



Tic Disorders

Neurodiversity is the concept that there is a natural variation in the human brain that leads to differences in how we all think and behave. Between 15% and 20% of the global population is neurodivergent.

There are many different types of neurodivergence, and it is common for a person to have more than one type. No two people are the same. This information provides general information and guidance about **Tic Disorders (TD)**.

Definition

A **Tic** is a sudden, rapid, recurrent, unwanted, nonrhythmic motor movement (motor tics) or vocalizations (vocal tics). Whilst these may resolve after a few months (transient TD), approximately 1 in 100 individuals who experience tics will continue to experience them to varying degrees for their whole life and the experience becomes chronic.

Description

TD usually starts in early childhood and are more common in males than females and in people who are Autistic or experience other learning disabilities.

Tics can occur in any part of the body and present as either.

- ✓ **Motor tics** - include head and shoulder movements, blinking, jerking, banging, clicking fingers, or touching things or other people.
- ✓ **Vocal tics** - include sounds such as coughing, throat clearing or grunting or repeating words or phrases.

Tics can be either:

- ✓ **Simple** – sudden, fleeting tics involving a few muscle groups only. These may include nose twitching, eye darting or throat clearing; or
- ✓ **Complex** – involving coordinated movements using several muscle groups. These may include hopping, stepping in a certain way, gesturing or repeating words or phrases.

The person may have little warning that a tic is about to occur but some report experiencing an uncomfortable urge, itch or tingle (the **tic signal**) immediately before. Tics are usually uncontrollable and can cause the person considerable distress and pain.

There are two main types of TD:

- ✓ **Tourette Syndrome (TS)** involves multiple motor tics and at least one vocal tic. It is the most severe form of TD and is often accompanied by other forms of neurodivergence including Attention-Deficit/Hyperactivity Disorder (ADHD) and Obsessive-Compulsive Disorder (OCD).
- ✓ **Chronic Tic Disorder (CTD)** involves either motor or vocal tics. Both must occur several times a day and cause the individual distress and impairment.

In most cases TD is genetic, but it can also be caused by:

- ✓ brain injuries (trauma, epilepsy) and
- ✓ environmental factors (e.g., poisons, infections),

In some cases, the onset of tics in adults can be an indication of serious medical conditions such as Huntington's Disease or Creutzfeldt-Jakob Disease. It is important for a person who develops tics to undergo medical assessment so that these underlying medical conditions can be ruled out or identified and treated.

As is the case with other forms of neurodivergence, anxiety can exacerbate the person's experience and both the frequency and severity of a person's tics can worsen when they are anxious or upset and any ability, they have to recognise the tic signal and manage their response becomes diminished.

People with TD are at increased risk of developing co-morbid mental health conditions such as anxiety, depression, major depressive disorder etc and this can lead to an increased risk of suicide.

A person who experiences a work-related aggravation of their experience of TD or a secondary mental health condition may be successful in applying for Statutory Workers' Compensation.

Tic Disorders - Myth busting facts

- 1. Myth** A person with TD is usually not intelligent.

Fact There's no connection between Tic Disorders and intelligence although people with TD are more likely to have Autism or learning disabilities, this is not always the case.
- 2. Myth** TD is a mental health condition.

Fact TD is not a mental health condition but people with TD, like other forms of neurodivergence may be at increased risk of developing comorbid mental health conditions including anxiety/depression because of the challenges TD creates for them in a neurotypical world.
- 3. Myth** People with Tourette's Syndrome cannot work or go out in public because they impulsively use obscene language.

Fact Uncontrollable outbursts of obscene language (Coprolalia) are complex verbal tics that only occur in a very small percentage of people with TD. It is so rare that it does not feature in the diagnostic criteria.
- 4. Myth** People with Tic Disorders are not safe in a workplace because of extreme involuntary movements that can harm themselves or others.

Fact Workers who have complex, repetitive, motor tics (echopraxia) can cause a person to jump, spin, flail their arms or touch objects around them but like Coprolalia, this presentation is very rare.
- 5. Myth** If it's not treated in childhood, it's too late.

Fact It's never too late to recognize that a person has TD and functioning can be improved with the right therapies.
- 6. Myth** Only Autistic people have TD.

Fact TD and Autism are two different and distinct neurodivergent traits. Whilst it is not uncommon for Autistic people to have TD, or any other type of neurodivergence within their profile, a person can have TD without being Autistic.

Treatment and Management

TD has a broad range of presentations, and each person is affected differently, so a plan for its effective management needs to be personalised to the individual. Treatment depends on the type of TD and its severity but there are therapeutic remedies and medications that can help.

Therapeutic remedies that can be effective include:

- ✓ **Exposure and response prevention (ERP)** – a form of Cognitive Behaviour Therapy that over time allows the person to become aware of the tic signal if they experience this and adept at controlling the response.
- ✓ **Habit reversal therapy** - which teaches the person to use movements that counter the tic so that the tic is interrupted.
- ✓ **Deep brain stimulation** – involved the implantation of a battery-operated device in the brain that stimulates the precise area of the brain that controls movement with the aim of reducing the tics. This treatment is usually only considered after other therapeutic remedies and medications have provided limited relief.

The earlier in childhood TD is identified the sooner these therapeutic remedies can be implemented but it is important to note that they are not successful in all cases and the effort of interrupting or controlling the tic can be physically and mentally exhausting for the individual, especially if the tics occur many times a day.

Medications that can be used on their own or complement therapeutic remedies and reduce the frequency and severity of the tics include:

- ✓ Anti-seizure medications
- ✓ Botox injections
- ✓ Muscle relaxants
- ✓ Anti-anxiety and anti-depression medications.

Positive Tic Disorders Traits

TD can bring many positive traits including

- ✓ High levels of energy
- ✓ Good sense of humour
- ✓ Strong problem-solving skills
- ✓ Creativity
- ✓ High self-awareness
- ✓ Empathy

Tic Disorders - Challenges at work

One of the greatest challenges a person with TD experiences in the workplace is managing the response and behaviour of others. Bullying, being ostracized, mimicked or teased or being asked inappropriate questions can make work a psychologically harmful environment.

Whilst coprolalia (uncontrollable outbursts of obscene language) and echopraxia (unexpected, complex motor tics) are extremely rare, where there is a risk of these occurring the worker with TD must be offered support and reassurance and encouraged to work with the employer to manage risk.

These presentations are the exception and not the rule and it is a mistake, and a discriminatory practice for an employer to assume that a person with TD is not fit to be employed because of these rare presentations.

Managing Risk

A worker who discloses that they have TD to their employer is protected from discrimination in Australia under the Disability Discrimination Act 1992. The employer must make reasonable adjustments to help the worker perform at work and to ensure that the worker with TD is not disadvantaged because of their challenges.

Any person who experiences bullying in the workplace is protected under anti-discrimination legislation and may also apply to the Fair Work Commission for an order to stop the bullying.

To ensure the worker's safety, the employer must manage the risks of the work, to keep all workers safe, in accordance with the relevant Work Health and Safety Act. This includes consulting with workers, listening to their concerns and ideas.

A worker with TD may experience risk differently from others and so their experience needs to be heard and addressed.

There are four steps to managing occupational health and safety risk in any workplace and where a worker has TD, employers are encouraged to engage the worker in a supportive coaching-style conversation to manage risk:

1. **Identify the hazard**
 - a. What could go wrong for the worker with TD?
 - b. Are there safety critical tasks that can be impacted by the worker's specific tics?
 - c. Are there psychosocial hazards or fatigue-related hazards that the worker with TD is more vulnerable to than other workers?
2. **Assess the risk** – What is the likelihood and potential consequences for the worker with TD and others?
3. **Control the risk** – The Hierarchy of Control:
 - a. Eliminate the hazard
 - b. Substitute the hazard for one of a lower risk
 - c. Engineer/design the risk out of the work
 - d. Administrative controls such as training, roster changes
 - e. Personal Protective equipment
4. **Review the controls** – Factors in the workplace can change, and so too can a person's experience of Tic Disorders. Therefore, controls that have been implemented need to be continually reviewed and revised to make sure they remain effective.

The two most important things for an employer to say to a worker who has TD are:

- ✓ How does it affect you?
- ✓ How can I help you?

Understanding the condition as experienced by the worker and working with them to educate others and manage risk can break down the stigma that increases risk.