Tic disorders are characterized by rapid, recurring, non-rhythmic, stereotypic movements or vocalizations that occur suddenly and involuntarily. Tic disorders are worse during stress but occur less frequently when the child is focused intentionally on an activity such as reading. Most tic disorders appear to be transmitted through a genetic or constitutional factor, which gives the child a vulnerability to developing the disorder. However, about 10% of children with the disorder have a “nongenetic” form; these children frequently have a dual diagnosis with another mental disorder or a medical condition such as epilepsy (APA, 2000). Regardless of type, boys are more likely to develop tic disorders than girls.

The symptoms of children who have tic disorders (or other disorders such as obsessive–compulsive disorder) may worsen following streptococcal infections (e.g., strep throat). The mental health problems resulting from such an exacerbation of symptoms are referred to as PANDAS (pediatric autoimmune neuropsychiatric disorders associated with streptococci). (See Chapter 18 for a more detailed discussion.)

**Tourette’s Disorder**

Tourette’s disorder involves multiple motor tics and one or more vocal tics, which can occur simultaneously or at different periods during the illness. The diagnosis requires that there is never a tic-free period longer than 3 months. Vocal tics are words or sounds such as yelps, barks, snorts, or coughs. Coprolalia is a specific type of vocal tic in which obscenities are uttered. Motor tics include such behavior as eye blinking, protruding the tongue, sniffing, retracing steps, or twirling when walking.

The disorder may begin as early as age 2, but more often it starts during childhood or early adolescence. Tourette’s disorder normally lasts for a lifetime with periods of remission, but in most cases the symptoms decrease during adolescence and adulthood. The diagnostic criteria for Tourette’s disorder are in the DSM-IV-TR feature above.

**Chronic versus Transient Tic Disorders**

Chronic motor or vocal tic disorder differs from Tourette’s disorder in that it involves either motor tics or vocal tics, but not both, as is required for a diagnosis of Tourette’s disorder. Transient tic disorder differs from chronic motor or vocal tic disorder and Tourette’s disorder in its duration. While the others require that the problems have occurred for at least a year, transient tic disorder does not last longer than 12 months.

**ADULT DISORDERS THAT MAY BEGIN IN CHILDHOOD**

A few disorders that are diagnosed more frequently in adulthood may begin in childhood. These include anxiety disorders, mood disorders, and schizophrenia.

**Anxiety Disorders**

In addition to separation anxiety, which was described earlier, children can have many other anxiety disorders (anxiety disorders are thoroughly discussed in Chapter 18). Panic disorder and agoraphobia are rare in children. Specific phobias, however, may be seen in children even before age 5 and are common childhood anxiety disorders. Children develop fears, especially of animals and blood-related events. Severe social phobia is also found in children and may lead to school avoidance.

The onset of obsessive–compulsive disorder (OCD) is common for children aged 9 to 11. Because children may not have developed “insight” yet, the requirement for OCD that they recognize the excessive nature of their behavior is waived for children. Generalized anxiety disorder (GAD) and post-traumatic stress disorder (PTSD) are also found in children. Children with GAD are often shy and may act more mature and serious than expected for their age. They often are perfectionistic and highly compliant to demands of authority figures.

PTSD in children is often associated with child abuse. In contrast to the adult experience of “flashbacks” of the traumatic event, children typically reexperience traumatic events as nightmares or through repetitive reenactment during play. Remember that children can have strong memories of events even though they cannot describe them verbally. These memories can be brought forth in play or dreams by children who are as young as 2 or 3 years of age.