UNDERSTANDING YOUR DIAGNOSIS

Tic Disorder

Also called Persistent (Chronic) Motor or Vocal Tic Disorder

Your child has tics they cannot simply stop, they usually ease with age, and there is treatment that really works.

HOW COMMON	OFTEN STARTS	USUALLY EASES	TREATABLE
About 1 to 2 in 100 kids	Ages 4 to 6; peak at 10 to 12	By the late teen years	Yes - behavior therapy first

What this is

- A tic is a sudden movement or sound your child makes without choosing to. Telling them to stop does not work and makes it worse.
- In this diagnosis there are tics of one kind only, either movements or sounds, and they have been going on for over a year.
- Tics are involuntary. Your child can hold one back a while, like holding in a sneeze, but the pressure builds until it bursts.
- This is not a behavior problem, not attention seeking, and not something your parenting caused or can discipline away.

What it can look and feel like

- Movement tics look like eye blinking, face scrunching, head jerks, or shoulder shrugs that come in bursts and then fade.
- Sound tics include sniffing, throat clearing, grunting, or coughing, which often gets blamed on allergies for months first.
- Most children feel a build-up first, like an itch or tightness somewhere, that eases for a moment once the tic happens.
- Tics change over time. One fades out and a new one takes its place, and the spot on the body moves around as well.
- Stress, tiredness, excitement, and talking about tics bring more of them. Being absorbed in something usually quiets them.
- Your child may hold tics in all day at school and then let go in a storm the moment they walk through your front door.
- The tics often bother other people more than they bother your child. Teasing and sore muscles cause most of the real harm.

What is happening in your brain and body

- Deep in the brain sits a set of circuits that pick which movements go ahead. With tics, they let unwanted ones slip through.
- Dopamine, a brain chemical that helps start movement, runs a bit high in those circuits. That is what tic medicines calm down.
- The build-up your child feels first comes from the areas that track body sensations, which is why a tic can feel half chosen.
- Tics run strongly in families. Roughly **6 to 8 in 10** of the difference between children comes down to inherited genes.
- Each tic relieves the build-up, so the brain learns to repeat it. Therapy uses that same kind of learning to unwind it.

What can make it more likely

- Genes carry most of it. Tics, **OCD**, and **ADHD** often turn up together across parents, brothers, sisters, and cousins.
- Nothing you did caused this. Not sugar, not screens, not stress at home, and not any parenting choice you have made.
- Some medicines, including stimulants at high doses, and some street drugs can bring on tic-like movements worth reviewing.
- Tics that start suddenly in a teenager and look complicated from day one may be a different condition, so get that checked.

What to expect

- Tics come and go in waves lasting weeks or months. A rough stretch does not mean anything has gone wrong or treatment failed.
- Tics are usually worst between **ages 10 and 12**, then fade. Most young people are a great deal better by the end of the teens.
- Many adults have only occasional, mild tics, and some have none at all. Careers and relationships are not closed off by this.
- **ADHD** and **OCD** ride along more often than not, and they usually cause more trouble at school than the tics themselves.

What helps

Treatment works. Most people get better.

Talking therapies

- **Habit reversal training** is the first-line treatment. Your child learns to spot the build-up and do a move that blocks the tic.
- The full package is called **CBIT**, usually **8 sessions over 10 weeks**, and it also changes the situations that feed tics.
- In the main trial, about **half** of children were much improved with CBIT, compared with about one in five given plain support.
- Another approach trains your child to sit with the build-up without ticcing, until the urge simply fades away on its own.
- Treating **OCD** and anxiety with therapy often improves daily life more than shrinking the number of tics ever does.

Medicines

- Medicine is for tics that hurt, embarrass, or get in the way. Mild tics need explanation and patience, not a prescription.
- First choice is usually an **alpha-2 agonist** such as guanfacine or clonidine, especially when **ADHD** is in the picture too.
- Antipsychotics such as aripiprazole work best on tics, but need weight, blood sugar, and movement checks at every visit.
- Injections can quiet one single tic that causes pain or real embarrassment. All dosing is decided with your prescriber.
- Stimulants for **ADHD** do not meaningfully worsen tics in most children, so do not turn them down out of fear on that basis.

Everyday things that help

- Do not ask your child to stop. Holding tics in raises the pressure and the tension, and they come back harder later on.
- Let tics pass in the moment. No comments, no reminders, no looks. Attention on a tic reliably brings more of them.
- Tell the school. A written **504 plan** can allow a tic break, a quiet exit, testing in a separate room, and a scribe.
- Ask the school to explain tics to classmates, with your permission. Teasing drops fast once other children understand.
- Guard sleep, keep exercise going, and lower pressure where you can. Tired and stressed weeks are always the worst weeks.

Get help right away if

- Your child talks about dying or hurting themselves. Call or text **988**, or go to the nearest emergency room.
- A tic is injuring your child, such as hard head or neck jerks. Call your doctor today.
- Tics start suddenly along with weakness, confusion, or a serious illness. Get seen right away.

Questions to ask your care team

- *Is this a tic disorder or Tourette's, and what makes the difference?*
- *Does my child also have ADHD or OCD, and which should we treat first?*
- *Can we start with habit reversal training, and who nearby provides it?*
- *If we try medicine, what side effects should we watch for at home?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.