

Tic attacks and how to cope with them



Please note that these guidelines have been written by clinicians who work with adults and young people experiencing tic attacks. Although this document has been developed to inform people about tic attacks and how they can best manage these experiences, it is important to seek direct advice from a clinician if you or your child experience tic attacks.

T Hedderly, O Malik, Raj Seraya Bhatoo and **Sally Robinson** (with their agreement or joint authorship)
Edited by **M Hadji-Michael** and Tourettes Action Trustees **Dr Jeremy Stern** and **Professor Eileen Joyce**
Commissioned by **S Anderson**

What is a tic attack?

The term 'tic attack' is often used to describe bouts of severe, continuous, non-suppressible and disabling tics which can last from a few minutes to several hours. This was recognised by clinicians after being described by people with Tourette syndrome or their parents and has been more studied in recent years. Tic attacks in young people with Tourette syndrome or a chronic tic disorder (TS/CTD) may be a mixture of severe bouts of typical tics combined with movements that resemble tics but reflect the physical expression of severe anxiety (Robinson & Hedderly, 2016).

What do the movements look like?

As some movements during tic attacks do not have the same pattern as the individual's discreet motor and phonic tics, the terms 'tic-like movements' or 'functional tics' or a 'functional movement disorder' may be used to describe them. In fact in some people the attacks look quite different to typical individual tics. They often include whole body writhing movements, muscle tensing and shaking. Tic attacks can sometimes reflect a severe form of panic in an individual with tics and co-occurring anxiety (Robinson et al. 2015). Sometimes the attacks resemble epileptic seizures and a diagnosis of dissociative or non-epileptic seizures may be made. The neurobiological underpinnings of these movements are not fully understood and are a subject of ongoing research.

Tic attacks typically occur in the context of negative thoughts about tics and other physical bodily sensations (including anxiety and premonitory tic urges). Enhanced self-focus on physiological/bodily sensations (e.g. muscle tension, changes in breathing), worries about these sensations and worries about experiencing tic attacks may trigger and maintain attacks. Tic attacks may appear to come 'out of the blue' but there is often a pattern to when or where they occur such as: in the morning before going to school; certain lessons at school; certain social situations; at night when going to bed. This is because tic attacks often occur in the context of other sources of stress and reflect a physical expression of that stress in an individual who already has tics.

Tic attacks can create a lot of anxiety for the individual experiencing them and their families. They can be difficult for parents, siblings, friends and teaching staff to observe and it is natural for people witnessing these attacks to focus their attention on the child in an attempt to help and reassure them. However, focusing attention on young people with tic attacks can maintain and reinforce them. Instead, reducing attention to the tic attacks and looking for underlying stressful triggers (such as school stress or friendship issues) is the best management approach so that triggers can be addressed.

Recommendations on management of tic attacks

Please note that the following information are **guidelines only** and should not replace the direct assessment and advice from a clinician. Please refer to the end of this document for Tourettes Action's consultant list.

- 1 Complete diversion of attention away from the tic attacks by others:** Parents, teachers and other care givers should divert their attention away from the tic attack when it is happening. This includes not commenting on the attack and limiting the amount of eye contact and physical contact with the child. As long as the child is in a safe environment (e.g. away from objects they could injure themselves on), and knows that their care-giver is nearby but not intervening, it is much more likely that the tic attack will be shorter and with less distress than if a care-giver is focusing their attention on the child and physically trying to intervene.
- 2 Focusing attention externally and away from internal body sensations:** Teach the individual to shift their attention/focus away from their internal body sensations to what is going on around them. This may include focusing on sounds in their environment (e.g. noises close by, in the distance), or listening to music, noticing what they can see close to them (e.g. counting the number of 'blue' objects in their vision) or engaging in other mental activities (e.g. focusing on work, watching a music video or engaging in a selective attention app game). These are examples of 'grounding techniques'.
- 3 Learning to know what events and thoughts seem to trigger the tic attacks:** Keep a record of situations when tic attacks occur so that common stressors can be identified and dealt with in a practical way (e.g. times of transition, academic demands, bullying at school or fear of not performing well). Supporting the individual to describe their thoughts before a tic attack is about to happen (i.e. 'I cannot cope', 'I will fail') so that these can be managed using typical anxiety strategies.
- 4 Develop strategies to manage panic and anxiety:** Learning strategies to manage anxiety and feelings of panic may help individuals with tic attacks, such as cognitive-behavioural therapy approaches, relaxation and mindfulness. There is a range of self-help resources available on line, or more specialist support may be sought via school counsellors, mental health support workers or clinical psychologists.

- 5 Protected 1:1 time:** Children with tic attacks benefit from one to one time when they are not experiencing an attack. This special time serves to reinforce more adaptive behaviour.

Tic attacks can be distressing, and it is very difficult for parents and teachers not to be at the child's side when they are on the floor doing full body writhing movements. However, we know that such adult attention on the symptoms, or worry about the symptoms, maintains and re-enforces them. Children and adults can pick up worry from others by what they say and their body language. So along with looking for manageable stress factors, individual strategies and anxiety management, it is important to re-direct adult focus away from the symptoms, and in some ways this aspect of managing tic attacks is very similar to treatment of typical tics, where we encourage adults not to comment on the tics and utilise distraction instead.

Conclusion

Tic attacks are severe bouts of uncontrollable movements that may occur in individuals with Tourette syndrome or chronic tic disorders. The attacks are typically made up of the individual's typical tics together with abnormal whole body movements. These tic attacks are understood to be a severe form of panic, which may be made up of negative thoughts about tics together with an increased self-focus on bodily sensations. Parents and teachers concerned about an individual with tic attacks should contact a health professional for support around these episodes and follow the recommendations contained in this handout.

Tic attacks in adults

Tic attacks can also occur in adults. They look the same as in children and adolescents, are often triggered by stressful circumstances and the same principals of management during attacks apply. Adults are often helped by a full explanation of the nature of the attacks and cognitive behavioural therapy (CBT) to address the triggers. Sometimes medication to immediately alleviate anxiety, such as diazepam, can shorten an attack. If so, this needs to be carefully monitored by the doctor prescribing this medication as individuals can get used to it (tolerant) if used too frequently and it becomes less effective. The risk here is that the individual wants to take more and more of it and becomes dependent on the drug or addicted.

Glossary

Non-epileptic seizures/attacks: This describes movements that can mimic epileptic seizures but are not driven by the same kind of abnormal electrical activity in the brain that causes epilepsy. They are sometimes also called dissociative seizures/attacks or psychogenic seizures. These websites provide information about these symptoms: www.neurokid.co.uk/symptoms and www.neurosymbols.org.

Functional tics: This term is used for movements that do not have characteristic features of tics but can be difficult to differentiate from tics. They may be associated with anxiety or stress but sometimes the cause is not identified. They often respond to psychological therapy such as CBT.

References

Collicott, et al. 'Tic Attacks in Tourette Syndrome' *Journal of Neurology, Neurosurgery & Psychiatry* 84, No. 11 (2013):e2.

Robinson, S, Hedderly et al. *Tic Attacks: Panic Disorder in Tourette Syndrome?* 19th International Congress of Parkinson's Disease and Movement Disorders, 14–18 June 2015, San Diego, CA; Poster.

Robinson, S & Hedderly, T. (2016) *Novel psychological formulation and treatment of 'tic attacks' in Tourette syndrome*. *Frontiers in Paediatrics*, 4:46. doi: 10.3389/fped.2016.00046

Useful resources

Guided relaxation: An audio-guided relaxation, specifically designed for people with Tourette Syndrome and tic disorders to help tolerate the urge to tic, reduce stress and manage tics.

[Guided relaxation on www.tourettes-action.org.uk](http://www.tourettes-action.org.uk)

Tics, stress and mental health: A video by clinical psychologist Dr Tara Murphy with top tips on reducing stress levels to help manage tics and overall well-being.

[Watch on YouTube](#)

Mind: A national charity providing advice, support and resources for people experiencing mental health issues. They have a wide library of material on anxiety.

www.mind.org.uk

Non-Epileptic Attack Disorders:

www.neurokid.co.uk/symptoms

To see all that Tourettes Action can offer you, please visit our website www.tourettes-action.org.uk where you will find our consultants list and many other resources.