

Tic Attacks

Understanding what they can look like and how to support someone

The term 'tic attack' is sometimes used to describe an episode of very intense, prolonged or difficult-to-control tic-like movements and sounds. The experience can be frightening and exhausting for the person and for those around them. These episodes are not simply somebody 'having lots of ordinary tics at once', and they can vary considerably between individuals. Because severe or unusual movements can have other causes, a first or unfamiliar episode should be appropriately medically assessed rather than automatically assumed to be a tic attack.

What might an episode look like?

An episode may involve repeated or continuous movements, vocalisations, whole-body movements, shaking, twisting, jerking or combinations of different tic-like behaviours. Some people remain able to communicate; others may find speech, movement or responding much harder while the episode is happening. The presentation can be dramatic, but the person's distress and safety are more important than how the episode looks to observers.

The aim is not to force the body to become still. The aim is to reduce danger, pressure and distress.

Why might tic attacks happen?

There is not always one simple cause. Episodes may occur in the context of increased stress, anxiety, sensory overload, tiredness, heightened attention to tics or other demands on the nervous system. Research and specialist guidance also recognise that some prolonged tic-like attacks can involve complex interactions between tics, anxiety and functional neurological symptoms. This is one reason individual assessment matters.

Stay calm and reduce the audience

A calm response can help prevent additional pressure. Speak quietly, avoid crowding around the person and ask unnecessary observers to move away. Do not film the episode unless there is a clear clinical reason and the person's dignity and consent are appropriately considered. Reduce noise, questions and demands wherever possible.

Make the immediate space safer

Move hard, sharp, breakable or dangerous objects away if this can be done safely. Give the person physical room. If they are on the floor, protect their privacy and reduce hazards around them rather than trying to force them upright. Follow any established individual safety plan.

Avoid restraint unless there is an immediate safety need

Trying to hold the person's limbs still can increase distress and can cause injury. Ordinary tic movements should not be forcibly stopped. Where there is immediate danger, respond proportionately to safety and follow professional or emergency guidance. If a person's established clinical plan contains specific instructions, use those.

Communication during an episode

Use short, calm language. Too many questions can become another demand. If the person can respond, ask simple choices such as whether they want you nearby, whether reducing light or noise would help, or whether they need their usual support person. Do not insist on eye contact or lengthy explanations.

What can make things harder?

Panic, shouting, repeated instructions to stop, asking the person to explain themselves during the episode, surrounding them with people, treating the episode as attention-seeking, or immediately demanding that they return to normal activity can all add pressure. A person may already be frightened by what their body is doing.

When to seek urgent medical help

Do not assume every severe episode is Tourette syndrome. Seek urgent medical help for serious injury, breathing difficulty, loss of consciousness, a first severe or unexplained episode, significant change from the person's known

pattern, or other symptoms that suggest a medical emergency. If in doubt about immediate safety, use appropriate emergency services or clinical advice.

Recovery afterwards

An episode may leave the person physically sore, emotionally drained or very tired. Recovery can involve quiet, hydration, rest, reduced demands and time before talking through what happened. Avoid making the person repeatedly recount the episode while they are still recovering. Later, if they want to, review what helped and what could be changed next time.

Planning ahead

If episodes recur, an individual plan can reduce uncertainty. It might record what the person's episodes usually look like, common early signs, what helps, what makes things worse, preferred communication, whether touch is helpful or unwanted, environmental changes, known injury risks, who should be contacted and when medical assessment is required. The person should be central to creating the plan.

Helpful responses

Instead of...	Try...
"Stop doing that."	"I'm here. We can make the space safer."
"What's wrong with you?"	"You don't need to explain this right now."
"Everyone hold them still."	"Let's reduce hazards and follow their support plan."
"They're just attention-seeking."	"This is a real episode; let's respond calmly and respectfully."

For schools, workplaces and families

Agree in advance who will take the lead, how privacy will be protected, where the person can recover and how others will be moved away without creating a spectacle. The plan should distinguish the person's familiar episodes from signs that require medical assessment. Avoid disciplinary responses to involuntary symptoms.

A message

An intense episode can make you feel as though your body has taken over and everybody is watching. You still deserve privacy, respect and calm support. You do not have to apologise for needing recovery afterwards. The people around you do not need to understand every detail in the moment; they need to help keep you safe, reduce the pressure and remember that you are still you throughout the episode.

UK information and support

Tourette's Action provides UK information and resources about Tourette syndrome and episodes commonly described as tic attacks. NHS information covers tics and Tourette syndrome. Where episodes are new, severe, changing or difficult to distinguish from other neurological events, appropriate healthcare assessment is important.

Sources

NHS: Tourette syndrome; Tics (accessed September 2026). Tourette's Action: information and resources on tic attacks and Tourette syndrome (accessed September 2026). This guide is general information and does not replace individual medical assessment, emergency care or a personalised clinical plan.