

## **Shining with ADHD by The Childhood Collective**

### **Episode #196: ADHD and Tics: A Parent's Guide to Understanding and Managing Tics**

Lori: Twenty to thirty percent of our kids with ADHD will also have tics. So, one of the common questions we get is, do ADHD medications make tics worse?

Katie: Hi there. We are The Childhood Collective, and we have helped thousands of overwhelmed parents find joy and confidence in raising their child with ADHD. I'm Katie, a speech language pathologist.

Lori: And I'm Lori.

Mallory: And I'm Mallory. And we're both child psychologists.

Lori: As busy mamas ourselves, we are on a mission to support ADHD parents on this beautiful and chaotic parenting journey.

Mallory: If you are looking for honest ADHD parenting stories, a dose of empathy with a side of humor and practical tools, you are in the right place.

Katie: Let's help your family shine with ADHD.

Mallory: I'm here today with Lori, and we're talking about something that maybe doesn't cross most parents' minds until it actually shows up in their homes, and that's tics. The nose scrunch, blinking, throat clearing kind, not like the bug that gets stuck in your hair kind. On a personal note, this is something that we've dealt with in my own home.

Lori: Yeah. And I get a lot of questions about tics in my private practice, too. Usually, the family is coming in for an ADHD or an autism evaluation, and then parents have questions and are wondering about the tics that they're seeing too. And before we kind of jump into everything just to let everyone know, Mallory's going to be answering a lot of these questions because when she was in private practice, she specialized in anxiety and tic treatment. So, this is her wheelhouse and her specialty. And I also, I kind of know more about tics from a personal mom perspective just because my, I have a kiddo that has also had some tics come and go over the years.

Mallory: Yeah. And before we get to all you need to know about tics, I just want to kindly ask that you leave us a review for the podcast. If you're loving it, it helps us reach more families like yours, and they really help keep us motivated to keep making more episodes.

Lori: Alright, so let's get to it. Why don't we start really basic with what are tics? So, tics are sudden, rapid, repetitive movements or vocalization sounds that are involuntary. So that means that the person generally doesn't have control over it and isn't doing it purposefully.

Mallory: Yeah. And as Lori mentioned, there are movements or vocalizations like sounds. So, there's two types of tics, what we call motor tics and vocal tics. And let's talk through some examples really quickly. So, motor tics are those movements. So, it might be something like blinking, shoulder shrugging, facial grimacing. Motor tics are what we see most commonly first. And tics tend to start simple. So maybe just like a long eye blink or an eye roll and then over time, they can be kind of they can become more complicated and involved, involving like the long blink and the eye roll and the nose scrunch. So, they tend to start simple on the face and can get more complicated over time. So those are motor tics and then vocal tics would be something that makes a sound or a vocalization. So, throat clearing, sniffing, humming, are all examples of vocal tics. And these really all start from what we call the premonitory urge. And basically, it's the feeling of discomfort that engaging in the tic resolves. So, this is the example that I would always give kids when I was working with them. If you hold your eyes open for a long time, don't blink, don't blink, don't blink, you feel the sense that you need to blink to get rid of this discomfort from holding your eyes open. So, you blink and that makes it feel better, right. So, in this case, holding your eyes open, you get this feeling of discomfort is the premonitory urge and then blinking would be the tic. In this example, although blinking isn't necessarily a tic, we all blink throughout the day. But what is happening is your child feels this premonitory urge, this sense of discomfort that engaging in the tic makes feel better. So, as you can imagine, the more you do the tic, the more you're going to do it. It's kind of is this snowball effect because your brain learns like, oh, that got rid of the premonitory urge, that feels better. So, I'm going to, anytime I feel this sense of discomfort, I'm going to engage in the tic.

Lori: Yeah. So, it's like a sensory feeling, right? Like that a kid will feel. It's kind of a sensory experience.

Mallory: But, but also, I want to point out that, your child isn't necessarily thinking through all of this. It's not necessarily like this cognitive process of like, oh, I'm feeling uncomfortable, so I'm going to blink. For the most part, tics are involuntary. Your child's not really even thinking about it. They may not even notice that they're engaging in that tic. So, then we also have two types of, within that we have two types of tics, transient tics and chronic tics. So transient tics are tics that have lasted less than a year and they're very common in childhood. So, estimates research estimates that about 1 in 4 to 1 in 5 kids will experience a transient tic at some point in childhood. And what that means is that tic has been present for at least a couple weeks, but not longer than a year. So, most tics do kind of come and go over time. They don't tend to last longer than a year. And you might notice that they get worse for your child at times when they might be feeling stressed. So maybe there's a lot of changes going on in your life, switching schools, moving homes, maybe a big project at school coming up, they might get worse.

Lori: My daughter has always had transient tics and she'll have them and then they'll go away. But I noticed a pattern where when would start every year that transition back to school, we would have like a solid month of tics.

Mallory: Yeah. So, transient tics are very susceptible to kind of those stressors and life fatigue, excitement. So, it's not uncommon to see an increase in these transient tics around those kind of environmental or life happenings. Chronic tics, on the other hand, are tics that have lasted for over a year. Only about 1 to 2% of children will experience a chronic tic in their life. And as I mentioned, these chronic tics, they tend to start simple, usually at the face, and become kind of more involved and complicated over time. And so, you may be wondering how tics and Tourette's syndrome, how these go hand in hand, what are these? And so, Tourette's syndrome involves both motor and vocal tics for over a year. And this affects even a smaller percentage of children in childhood. Less than 1% of children have Tourette's syndrome. So many kids will have tics, a lot less will have chronic tics and even less will have Tourette syndrome.

Lori: Okay, so that is so helpful to get a better sense of kind of how often we see these different types of tics. A question that we get a lot from people in our audience is what is the difference between a tic and a stim or a self-stimulatory behavior?

Mallory: And this is a really great question. And it's a tricky question too, because at the surface level, tics and stims can look the same. So it's a very valid question that parents are asking my kid, does this, is that a tic or is that a stim? So again, tics are neurologically based and they're involuntary. So, they happen suddenly. And a big thing here is they're not serving a functional purpose. So, think of it like the brain is struggling to put on the brakes to like the brain is trying to put on the brakes to inhibit this action, but it slips through. Stimming or self-stimulatory behavior, on the other hand, is purposeful and it's generally helping to serve some kind of sensory purpose or emotion regulation purpose. So, kind of the key differences here are that tics are sudden, they're repetitive and most often involuntary. They can be triggered by stress, excitement or fatigue, as we mentioned. Stimming, on the other hand, is purposeful movement or sound and generally is serving the purpose of helping with focus, giving a child's sensory input that they need to help them regulate emotionally. And we tend to see stimming most common in autistic kids. And the reason it might be important to kind of know whether you're looking at a tic or a stim is that it helps us know how to support our child, right. Generally, if a child is stimming and they're not causing harm to themselves, it's not distressing, we want to let them stim. We're going to talk about how to handle tics. But there are cases where we do want to intervene with tics and we can intervene and help our kids. So, it's just important to understand this difference so we know how to support our child.

Lori: Yeah. And I will say, even as a psychologist, having kids come in the office, it can be very hard to distinguish those things for myself. And sometimes you can't distinguish them. You know, when you have a child who's autistic and many of them do have tics also, it can be kind of difficult to parse those things out. So, it's important to talk with, somebody who specializes in that area. Okay, so you might be wondering, as you're listening, what is, why are we talking about tics? Like, what is the connection between tics and ADHD? So, it's important to kind of look at, you know, the prevalence of tics with ADHD. So, 20 to 30% of our kids with ADHD will also have tics. So, one of the common questions we get is, do ADHD medications make tics worse?

Mallory: That's a really great question. And the answer is that research shows us that ADHD medication can increase tics in some kids, but it's not super straightforward in black and white as we once thought. So common ADHD medications, the most common are stimulants. And yes, in some cases, stimulant medications can make tics more noticeable. But generally,

the research does not support the thought that the ADHD medications are causing the tics. So, if a child is already predisposed to tics, the medication could potentially unmask or temporarily worsen those tics, but it's not causing the tics. And research suggests that long term stimulant use does not significantly increase tics over time. But another option to ADHD medication are those non-stimulant medications. Maybe you've tried that or discussed that with your child's pediatrician. But sometimes these non-stimulant meds are used to address both ADHD and tic. So, in some cases these non-stimulant medications can actually help reduce the severity of tics. So big picture here, you might see an increase in tics if your child is taking a stimulant medication. It's always, always important to talk with your child's pediatrician about what you're seeing so that they may perhaps tweak the dose, try a different medication, consider non-stimulant options. Just it's all about finding that right balance to support your child.

Lori: Absolutely. So now that we know a little bit more about tics, the really important question is what should parents do if their child has a tic?

Mallory: So, I think most parents are surprised by the answer to this. If they're pretty sure that their child has a tic or suspect their child might have a tic, generally we're going to tell you to do nothing. So, this confuses parents because they want to help their child and they want to do something, right. First and foremost, don't shame your child. In general, it's best to not even call attention to the tic. Don't ask your child to stop doing the tic. It's certainly not that simple as just deciding not to do the tic. Again, these are involuntary and neurologically based. The best thing you can do is stay calm and neutral, don't punish the tic, don't reward the lack of tic and we're generally going to take this wait and see approach if the tic is mild and it's not distressing and it's relatively short lasting. Again, we're not calling this a tic disorder or Tourette's until a tic has been present for a full year, less than a year, it's still a transient tic. So, I would say most families the advice is to wait several months, half a year before you consider intervening for the tic. However, if the tic has lasted over a year, it seems to be getting worse. It's causing your child pain or it's distressing, it's causing significant social challenges. Maybe it's interfering with your child's daily life like their ability to write or speak with others, things like that, then you do want to seek professional guidance. You might want to seek professional guidance if you suspect your child has Tourette syndrome. Again, both those vocal and motor tics, much more common in kids that have anxiety and OCD. Again, another great reason to speak with a professional. A professional could also

help you rule out other causes for the tics you're observing, like help you determine whether it's a tic or stimming or maybe the tic is actually a compulsion and is a part of OCD. These things can resemble each other. So again, coming back to the general approach and the surprise parents is kind of wait and see. We're not drawing attention to it, we're not punishing our child for the tic. It's not as simple as just stopping it. But if it's long lasting, it's causing distress or interfering with your child's daily life, then you might want to seek professional guidance.

Lori: That's so helpful, so good to know. So, let's think about like if a parent is going to seek guidance from a professional, they're going to be looking to work with a therapist or a child psychologist. And it's usually because the tic is really bothering them, it's long lasting. What should parents be looking for in a therapist? Like what are the treatments that are effective? How do they find somebody that specializes in that?

Mallory: Yeah, so I definitely say this is one of those areas where you do want to find a professional who specializes in tics, have worked with kids that have tics in the past and they feel competent in it. Because not just like talk therapy, it's not going to help your child resolve tics. So, the evidence-based gold standard for tic treatment is called CBIT, which stands for Comprehensive Behavioral Intervention for Tics. And kind of through this process your child becomes more aware of the tics. Like when is the tic most likely to happen? Is it when I'm watching TV that I'm doing this nose scrunch? Or is it when I'm in the car that I'm doing this eye roll? Or is it when I'm in class and I'm about to get called on to read, I'm doing this long blink repeatedly. So, you help your child become more aware of the tics when they're most likely to happen. And then you teach your child to engage in what we call a competing response. And what a competing response is, is it's doing something that makes the tic hard or impossible to do. So for example, if your tic is a throat clear and that involves kind of air going out your mouth, then we would come up with a competing response where you're actually breathing air in through your mouth perhaps and out through your nose because it becomes really hard or impossible to do the throat clear where air comes out your mouth if you're engaging in this really steady breathing in through your mouth and out your nose. A little girl that I worked with, one of her tics was like the shoulder shrug. And we came, she was a dancer, and so we came up with a competing response that we called ballerina shoulders. And I could relate to her on this because I was a ballerina growing up too. But basically, in ballet you're supposed to put your shoulders, push your shoulders down

and kind of roll them back. And when you're focusing on pushing your shoulders down and rolling them back, you can't do the shoulder shrug. So that was her competing response and we kind of tailored it to her interests and something relevant in life. And again, this is why it's important to find someone who works with kids and tics really has that area of specialty. So, you again, so CBIT, you're helping your child become more aware of the tic. When is it more likely to happen? And then we are teaching them to use a competing response anytime they feel that premonitory urge that we talked way back. You know, it's that urge, that feeling like you need to blink, you teach them to use that competing response anytime they feel that premonitory urge. Other things that kind of go into evidence-based treatment are teaching your child relaxation strategies like breathing and mindfulness. Again, if your child is more likely to engage in these tics at times when they're stressed, we want to give them stress management tools. And another big piece of this as well is making environmental modifications. So, if the tic is more likely to happen when your child is under slept, making sure they have a really great bedtime routine and getting sufficient sleep. But also, if your child is most likely to engage in their tic when they're watching TV and it involves their hands, maybe they wear gloves while they're watching TV so they can't do whatever that tic is. So, think ways that we can adjust the environment to just make the tic irrelevant or impossible to engage in. Another big piece, so back when I was working in a pediatrician's office, a big kind of education piece that I worked with families on when their kids have tics was that this behavioral intervention, the CBIT is actually first line treatment. Medication, is available for some severe cases, but I want parents to hear that there are very effective non-medical approaches to tic management that aren't medication.

Lori: Yeah. Which is what we always try and tell parents on the podcast for ADHD there are so many non-medical options for treatment for ADHD, for tics, for anxiety, so it's such an important message because I know not every family is ready to kind of take that step with medication.

Mallory: Absolutely. And not to demonize meds at all. They have a very important place in all of these things, but parents don't often get the education around that. They're usually not showing up to a pediatrician's office and getting an explanation of what CBIT is from their child's pediatrician, they're probably giving medication treatment options. Okay, so just to wrap up here, most tics are temporary and don't require treatment. That wait and see approach in most cases is totally fine. If your child does have persistent bothersome tics that are

interfering with everyday life, Comprehensive Behavioral Intervention for Tics or CBIT is an effective non medication treatment. The Tourette's Association of America, if you just type in [tourette.org](http://tourette.org), is a great resource for families if you're looking for more information about tics and Tourette's. And your key takeaway here is that many kids, as many as 1 in 4, experience a transient tic at some point in childhood and most tics don't require your intervention. Kids with ADHD are more likely to have tics and if your child has a long lasting or bothersome tic, CBIT is a great treatment option to seek out. And as always, we're here to support.

Katie: Thanks for listening to Shining with ADHD by your hosts, Lori, Katie, and Mallory of The Childhood Collective.

Mallory: If you enjoyed this episode, please leave us a review and hit subscribe so you can be the first to know when a new episode airs.

Lori: If you are looking for links and resources mentioned in this episode, you can always find those in the show notes. See you next time!