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A brief overview of Tourette's and how it isn't just tics

Tourette's isn't just tics. Please take 2 mins of your day to read this. If someone tells you their child has Tourette's, but you're confused as you haven't *seen* them tic or present in a way media portrays it, this doesn't mean this disorder isn't fighting with them all day long. Some individuals' "tics" are really mild, and you wouldn't know that they are even ticcing, you can't see the pain and discomfort that comes before a movement (tic) and you can't see all the other elements that are listed below.

Some children can mask/ suppress their tics in school if they're uncomfortable, so you may not see them much, if at all. However, provisions still need to be put in place.

Please educate yourself on Tourette's as it's as common as Autism yet there is limited to no provisions or training available Tourette's like there is for Autism.

Please see the list below for more information on how Tourette's (yes, a tic disorder) can manifest as it is far from just tics.

- Sensory Processing Disorder (SPD), a disorder which has the misconception of being specific to Autism and which may be related to "stimming"--something that even neurotypical individuals are known to do. It's also confusing for many when there are tics which appear similar or the same as what are commonly thought of as "stims" such as toe walking or hand flapping.
- OCD (which is seen up to 80% of the time according to up-to-date research). This OCD is often primarily obsessive and as a result there is often rigidity, obsessive interests (This obsessing about topics means that they often speak in one-sided conversations about that specific thing that they are obsessed about for hours or days or weeks or even years), the "Photographic Memory of Language", the "Obsessive Sense of Justice", intrusive thoughts and images, repetitive behaviours, a need for things to be "just right", severe separation anxiety, hoarding, skin picking or hair pulling, body image issues, religious obsessions and more.
- Social and Emotional Immaturity which translates to about a third of their age less--or, the manifestation of comorbidities that can create the appearance of social and emotional immaturity. Yet not often with adults or younger children. Most often this is seen during interactions with their peers.
- Disinhibition and Impulsivity which results in social gaffs; if it's in their head it's going to come out of their mouth!
- Social Communication Disorder (SCD) which affects the person's understanding of stories, jokes, social interactions and knowing what is socially appropriate. There has also been repeated research which shows that those with Tourette Syndrome can have deeply impacting issues involving "Theory of Mind" or the ability to understand their own emotions or the emotions of others which, combined with the symptoms from other comorbidities such as ADHD and OCD lead to...
- Social Skills Deficits
- Specific Learning Disabilities such as Dysgraphia and Dyscalculia which can be seen even with those who have extremely high IQs, and yet are little understood. The result is often complete work refusal which is frequently misdiagnosed as "ODD" or "PDA".
- Rages and Meltdowns, which are one of the most common reasons for families of those with TS to seek clinical support.
- Lack of Eye Contact due to social anxiety, ADHD or Central Auditory Processing Disorder.

There are so many factors to Tourette's!