

Tourette Syndrome: Training for Law Enforcement



Understanding Tourette Syndrome & Tic Disorders: The Basics

Tourette Syndrome (TS) is a type of Tic Disorder. Tics are involuntary, sudden, rapid repetitive movements and vocalizations. Tics are the defining feature of a group of childhood-onset, neurodevelopmental conditions.

There are two types of tics—motor (movements) and vocal (sounds). As seen in the chart below, tics range from head shaking to throat clearing. You may see someone doing more than one tic at a time.

It is important to note that you might encounter someone uttering obscenities, racial statements, or socially inappropriate phrases (coprolalia). However, only 1 in 10 individuals present this type of tic. It is also possible that you might encounter someone acting out obscene gestures (copropraxia). *These tics, like all others, are involuntary.*



Types of Tics

TYPES	SIMPLE	COMPLEX
Motor Tics Some Examples:	SUDDEN, BRIEF MOVEMENTS: Eye blinking, head shaking, face grimacing, shoulder shrugging, abdominal tensing, or arm jerking	MOVEMENTS ARE OFTEN SLOWER AND MAY SEEM PURPOSEFUL IN APPEARANCE: Touching, tapping, hopping, squatting, skipping, jumping, or copropraxia (obscene gestures)
Vocal Tics Some Examples:	SUDDEN SOUNDS OR NOISES: Sniffing, coughing, spitting, grunting, throat clearing, snorting, animal noises, squeaking, or shouting	WORDS OR PHRASES THAT OFTEN OCCUR OUT OF CONTEXT: Syllables, words or phrases (“shut up”, “stop that”), coprolalia (uttering of obscenities), palilalia (repeating own words), echolalia (repeating others’ words)

Tic Challenges in Social Situations

Tics can increase in high stress situations, such as being stopped by law enforcement.

Tics, along with other symptoms, are often wrongly interpreted as being purposeful. Individuals with TS are perceived as being rude, inappropriate, offensive, argumentative and disruptive. Unfortunately, people with TS are often targets for bullying or discrimination, resulting in challenging situations in schools, in public places, at work and even at home.

TS is frequently associated with disinhibition, the unintentional act of doing or saying things that are inappropriate.

- Inappropriate statements or behaviors result from an inability to apply “mental brakes” – someone with TS may not be able to stop his or herself from expressing thoughts or displaying actions that most people have the ability to control. For example, if someone who has trouble inhibiting sees a sign that says, “Don’t touch, wet paint”, that person may have a hard time refraining from touching the paint.
- Disinhibited actions do not involve violent thoughts but rather socially inappropriate behaviors, such as being disrespectful, making inappropriate statements, exhibiting behaviors that are not “socially acceptable”, emotional outbursts, rage, and oppositional behaviors.
- Many adults and adolescents with TS have developed disinhibition management skills, lessening both the social repercussions and embarrassment of these behaviors.

Complex vocal tics, such as coprolalia and copropraxia, can create even more social challenges.



Considerations for Law Enforcement

Stress and Anxiety

Stress and anxiety exacerbate symptoms associated with TS and Tic Disorders. It is critical to be aware that an encounter with a law enforcement official—an anxiety and stress provoking experience for some individuals—might cause someone with TS to tic and exhibit more symptoms than in a calmer situation.



Alarming Behaviors and Common Co-Occurring Conditions

TS is a **significantly** underdiagnosed disorder, particularly in the adult population. Behaviors associated with this diagnosis are often mistaken as actions associated with drug or alcohol use and may appear strange, erratic and disrespectful. The majority of individuals with TS will try to inform law enforcement officials of their diagnosis, recognizing that they may come across as suspicious. **It is very difficult for those with TS to stay still and remain quiet due to the sudden movements and sounds of tics.**

An estimated 86% of individuals with TS also have another co-occurring condition, which may also affect how the person reacts in a situation with law enforcement.

- Attention deficit or hyperactivity disorder (ADHD) and obsessive-compulsive disorder (OCD) both contribute to difficulties complying with instructions, particularly during a situation that may elicit stress, such as a police confrontation. One example of a difficulty in which someone with TS or an associated disorder may struggle is the instruction not to move, even if requested to stop.
- Sensory processing issues are common and can lead to extreme sensitivities to touch and sounds, resulting in an exaggerated response. Some tics can make it difficult for a person with TS to communicate, and some individuals may have inadequate social communication skills or deficits. Therefore, it may require patience in allowing the person to express his or herself.
- Sudden outbursts of rage are one of the biggest problems for people with TS. A minor disagreement can make a person with TS react in a highly inappropriate manner. Shouting, hitting and throwing things are common behaviors at these times. Any small discussion can become a confrontation and escalate alarmingly.

It is important for law enforcement officials to try to ignore the typical TS behaviors, even the swearing and anger, and not be drawn into further confrontation.

De-Escalation Techniques

When approaching someone who may be exhibiting these symptoms, simply asking **“Is there anything I can do for you?”** and **“Are you okay right now?”** can help. Some may not feel comfortable answering the question. Using verbal de-escalation techniques can increase the individual’s compliance and reduce escalation.

Demonstrating patience and understanding, as well as remaining calm, are key to diffusing a confrontational situation. The law enforcement officer’s mannerisms should be calm and deliberate. The officer’s speech should be clear and reassuring, letting the individual with TS know that they can express themselves and that the officer is listening to them. In stressful situations, it is critical that the individual has the ability to complete statements without interruptions. This is sometimes difficult depending on the severity of motor and vocal tics as the individual with TS attempts to communicate.

5 De-Escalation Tips for Law Enforcement

Law enforcement officials are usually trained in de-escalation techniques, but the following techniques are exceptionally important to keep in mind when confronting an individual with TS or a Tic Disorder:

1. Remain calm and respectful during an encounter. This can help with gaining the individual’s trust and allow for compliance.

2. Try to communicate that you are there to help the individual, as he or she might respond in a defensive mode when being approached.

3. Keep an eye out for symptoms associated with TS and Tic Disorders – sudden, rapid movements and sounds. Remember that they are *involuntary* and the individual may or may not have the ability to temporarily suppress them.

4. Try to understand the type of stress that the individual with TS may be experiencing. Ask the right questions to obtain the necessary information in order to proceed and intervene appropriately.

5. Be patient and listen to the individual. Pushing for responses will only worsen the tic. The individual will usually communicate that he or she is okay or is having trouble because of tics or other symptoms.



High-Risk Encounters



Some encounters tend to be more high risk than others. When following standard agency protocol of asking for documentation (i.e.-license, ID, registration), an individual with TS may make sudden, unexpected movements and sounds. You will need to rely on your training while protecting yourself to remain safe. However, unless the person is making direct threats against you, the best approach may be to use your verbal skills, such as asking

“Is there anything I can do to help you?” and use specific verbal commands, such as **“Sir or Ma’am, I need you to put your hands on the steering wheel”**. Be sure to ask the individual if he or she is able to comply with the instructions given. This will give the individual the opportunity to mention that he or she has TS and is unable to stop moving or making sounds, and is not intending to cause you harm.

In general, de-escalation techniques can lead to better outcomes. Being patient, compassionate, and asking the right questions are essential to evaluating situations, responding appropriately, and facilitating communication with and cooperation from an individual with TS. However, if a person is a danger to him or herself or others, standard departmental operating procedures should apply. Knowing the difference between danger and fear is key.



Referral to a Hospital for Medical Care

Situations that could warrant an emergency include injurious tics, such as head banging or hitting oneself, expression of suicidal thoughts, intent to harm oneself or others, overdose, or loss of consciousness.

Smart911

In some states, 911 centers are connected to an online tool called Smart911. This tool allows people to enter relevant information for first responders and law enforcement officials responding to emergencies. To learn more, visit www.smart911.com.

In-Service Trainings

The Tourette Association offers Tourette Syndrome and Tic Disorder education trainings to professionals and community members across the United States, including local police and fire departments. If you are interested in a presentation, please contact the Tourette Association of America at support@tourette.org or call toll free at (888) 4-TOURET.



This publication was supported by the Grant or Cooperative Agreement Number, NU58DD005375-02, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.



42-40 Bell Blvd., Suite 507, Bayside, NY 11361 tourette.org 888-4TOURET

Facebook @TouretteAssociation Twitter @TouretteAssn

Instagram @TouretteAssociation YouTube @Tourette TV