

Tics

Is your child grimacing, shaking head, or shrugging shoulders?



Is your child:

- Having tics?
- Moving in a repetitive manner?
- Flicking fingers?
- Shrugging shoulders?
- Nodding head or shaking head as if to say 'yes' or 'no'?
- Grimacing or smiling for no particular reason?
- Clearing throat often?
- Making clicking sound?
- Saying the same word over and over?

LET'S TALK ABOUT IT

Your child may somewhat suddenly start showing a pattern of repetitive movements. Often, the repetitive behavior may show up in late elementary or middle school. These movements seem to serve no function. Your child may start shaking her head or

blinking her eyes frequently. He may shrug his shoulders or show a repetitive smile for no apparent reason. Sometimes, these movements appear when your child is under stress. It may be that your child does the odd movement and then appears to be calmer as a result. Most children will deny that they are doing these tics or will say that they 'can't help it.' In order to understand what tics feel like, here is a statement from a child who experiences them. He describes,

“People don’t understand what tics feel like. You get this feeling in the place where the tic is. You know the only way to make that feeling go away is to do the tic. It’s like your brain is in the habit of doing tics. You can stop it. You can, but you have to fight your brain so hard!” – 5th grade GT student

CLINICAL DESCRIPTION

Clinically, these problems are referred to as tics.

A tic is defined as a “sudden, non-voluntary reflexive action” [2].

Tics are moderated by the basal ganglia in your child’s brain, which is where motor movements are controlled. The two types of tics are motor tics and vocal tics.

Motor tics are movements that appear to be somewhat involuntary and are non-functional. For example, a frequent head nod that does not appear to be in response to a question. Another example would be eye blinking. One eye blink would be expected, but your child may have exaggerated blinks that are far too frequent to serve a purpose.

Vocal tics are noises such as clicking, grunting, repeating words, clearing throat, or growling.

Some good news about tics:

1. The first piece of somewhat good news is that many tics are temporary. These tics are sometimes referred to as ‘transient tics.’ A child can have a tic disorder without having Tourette’s syndrome. This diagnosis would be the case if your child has only motor tics (no vocal tics) or if the tics come and go, rather than persisting for more than 6 months.
2. The second piece of good news is that tics, although not entirely voluntary, are controllable. That is, children can stop themselves from doing a tic.

Although this analogy is not perfect, some liken tics to a sneeze. Although it may be very hard to prevent a sneeze, and a sneeze provides a great deal of relief, it is possible to stop oneself from sneezing. For example, if you were in a quiet meeting or a ballet and it was vital that you do not sneeze, you could probably prevent yourself from sneezing.

With tics, although it takes effort and sometimes intensive therapy, many children can learn to stop. Most children will not necessarily admit that they are displaying tics and generally do not realize they have control.

WHAT TO DO IF YOUR CHILD HAS TICS

For temporary tics (lasting less than 6 months), there is not necessarily a reason to be concerned. As a parent, it may be important to evaluate what may have changed that could be causing your child anxiety.

Although you do not want to shame your child or make your child feel self-conscious, it is worthwhile to let your child know that he or she can stop the tics with effort and focus. It may be useful to provide another compensatory strategy in lieu of the tic. For example, instead of clicking, your child might be able to chew gum. Instead of finger flicking, your child may be able to rub a piece of fabric in his pocket or to stroke a rabbit's foot. Instead of a head shake, your child may be able to run her fingers through her hair or gently flip her hair. Although the tic is not completely gone, your child has successfully changed the movement to a more 'adaptive' or socially acceptable behavior.

Tics in the gifted child: If your child is Gifted (very high IQ), tics are somewhat common and tend to be temporary. These tics may fade out or go away over time without treatment

For pervasive tics (lasting more than 6 months); tics that appear to be 'setting in' and are beginning to cause distress are worth evaluation and treatment. If your child has a motor tic that lasts more than 6 months, with at least one vocal tic, Tourette's syndrome should be evaluated.

Habit reversal: The evidence-based treatment with the best efficacy for Tourette's syndrome is called 'habit reversal.' This treatment uses a long-standing cognitive behavioral approach whereby your child learns to calm him or herself when faced with distressing stimuli, without doing the tic.

For example, for a child who is nervous in a crowded room, the therapist may show your child a video of a noisy, crowded room. Your child would then practice using calming techniques and resisting the urge to do the tic. Sometimes, the therapist may use biofeedback to help your child assess his or her level of anxiety before and after he or she uses the calming strategies.

Then, some sort of tracking system will be set up with parent or teacher to observe your child and the frequency of tics. Every time your child's tics are reduced by 5% or more, your child earns a prize.

Although it may be the case that total remediation of tics is impossible, many individuals who were treated effectively with habit reversal reduced their tics by over 90%. This

reduction often means that your child only tics at home or in the bathroom and is able to get through the school day, free of tics. This progress can be substantial and may be the difference between a debilitating, socially isolating syndrome and a manageable, quirky behavior.

SIMILAR SYMPTOMS

If your child is struggling with a similar problem, not directly addressed in this section, see the list below for links to information about other related symptom areas.

- [General anxiety](#): some tics serve to alleviate anxiety
- [Rigid behavior](#): children who are inherently 'set in their ways.' Inflexible, or become very nervous with changes in routine, may have tics that result from anxiety
- [High Intelligence](#): the intensity and hyper-sensitivity of many gifted children may be accompanied by temporary tics
- [Executive functioning challenges \(Organizing\)](#): pervasive tic disorders tend to be associated with weaknesses in executive functions, such as working memory, task initiation, planning, and self-monitoring.
- [Memory challenges \(Remembering\)](#): although the tics do not directly cause memory problems, many children with tics become very nervous and embarrassed, and they may exert a great deal of energy to stop tics. In so doing, they 'freeze' up and may not hear (that is, 'encode') information that they hear, resulting in poor recall later
- [Social challenges \(Socializing\)](#): many children with tics feel embarrassed and socially isolated because of tics. If your child's tics are truly getting in the way, it may be worthwhile for him or her to talk to peers about tics. Your child may say, "I do these tics so that I can feel less nervous; it make me feel relieved afterwards." Often, peers have more compassion and patience when they understand

POTENTIAL DISABILITIES

*Children who have significant problems in this area **may** have any of the following potential disabilities. *Note, this information does **not** serve as a diagnosis in any way. See the 'Where to Go for Help' section for professionals who can diagnose or provide a referral.*

- [Gifted and Talented](#): although not a disability, some children who are gifted have unique psychological needs and many have tics or excessive motor movement (also known as 'excitabilities') at some point during childhood
- [Tourette's syndrome](#): a pervasive pattern of motor and vocal tics, generally with executive functioning deficits [3]
- [Tic Disorder](#): a pattern of tics that does not include vocal tics or does not persist beyond 6 months

- [Autism Spectrum Disorder \(ASD\)](#): deficits in social communication and restricted interests or behaviors. Some children with ASD also have tics; however, this behavior must be carefully discriminated from [repetitive behaviors](#).
- [Generalized Anxiety Disorder](#): pervasive pattern of worries and nervousness that interferes with day-to-day functioning
- [ADHD](#): due to the fact that both Tourette's Syndrome and ADHD involve dysfunction of the executive functions, many children have a comorbid diagnosis of both. A child with both disorders would have symptoms of impulsivity, inattention, and distractibility and would also have vocal and motor tics
- Reaction to medication: some children who take prescription medication for a psychological or medical condition may have tics (or a repetitive non-functional movement) that occurs as a side-effect of medication

WHERE TO GO FOR HELP

If your child is struggling with this symptom to the point that it is getting in the way of his learning, relationships, or happiness, the following professionals could help; they may offer diagnosis, treatment, or both.

- [CLEAR Child Psychology](#): to obtain a *customized profile* of concerns for your child, or to *consult 'live'* with a psychologist
- [Psychologist](#): to consider symptoms in a mental health context. Can diagnose related disabilities, such as Anxiety or ADHD
- [Neuropsychologist](#): to provide expertise and assessment of executive functions and potential neurological disorders
- [Neurologist](#): to provide a diagnosis, additional neurological tests and to rule out or diagnose Tourette's syndrome
- [School Psychologist](#): to test IQ and consider academic impact

These professionals may recommend the following tests for this symptom:

- [TOWER of LONDON \(TOL\)](#): assessment of executive functioning
- [CTMT](#): assessment of visual planning, processing speed, and executive functions
- [TOVA](#): assessment of attention
- [Wisconsin Card Sort](#): assessment of executive functioning and cognitive flexibility

LEARN MORE

[1] Eide & Eide (2006) The mislabeled child: Looking beyond behavior to find the true sources—and solutions—for children's learning challenges. Hyperion, NY.

Hyperion: <http://hyperionbooks.com/book/the-mislabeled-childhow-understanding-your-child%C2%92s-unique-learning-style-can-open-the-door-to-success/>

Amazon: https://www.amazon.com/dp/B000Q9IWXW/ref=dp-kindle-redirect?_encoding=UTF8&btkr=1#nav-subnav

[2] Helena Huckabee, Ph.D., BCBA-D, Neuropsychologist, personal communications.

[3] Tourette Association of America

42-40 Bell Boulevard

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Bayside, NY 11361-2820

Email: ts@tsa-usa.org

<http://www.tsa-usa.org>

Description: Association dedicated to serving people with Tourette Syndrome and funding scientific research. TSA maintains chapters in each state and cooperates with contacts in 45 foreign countries. Inquirers receive free material and a local physician referral listing. TSA publishes materials for families, physicians, and researchers and offers a quarterly newsletter.

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Child-has-nervous-tics

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