

## RESOURCE AVAILABLE

Tourette Syndrome Association  
42-40 Bell Boulevard suite 205  
Bayside, New York, 11361-2820  
(718) 224-2999  
(800) 237-0717  
[www.tsa-usa.org](http://www.tsa-usa.org)

Washington State Tourette  
Syndrome Association  
318 W. Galer St  
Seattle, WA 98119  
(206) 621-2108  
[www.tourette.net/wa](http://www.tourette.net/wa)

*Children and youth with disabilities have the  
right to a free appropriate public education.  
IDEA 2004*

**Parent Training and  
Information (PTI) Offices are  
located throughout the State.  
Call our main office toll-free at  
1-800-572-7368 (v/tty)  
for the office closest to you.**

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## Parent Training and Information Program

### Tips for Parents of Children with **Tourette Syndrome**

Statewide Parent Training and  
Information Center  
6316 So. 12<sup>th</sup> St.  
Tacoma, WA 98465  
(253) 565-2266 (v/tty)  
1-800-5-PARENT (v/tty)  
Fax: (253) 566-8052  
E-mail: [pave@wapave.org](mailto:pave@wapave.org)  
Website: [www.wapave.org](http://www.wapave.org)

**Third Decade of Service**

## WHAT IS TOURETTE SYNDROME?

Tourette Syndrome (T/S) is a genetic disorder of the neurological system, which emerges during childhood. Symptoms include involuntary movements (motor tics) and sounds (vocal tics). It is life-long but not life-threatening. Research indicates that children with Tourette Syndrome may also have one or more of the following: Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD), Obsessive Compulsive Disorder (OCD), and oppositional/confrontational disorders. The manifestations of T/S are different for each person, and may include any movement or sound. Medication may relieve symptoms, but will not cure T/S.

## DIAGNOSIS

Early diagnosis is a must, and early treatment is crucial. Neurologists familiar with Tourette Syndrome should make the diagnosis. Professionals base the diagnosis on the history of the child, family observations, and evaluations. Misdiagnosis is still frequent because there is a lack of knowledge regarding T/S.

Professionals often mistakenly consider symptoms to be psychiatric problems. For example, eye tics are attributed to visual problems, and throat clearing and sniffing or coughing are associated with allergies, etc. T/S is three times more common in males than females. Age 13 is most often when the severe symptoms appear.

## TICS

There are two categories of Tourette Syndrome tics: (1) simple motor or vocal tics, such as eye blinking, head jerking, shoulder shrugging, throat clearing, barking noises, tongue clicking, and (2) complex motor or vocal tics, such as jumping, touching other people, smelling objects, self-injurious actions, copraxia (obscene gestures), uttering ordinary words or phrases, coprolalia (obscenities), echolalia (repeating a sound or word just heard). The variety of tics is enormous. The complexity of some symptoms often confuse family, friends, teachers and employers who find it hard to believe that the actions or vocal utterances are involuntary. Any one of them may be suppressed for a time, but eventually, the need to vocalize or act must come out. Stress, anxiety, anger, excitement, fatigue, or physical illness significantly increases tics.

## MEDICATION

The use of medication to relieve symptoms is a decision made among the treating physician, the parents, and the student. The decision to initiate drug therapy is based upon the severity of the symptoms and the extent to which they are affecting the student academically, socially, and emotionally. When drug therapy is chosen, a close watch must be kept for side effects. The Tourette Syndrome Association has a booklet for anyone contemplating drug therapy.

## EDUCATION

It is important for parents to share the diagnosis of Tourette Syndrome as soon as possible with their child's school. Students may qualify for special education as Health Impaired; or they may qualify for assistance under a 504 plan since the impairment limits one or more major life activities.

The local Tourette Syndrome Association chapter can provide in-service for schools so staff can develop knowledge about accommodations and peers can understand the student and his/her disability.

*"Your child may be eligible for SSI payments. Contact your local Social Security Office for more information".*