

## Information Sheet

### ***Tic Disorder and Tourette Syndrome***

Tics are involuntary, recurrent physical movements (e.g., facial twitches or movements of the head or other parts of the body) or audible vocalisations (e.g., sniffs, snorts, squeaks, screams or words).

Commonly, tics are preceded by an impulse to alleviate a sense of discomfort or tension (known as a premonitory urge), although individuals may find this difficult to identify. It is usually extremely difficult to resist performing a tic in response to a premonitory urge.

Tics tend to fluctuate in intensity, and are often more common during times of emotional stress. Tics may be Simple (i.e., an isolated movement or vocalisation) or Complex (i.e., series of movements and/or vocalisations performed in a particular order).

If a person has experienced tics for longer than a year, and the tics began before the age of 18 years, they may be diagnosed with either Tic Disorder (motor OR vocal tics) or Tourette Syndrome (motor AND vocal tics).

#### ***Treatment***

Behavioural approaches are the most common method of intervention for Tic Disorder and Tourette Syndrome. The primary behavioural intervention is Comprehensive Behavioural Intervention for Tics (CBIT), which incorporates a number of techniques including Function-based Interventions, Habit Reversal Training (HRT), relaxation training and social support.

***Function-based interventions*** involve conducting a thorough assessment of the factors that exist before (antecedent) and after (consequences) an individual experiences a tic. Once these variables are identified, specific interventions are developed in order to reduce their effect.

***Habit Reversal Training*** - Habit Reversal Training (HRT) aims to alter the habitual motor response to a premonitory urge. It consists of three main components including Awareness Training, Competing Response Training and social support, (provided mostly by parents). Awareness Training involves teaching an individual to identify premonitory urges and other signals that a tic is about to occur. Competing Response Training involves identifying an alternative movement that can be performed in response to the premonitory urge, instead of the tic. By repeatedly practicing the competing response, the pleasure or relief that is usually experienced by performing the tic will lessen, thereby reducing the frequency and intensity of the tic.

***Relaxation training*** - If tics are associated with increased stress or anxiety, clients will also be taught stress management techniques.

***Social support*** - It is important that the people closely associated to the client (particularly parents) learn the most helpful way to respond to tics, how to manage their own reactions, and how to minimise the impact of tics on the rest of the family.

Finally, it is common for tics to occur alongside other disorders, in particular Attention Deficit/Hyperactivity Disorder (ADHD) and Obsessive Compulsive Disorder (OCD). Therefore, it is important for psychologists to perform thorough assessments, in order to identify whether additional interventions are also necessary.