themselves and even letters within a word may be reversed. Cursive writing may be an impossible skill to acquire.

A child can know very well how to spell a word verbally but when they write it, they reverse letters. Taking notes may be impossible.

Children with dysgraphia may be very creative writers yet they continually write the shortest amount possible. This is not because they are lazy but because it hurts too much to write anything longer and it will invariably be illegible.

This disability can be easily accommodated. It first it must be recognized as a disability and not just misinterpreted as a child who is lazy and oppositional. Below are some useful accommodations for children with Dysgraphia.

Provide a scribe
Use a computer/tablet
Provide OT services
Provide notes
Computer software and apps that can be helpful
Voice activated software
Text to voice software
TECHNOLOGY, TECHNOLOGY, TECHNOLOGY !!!

ASSISTIVE TECHNOLOGY TOOLBOX:

- Voice Activated Software
- Text to Voice Software (Reads to You)
- Voice to Text Software (Types What You Say)
- Digital Books
- Note Taking Software
- Graphic Organizers
- Word Prediction
- Apps like Snap Type that turn any worksheet into a document which can be completed on a computer

ANXIETY & TS

THE TOURETTE ALLIANCE

OVERWHELMED AND UNDERPREPARED

by Deborah Anderson

"I KNOW THAT LOGICALLY THERE IS NO REASON FOR ME TO BE AFRAID BUT THAT DOESN'T STOP THE FEELING OF TERROR THAT ENGULFS ME EVERYTIME I WAKE UP." -R.A.

Although Tourette Syndrome, a neurological disorder, is characterized by uncontrollable movements and sounds known as tics, there's so much more to it than that. Over 80% of those with Tourette Syndrome will be diagnosed with cooccurring (comorbid) conditions, most commonly ADHD. This is followed closely by Anxiety Disorders including OCD, Panic Attacks, Agoraphobia, Social Anxiety, Separation Anxiety and more.

When our son was initially diagnosed with Tourette Syndrome, we had no idea that the Anxiety Disorder would turn out to be the most distressing aspect of Tourette Syndrome for us by far.

Like many families with a new diagnosis of Tourette (both before and since), we'd been told that Tourette Syndrome wasn't serious and it was likely our son would "grow out of it". Yet, as our son became a teenager the OCD and anxiety grew in ways that we hadn't expected. Just prior to his 17th birthday, the anxiety spiralled into full blown Panic Disorder. It wasn't long before this led to his becoming housebound with what would eventually learn was severe Agoraphobia.

For our family, it felt like overnight our son had changed from a happy, active and social young man to being houseband...for the last 11 years. His life, and ours, has been a constant battle against Anxiety. While the tics (which he still has daily) cause relatively few issues.

Thankfully, our son is slowly winning his battle against this disorder and the moments of light are beginning to shine through. Still, I can't help but think on how different things might have been had we known more about a mental health condition so incredibly common in Tourette Syndrome.

As a mum, my advice to others would be to pay attention to your family members with Tourette Syndrome and look for the early signs of anxiety. It's true that everyone feels anxious from time to time-in fact it's completely normal to feel that way in certain situations like the big exam or a first date. For those with an anxiety disorder, however, they feel anxious in situations where there is no danger.

They feel dread and intense anxiety In everyday situations like walking to the mailbox or getting a bus. When our son, and others like him who suffer from anxiety disorders, has anxiety it causes his heart to beat faster than it should. So fast that he feel as if he's in danger of it stopping altogether. There is nausea, dizziness and sometimes profuse sweating. These physical effects aren't just distressing-they often only serve to increase the anxiety-the anxiety, in turn, increases the other symptoms of Tourette Syndrome (including the tics), which adds even more anxiety and feeds into a cycle that seems to have no end.

This could be the child who no longer wants to do things he or she once loved but can't explain why; the young person who is becoming more and more socially isolated; the individual who becomes distressed about things that seem "silly" to onlookers.

Anxiety Disorders such as the one our son has can be helped but they require early and appropriate interventions such as therapy and medication. The earlier you recognise the signs and access support the better.

TOURETTE SYNDROME AWARENESS

THE DIAGNOSTIC CRITERIA FOR TOURETTE SYNDROME IS ACTUALLY PRETTY SIMPLE:

- At least 1 Vocal Tic (Utterance of any sound)
- At least 2 Motor Tics (Movements of muscle groups)
- That do not have to be concurrent, may wax & wane
- Have persisted for 1 year since first tic onset
- Currently for a diagnosis these must start before the age of 18.

TO LEARN MORE ABOUT TOURETTE SYNDROME CONTACT THE TOURETTE ALLIANCE AT INFO@TOURETTEALLIANCE.ORG OR GO TO HTTP://TOURETTEALLIANCE.ORG

TOURETTE SYNDROME AWARENESS

TOURETTE SYNDROME IS NOT RARE!

According to the NHS it effects
1 in 100 adults & children

TO LEARN MORE ABOUT TOURETTE SYNDROME CONTACT THE TOURETTE ALLIANCE AT INFO@TOURETTEALLIANCE.ORG OR GO TO HTTP://TOURETTEALLIANCE.ORG

DIG DEEPER!

There's more to Tourette than what's on the surface.