



# LIVING WITH TOURETTE + TIC DISORDERS

A Guide for Patients and  
Families

**TOURETTE.CA**

UPDATED JANUARY 2022

# TABLE OF CONTENTS

## DIAGNOSIS AND TREATMENTS

What is a tic?

What causes Tourette Syndrome?

When do symptoms start?

What are the diagnostic criteria for Tourette Syndrome?

Who can diagnose Tourette Syndrome?

What is the prognosis?

What is the prevalence of Tourette Syndrome?

Tourette Syndrome+ (TS+)

Treating Tourette Syndrome and other tic disorders

Treatment options

When to consider treatment

Finding support

## TOURETTE SYNDROME (TS) IN THE CLASSROOM

Classroom accommodations

Rehabilitation and ancillary services

Bullying & cyberbullying

## PREGNANCY AND TOURETTE SYNDROME (TS)

Tourette Syndrome and pregnancy

Treating Tourette Syndrome during pregnancy

Will you pass on your Tourette Syndrome?

## DEBUNKING TOURETTE SYNDROME (TS) MYTHS

Why do some people call Tourette Syndrome the "swearing disease"?

Does Tourette Syndrome affect intelligence?

Does everyone with Tourette Syndrome have the same tics?

Can people with Tourette Syndrome control their tics?

If you have tics, does that mean you have Tourette Syndrome?



# TABLE OF CONTENTS: SERVICE DIRECTORY

## **ALBERTA**

Calgary

Edmonton

Onoway

St. Albert

## **BRITISH COLOMBIA**

Kamloops

Kelowna

Nanaimo

Prince George

Vancouver

Victoria

## **MANITOBA**

Brandon

Winnipeg

## **NEW BRUNSWICK**

Moncton

## **NEWFOUNDLAND**

St. Johns

## **NOVA SCOTIA**

Halifax

Kentville

Truro

# TABLE OF CONTENTS: SERVICE DIRECTORY

## ONTARIO

Barrie

Brampton

Burlington

Guelph

Hamilton

Kitchener

London

Markham

Mississauga

Newmarket

North York

Ottawa

Richmond Hill

Scarborough

Thornhill

Toronto

## PRINCE EDWARD ISLAND

Summerside

## QUEBEC

Lanaudiere

LaSalle

Laval

Longueuil

Mauricie

Montreal

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Saskatoon

# DIAGNOSIS AND TREATMENTS

## What is a tic?

Tourette Syndrome (TS) tics are sudden, intermittent, repetitive, unpredictable, purposeless, nonrhythmic, involuntary movements or sounds. Tics that produce movement are called "**motor tics**," while tics that produce sound are called "**vocal tics**" or "**phonic tics**." Tics can be either **simple** or **complex**.

**Simple motor tics** involve one muscle group and may include eye blinking, lip-licking, shoulder shrugging, and head jerking. **Complex motor tics** involve a coordinated movement produced by several muscle groups. For example, touching objects, jumping, or spinning around. **Complex motor tics** may also include imitating someone else's actions (**echopraxia**) or exhibiting inappropriate or taboo gestures or behaviours (**copropraxia**).

**Simple vocal tics** may include sniffing, grunting, throat clearing, uttering single syllables (e.g. uh-uh-uh) and humming. **Complex vocal tics** include uttering linguistically meaningful utterances (words and phrases) or changing the pitch and volume of voice. Complex vocal tics may also involve repeating a phrase he/she has heard over and over (**echolalia**), repeating one's own words (**palilalia**) or uttering obscenities or socially taboo phrases (**coprolalia**).

The most important thing to understand about the tics associated with Tourette Syndrome is they are the result of a neurological condition. The sounds and behaviours are involuntary and are not being done by choice.

## What causes Tourette Syndrome (TS)?

Tourette Syndrome is a complex condition that may be caused by a combination of genetic and environmental factors. Studies indicate that a person with Tourette Syndrome has between a 5-15% chance of having a child, sibling or parent with the condition. Scientists originally thought that the condition was carried in a single gene, but it's now believed that it involves multiple genes. Though it appears that there is likely to be a significant genetic factor, some studies indicate prenatal, perinatal, autoimmune, and environmental factors may contribute to or modulate the severity of symptoms. More research is required to fully understand the disorder.

## When do the symptoms start?

The symptoms of Tourette Syndrome usually begin in early childhood around age five, but may occur as early as age one or two, or as late as the age of seventeen. Typically the first tics to appear are facial tics like eye blinking, nose twitching, or grimacing.

# DIAGNOSIS AND TREATMENTS

## What are the Diagnostic Criteria for Tourette Syndrome (TS)?

In order to be diagnosed with Tourette Syndrome, a person must meet a set of conditions or diagnostic criteria. These criteria, which can be found in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) are:

- At least two motor tics and at least one vocal tic (not necessarily at the same time)
- Tics persist for more than a year (tics can wax and wane during this period)
- Tics begin before age 18
- Tics are not caused by a substance or other condition (e.g., Huntington's Disease, infection, head injury).

Currently, there is no laboratory test or brain scan that conclusively shows a person has Tourette Syndrome. The diagnosis is a clinical one, which means that it is based on a medical professional taking a medical history, observing the patient, and doing any necessary tests to rule out other conditions that may look like TS or that could cause tics.

## Who can diagnose Tourette Syndrome (TS)?

Tourette Syndrome can be diagnosed by any medical professional who is familiar with Tourette Syndrome, including family doctors, neurologists, psychiatrists, and psychologists.

**TOURETTE SYNDROME AFFECTS...  
1 IN 100 CANADIANS**

## What is the prognosis?

Tourette Syndrome is a chronic, life-long condition that currently has no cure. The severity of tics will manifest differently between individuals, often becoming more prominent or intense around puberty and into the teen years. Many individuals experience a decrease in tics in their adult years. Some people though, may experience an increase in their tic symptoms in their adult years.

Although the tic symptoms may decrease with age, the associated disorders (e.g. ADHD, OCD, neurobehavioural disorders) can persist throughout adulthood.

## What is the prevalence of Tourette Syndrome (TS)?

Although once considered rare, Tourette Syndrome impacts approximately 1% of the population, though some recent studies indicate that the prevalence rate may be as high as 3.8%. Tics themselves are quite common in childhood as studies have shown that 24% of children may develop simple tics.

Tourette Syndrome affects 3 to 4 times as many boys as girls.

# DIAGNOSIS AND TREATMENT

## Tourette Syndrome • (TS•)

There is a genetic connection between Tourette Syndrome and other neurological conditions. Consequently, the vast majority of people with Tourette Syndrome (90%) have one or more other conditions as well. These common co-occurring conditions include Attention Deficit Hyperactivity Disorder (ADHD), Obsessive-Compulsive Disorder (OCD) and Mood Disorders among others. The medical term for these associated conditions is comorbidities. **Rather than listing several conditions, many people opt for the shorter term, TS•.** Please note that this is not a diagnostic term.

### **The most common co-occurring conditions include the following:**

- **Attention-Deficit/Hyperactivity Disorder (ADHD):** Challenges with concentration, hyperactivity, and impulse control.
- **Obsessive Compulsive Disorder or Behaviours (OCD/OCB):** Repetitive, unwanted intrusive thoughts and/or repetitive behaviours. These thoughts lead to compulsions, which are unwanted behaviours that the individual feels he/she must perform over and over or in a certain way.
- **Behavioural or Conduct Issues:** Aggression, rage, oppositional defiance or socially inappropriate behaviours.
- **Anxiety Disorder:** Frequent intense, excessive and persistent worry and fear about everyday situations.
- **Learning Disability:** Reading, writing, mathematics, and/or information processing difficulties that are not related to intelligence.
- **Social Skills Deficits and Social Functioning:** Trouble developing social skills; maintaining social relationships with peers, family members, and other individuals; and acting in an age-appropriate manner.
- **Sensory Processing Issues:** Strong sensory preference and sensitivities related to senses of touch, sound, taste, smells, and movement that interfere throughout the day.
- **Sleep Disorders:** Trouble falling or staying asleep.

## **Treating Tourette Syndrome (TS) and Other Tic Disorders**

Most often, tics are mild and treatment is not required. However, if tics are moderate to severe, they may need direct treatment. If co-occurring conditions are present, it may be necessary for the individual to be evaluated and treated for the other conditions first or simultaneously, as they can be more impairing than tics. In every case, it is essential to be educated as a parent of a child or an individual with Tourette, as well as to educate people around your child or you (with his or her permission).



# DIAGNOSIS AND TREATMENT

## Treatment Options

**In general, one can intervene at 3 levels:**

- Educational
- Psychotherapeutic
- Pharmacological

## Education

It is important to emphasize that individuals and their families often benefit from receiving the diagnosis and learning about the nature of the condition, including its natural course and prognosis. In the majority of mild cases, providing the relevant information is sufficient to allow them to cope with the symptoms successfully. Frequently, tics are less pronounced at school than at home because the individual tends to inhibit tics when in public, although at the cost of reduced attention and increased irritability. Nevertheless, tics are often experienced as disruptive and embarrassing in the school setting. There is room here for professional intervention in terms of recommending practical strategies, which often include informing teachers and classmates about the nature of tics to avoid unwarranted reprimands and teasing. Advising patients on how to handle questions about their tics is also useful and important. Individual psychotherapy can be helpful for those patients who are especially sensitive to mild tics not easily noticed by others. Many resources exist online, including the websites of the [Tourette Canada](#), the [Tourette Syndrome Association](#) and [Life's Twitch](#).

## Behavioural Treatment

It is noteworthy that Comprehensive Behavioural Intervention for Tics (CBIT) is supported by some of the strongest evidence for efficacy and safety. The use of this therapy however is limited by the lack of well-trained practitioners familiar with this approach and often the cost of the treatment. In addition, this treatment requires from the patient active participation and tolerance of distress, due to this it may not be suitable for everyone. Naturally, such constraints influence the choice of this intervention.

## Pharmacological Treatment

There has been no clear consensus about which one of the available treatments for tics should be employed first. Treatment becomes more complex yet when one considers that more than half of patients with Tourette Syndrome present with concurrent disorders such as ADHD and/or OCD. Clinical guidelines for the treatment of Tourette Syndrome have been recently published in several countries, including Canada. Although there are variations in the availability of interventions and in clinical practices there is a general consensus that the least intrusive effective intervention with the smallest risk of adverse effects should be chosen first. As always, the physician needs to carefully balance the potential benefits and risks of various courses of action, including the possibility of no active intervention.



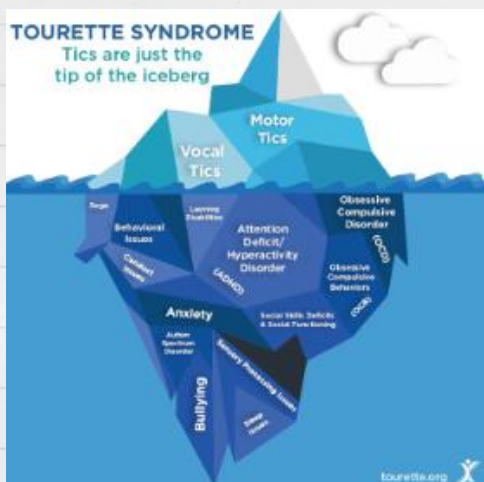
# DIAGNOSIS AND TREATMENT

## When to Consider Treatment

Tourette Syndrome is often mild and therefore no treatment is required. In general terms, most individuals choose to initiate treatment when the symptoms are distressing and/or when symptoms interfere with function. The tolerance for symptoms varies greatly among each person and much depends on the underlying personality, the family attitude and social context. This very personal decision will be made by each patient/family, using the advice from their health care professionals after considering the specific factors in each situation at that given time. Since in the majority of patients TS symptoms improve substantially by the end of adolescence, providing a clear diagnosis and information about etiology, prognosis and treatment options is reassuring and may be the only intervention required. When treatment is necessary one should select an effective treatment with the least likelihood of inducing adverse effects following the appropriate evidence-based treatment guidelines.

## Finding Support

Tourette Canada maintains a nationwide Service Directory containing listings for medical professionals as well as local programs and services. The Service Directory is included in this Information Package and can be found on Tourette Canada's website. In addition to this, Tourette Canada offers dedicated support groups for youth, adults and parents as well as a high-quality In-Service training program for professionals in education, law enforcement and other relevant community-based service organizations. Tourette Canada's members pay a small annual fee that helps to ensure these exceptional programs continue.



# TOURETTE SYNDROME IN THE CLASSROOM

## Classroom Accommodations

**Types of Accommodations:** Students with Tourette Syndrome may need accommodations to be successful in school. There are several areas where accommodations may be needed: the social-emotional climate, physical arrangement, schedules and routines, and instruction and assessment.

**The Social-Emotional Climate:** Peers may view a student with Tourette Syndrome negatively because they do not understand the student's condition. To create a more positive social-emotional environment, a teacher can work with students to encourage acceptance and understanding. Students and teachers can learn about Tourette Syndrome through books and videos that positively portray individuals. Tourette Canada can provide a free In-Service presentation to any classroom. To learn more or request a presentation please email us directly at [services@tourette.ca](mailto:services@tourette.ca) or visit us at [www.tourette.ca](http://www.tourette.ca)

**Physical Arrangement Students:** Students with Tourette Syndrome often benefit from frequent movement breaks, a seat beside a more understanding classmate, and/or a seat near the door so that they can easily go to a safe, pre-identified space when they need to tic. Once in the safe space, students with Tourette Syndrome can use relaxation techniques, such as listening to calm music to reduce their stress.

**Schedules & Routines:** It may be helpful to schedule activities that require close attention earlier in the day and save classes that interest the student for later in the day. Often students with Tourette Syndrome do not cope well with surprises, even pleasant ones. If there is a change in daily activity, it is helpful to inform the student in advance.

**Instruction & Assessment:** Students with Tourette Syndrome may struggle in school. They may experience difficulty starting and finishing assignments, answering a question in front of the class, handwriting, and high anxiety during test-taking. To help students who have trouble starting and finishing work, teachers can provide the student with pre-determined cues to remind them to start or finish. Dividing homework into smaller segments may help make it easier to complete. The teacher can pre-arrange a question with the student before a group discussion to ensure that the student does not feel centred out. The teacher can also pre-identify an "alert signal" that lets the student know that they will soon be called on to answer a question. This signal could be standing beside the student, or placing a printed cue card with the question on the student's desk. Alternatively, teachers can provide the student with a list of questions that may be asked later that day. Students with Tourette Syndrome often have trouble copying or taking notes. Alternative solutions include the use of a computer, allowing the student to record the lesson and write it down later, or providing the student with note-taking sheets. Test-taking can be a source of anxiety for students. They often need extended time, a reduced number of questions, use of the computer or voice recorder, and an environment with very few distractions.

# TOURETTE SYNDROME IN THE CLASSROOM

	OT	PT	SLP
Executive Functioning	•		•
Sensory Integration	•		
Attention Training	•		
Pain Management		•	
Social Skills & Pragmatic	•		•
Activities of Daily Living	•		
Handwriting	•		
Sleep Hygiene	•		
Assistive Devices	•		
Stuttering			•
Pelvic Health Issues		•	
Incoordination	•	•	
Fine Motor	•		
Gross Motor		•	
Reading Comprehension			•
Dyslexia			•
Vocational Skills	•		•
Oculomotor or Vision	•		
Feeding Aversion	•		
Driving Readiness	•		
Arousal & Impulse Control	•		•

## Rehabilitation and Ancillary Services

**Occupational Therapy (OT), Physical Therapy (PT), and Speech-Language Pathology (SLP):** Services are often used to treat co-occurring conditions and are often readily available even in rural areas.

- **Occupational Therapy (OT):** Therapy to enable participation in roles, habits, and routines in the home, school, workplace, community, and other settings.
- **Physical Therapy (PT):** Therapy to restore, maintain, and promote physical function.
- **Speech-Language Pathology (SLP):** Treatment of speech, language, social communication, cognitive-communication, and swallowing disorders.

*If your child or you struggle with tics in any of the above areas, seeking rehabilitation services may help.*

**Consider the following questions to ask a rehabilitation facility when looking for a clinic to receive services:**

- Does your clinic offer interdisciplinary care with OT, PT and SLP?
- Do you have specialty training or certification in the above areas?
- Do you have any training specifically tailored to treat patients with Tourette Syndrome (or any of the co-occurring conditions that you are addressing)?



# TOURETTE SYNDROME IN THE CLASSROOM

## Bullying & Cyberbullying

**Tourette Syndrome & Bullying:** An estimated 200 million youth and children are bullied worldwide. A large study found that bullying of students with Tourette Syndrome is commonplace. Younger children are more likely to bully others than older, high school-aged children. Overall, physical bullying decreases as children grow older. Verbal, social and cyberbullying increases between ages 11 and 15 with bullying rates peaking during grade nine.

### How to respond to bullying

1. Tell a school staff member or an administrator.
2. In severe cases (violence or threats), contact the police.
3. Write an anonymous complaint to "[Stop a Bully](#)". Stop a Bully is a website designed for non-emergency reporting. All information submitted on the Stop a Bully form is forwarded to the Principal of the school. Any attached evidence is also forwarded to the principal. This does not guarantee action; however, it provides an opportunity for anonymously reporting the problem to the principal.
4. Teach your own children to refuse to be "bully bystanders" and to report any bullying they see.
5. [Bullying Canada](#) has a toll free number you can call to locate services in your area: 1-877-352-4497.
6. Tell your son or daughter's teacher about [Tourette Canada's In-Service Program](#) so that their teacher can arrange a presentation.
7. Teach your son or daughter anti-bullying tips including walking away, saying something complimentary to distract the bully, staying in groups to avoid confrontation, using humour to deflect the situation, and/or practicing self-affirmation.
8. You can enroll your son or daughter in an anti-bullying program.

**Cyberbullying:** Cyber-bullying or electronic bullying is intentional, repeated harm inflicted on someone through electronic media such as the internet or cell phones. It includes using electronic devices to embarrass, exclude, harass, or harm another person. Common forms are text message bullying, email bullying, chat room bullying and bullying via instant messaging. Approximately, 30% of children and youth in grades 2 through 12 experience one or more instances of cyberbullying.

### How to respond to cyberbullying

1. Talk to your child about electronic bullying.
2. Make sure your son or daughter know that if they tell you about cyber-bullying they won't lose their Internet or cell phone privileges.
3. Make it a rule that your son or daughter can only use technology in a respectful way.
4. Report any threats of harm or violence to the police.
5. Make sure that your son or daughter knows that they are a special and a good person, regardless of what a bully says.
6. Be a positive role model.

# PREGNANCY WITH TOURETTE SYNDROME



## Tourette Syndrome & Pregnancy:

Tourette Syndrome should not affect your pregnancy, although taking certain medications while pregnant may. A few drugs can negatively affect fetus growth and development; **you should consult your doctor if you are pregnant and taking prescription medication.** It is important to note that tics are unlikely to cause problems during labour and delivery.

## Treating Tourette Syndrome during Pregnancy

There are some prescription medications, dietary supplements and herbal products that could negatively affect the growth of the fetus. It is recommended that each individual discusses their prescribed medications, and/or any dietary supplement/herbal product with their health care provider. It is recommended that all pregnant women avoid the use of alcohol and/or nicotine during pregnancy as doing so could have negative effects on the growing baby. To learn more about treating your Tourette Syndrome while pregnant, or things that you should avoid while pregnant please contact your health care provider.

The long-term changes in the neurodevelopment of an infant who has breast milk from a mom taking medication for Tourette Syndrome+ symptoms are still being studied and are not fully understood. It is important to discuss your prescribed medications with your health care provider.

## Will You Pass on Your Tourette Syndrome?

According to studies, a person living with Tourette Syndrome (TS) has a 5-15% chance of having a child, parent or sibling with Tourette Syndrome. However, it is important to note that this is a challenging question as research has also indicated that the inheritance of Tourette Syndrome is complex and is not only based on genetics.

In addition to genetic factors, other factors contribute to the passing of Tourette Syndrome from parent to child. These other factors are likely what dictates when symptoms start, symptom severity and the development of associated conditions. Factors like stressful life events, pregnant mothers' use of tobacco, alcohol, drugs, and caffeine interact with genetics to affect whether or not someone will have Tourette Syndrome and the level of severity. Low birth weight, maternal smoking during pregnancy, complications during pregnancy are found to be associated with an increased likelihood of having Tourette Syndrome.



# DEBUNKING TOURETTE SYNDROME MYTHS

## Why do some people call Tourette Syndrome (TS) the 'swearing disease'?

It is a common misconception that the main symptom of Tourette Syndrome is swearing. Up to 10% of people with Tourette Syndrome may experience coprolalia at some point. Coprolalia is the involuntary utterance of obscenities, profanities and derogatory remarks. This less common tic may include yelling inappropriate or culturally taboo remarks or phrases. As with all tics, the behaviour is not intentional. The extreme nature of this vocal tic can cause embarrassing and distressing situations for those affected. When Tourette Syndrome is represented in movies and TV shows it is common to see a person with Tourette Syndrome exhibiting this less common tic. This has resulted in a misrepresentation of the true nature and a stereotype around swearing which can cause embarrassment or distress for those who have it.

## Does Tourette Syndrome (TS) affect intelligence?

No. Tourette Syndrome does not impact intelligence.

## Does everyone with Tourette Syndrome (TS) have the same tics?

There are many different types of tics and everyone with Tourette Syndrome experiences tics differently. Just because two people have Tourette Syndrome does not mean they will have similar tics in common. Also, a person with Tourette Syndrome does not always keep the same tics. Tics tend to change over time. Someone who has an eye-blinking tic, a shoulder-jerking tic, and a sniffing tic at the age of 8 may have a completely different set of tics at the age of 9.

## Can people with Tourette Syndrome (TS) control their tics?

Some people can hold their tics for short periods. The effort to hold or suppress tics can be difficult and requires concentration. Some people describe holding in a tic as feeling similar to having a very itchy bug bite that you cannot scratch. The effort to not tic (or not scratch the bite) takes over almost all of the person's concentration, making it very difficult to pay attention to other things such as what the teacher is saying.

## If you have tics, does that mean you have Tourette Syndrome (TS)?

All individuals with Tourette Syndrome have tics, but having tics does not necessarily mean you have Tourette Syndrome. Tourette Syndrome is the most severe type of tic disorder. There are other tic disorders such as Persistent Motor Tic Disorder, Persistent Vocal Tic Disorder, and Provisional Tic Disorder. Also, other conditions can cause tics including Huntington's Disease, Lesdh-Neyhan Syndrome, and Cerebral Palsy. Certain medications can cause tics, and tics can be a result of a head injury.





# SERVICE DIRECTORY

## Alberta

### Calgary

#### **Dr. Sarah Furtado**

Foothills Medical Center Movement Disorder Clinic, Area 3, UCMC.  
3350 Hospital Drive, NW, Calgary, Alberta. T2N 4N1

**403-944-4364**

Specializes in Neurology Movement Disorders

#### **Dr. Ranjit Ranawaya**

Rockyview Neurologist Clinic  
3350 Hospital Drive, NW Calgary, Alberta. T2N 4N1

**403-944-4364**

Specializes in Neurology Movement Disorders

#### **Dr. Tamara Pringshem**

Calgary Tourette Syndrome Clinic, Alberta Children's Hospital  
University of Calgary, 4D65-3280 Hospital Drive, NW, Calgary, AB T2N 4Z6

**403-210-6877**

Specializes in Pediatrics Tourettes Syndrome Movement Disorders

#### **Dr. Oksana Suchowersky**

Movement Disorder Clinics, Foothills Medical Center  
1403 29 Street, NW Calgary, Alberta. T2N 2T9

**780-407-7497**

#### **Dr. Lanni Babbín.**

Richmond Road Diagnosis Treatment Centre  
1820 Richmond Road, Calgary, Alberta. T2T 5C7

**403-955-8444**

### Edmonton

#### **CASA Child Adolescent Service Association**

10645 63 Avenue NWN, Edmonton, Alberta. T6H 1P7

**Phone for regional intake for kids:**

**5 and older: 780-342-2701**

**5 and younger: 780-410-8483**

#### **Dr. Wess Miller**

Center for Cognitive Behaviour Therapy  
411 LeMarchand Mansion 11523 100 Avenue, Edmonton, Alberta. T5K 0J8

**780-455-8181**

Specializes in Therapy for OCD





# SERVICE DIRECTORY

**Dr. Alan Carroll**

Movement Disorder Clinic, Glenrose Rehabilitation Hospital  
327-10230 111 Avenue, NW Edmonton, Alberta. T5G 0B7

**780-735-7939**

Specializes in Psychiatry Pediatric, ADHD, Tourette Affective Disorders

**Dr. Leslie Caffaro**

407-11044 51 Avenue NW, Edmonton, Alberta, T6H 5B4

**780-438-6181**

Works with Children

**Dr. Mitch Parsons**

407-11044 51 Avenue NW, Edmonton, Alberta, T6H 5B4

**780-438-6181**

Works with Children

**Dr. Ronald Neil Roberts**

Westgrove Professional Building  
10230 142 Street #330 Edmonton, Alberta, T5N 3Y6

**780-451-6029**

**Dr. Allan Carroll**

Integrative Health Institute  
327-10230 111 Avenue NW Edmonton, Alberta, T5G 0B7

**780-735-7939**

Works with Children

**Onoway**

**Pam Kellross, RN**

Mental Health Nurse  
Onoway Mental Health Services  
Box 1047 5115 Lac Street, Onoway, Alberta. T0E 1V0

**780-967-9117**

**St. Albert**

**Dr. Norman McDonald,**

Association Medical Clinic  
25 St. Michael Street. Albert, Alberta. T8N 1C7

**780-458-1234**



# SERVICE DIRECTORY

## British Columbia

### Important Information:

Once diagnosed, one should be referred to the **BC Children's Hospital Outpatient Psychiatry Department**. Referrals can be made by a family doctor, pediatrician, psychiatrist, psychologist, neurologist or other specialists.

#### **BC Children's Outpatient Psychiatry Intake:**

4500 Oak Street, Vancouver, BC V6H 3N1

website: [www.BCChildrens.ca](http://www.BCChildrens.ca)

**604-875-2010**

#### **BC Neuropsychiatry Program\***

The University of British Columbia Hospital - Detwiller Pavillion

2255 Westbrook Mall, Vancouver, BC V6T 2A1

website: [www.bcnp.ca](http://www.bcnp.ca)

**604-822-7298**

\*Please note that this is a **tertiary** provincial program and it services all of BC. They take care of the full spectrum of adult neuropsychiatric disorders. They generally **do not** see patients with neurodevelopmental disorders nor patients under 18 years or over 75 years olds. They also **do not** see patients with active substance use disorders, patients in litigation for medicolegal consultations or patients who are referred for primarily neuropsychological assessment.

\*\* Referrals can be made by a psychiatrist, by completing the appropriate referral package which is available online at [www.bcnp.ca](http://www.bcnp.ca)\*\*

#### **BC Child and Youth Mental Health (CYMH):\***

##### **Kamloops CYMH**

1165 Battle Street, Kamloops, BC V2C 2N4

**250-371-3648**

##### **Kelowna CYMH**

1340 Ellis Street, Kelowna, BC V1Y 9N1

**250-861-7301**

##### **Nanaimo CYMH**

301-190 Wallace Street, Nanaimo, BC V9R 5B1

**250-741-5701**



# SERVICE DIRECTORY

## **Prince George CYMH**

1294 Third Avenue, Prince George, BC V2L 3E7  
**250-562-6639**

## **Vancouver CYMH**

355-2750 East Hastings Street, Vancouver, BC V5K 1Z9  
**604-675-3896**

## **Victoria CYMH**

3rd Floor - 2955 Jutland Road, Victoria, BC V8T 5J9  
**250-356-1123**

\*Multiple Intake clinics are available throughout British Columbia  
For assistance in finding the intake clinic nearest to you please contact Kari at  
Tourette Canada - Okanagan:  
250-801- 0486 or kelowna@tourette.ca

## **Manitoba**

### **Brandon**

#### **Dr. Alex Tavares**

Child and Adolescent Treatment Center  
1240 10th Street, Brandon, Manitoba, R7A 7L6  
**204-578-2700**

Specializes in Diagnosis, Education and Treatment

### **Winnipeg**

#### **Dr. David Grewar, Pediatrician**

8A- Pediatrics Street, Boniface General Hospital  
409 Tache Avenue, Winnipeg, Manitoba, R3T 2A6  
**204-237-2840**

#### **Dr. Andrew Borys**

Movement Disorder Clinic Deer Lodge Center  
2109 Portage Avenue, Winnipeg, Manitoba, R3J 0L3  
**204-940-8400**



# **SERVICE DIRECTORY**

**Dr. Frances Booth, , Neurologist- Pediatrics**

Neurology Clinic Children's Hospital  
840 Sherbrook Street, Winnipeg, Manitoba, R3A 1S1  
**204-787-2435**

**Neurosciences Clinic Health Sciences Centre**

GE 173 820 Sherbrook Street, Winnipeg, Manitoba, R3A 1S1  
**204-787-5111**

**St. Boniface General Hospital, Tourette Syndrome Service M-1 North McEwan Building**

409 Tache Avenue, Winnipeg, Manitoba, R2H 2A6  
**204-237-2040**

**Dr. Rox Wand, Child Psychiatrist**

**Dr. Gary Altman, Psychiatrist**

**Dr. Layna Penner, Psychiatrist**

**Fran Gambin, Student Services Teacher**

**Jaye-Lynn Johnston-Makinak, Social Worker**

**Paulette Cote, Outreach Support Worker**

**Dr. Gary Shady, Psychologist**

**Children's Clinic**

104 200 Goulet Street, Winnipeg Manitoba, R2H 0R8  
**204-231-2284**

**A.J. Gomori, Neurologist**

1516 Medical Arts BLDG, Winnipeg, Manitoba, R2C 0A1  
**204-942-7815**

## **New Brunswick**

**Moncton**

81 Albert Street, Box 5001 Moncton, New Brunswick, E1C 8R3  
**506-856-2444**



# SERVICE DIRECTORY

## Newfoundland

### St. John's

#### **Janeway Children's Health and Rehabilitation Centre**

300 Prince Phillip Drive, St. John's, Newfoundland. A1B 3V6

**Dr. Sandra Luscombe**, Pediatrician, **709-777-4641**

**Diane Bouwman**, Occupational Therapist, **709-777-8110**

**Dr. Hubert Wight**, Psychiatrist, **709-777-4483**

**Dr. Tina McWilliam-Burton**, Psychiatrist, **709-777-4121**

**Dr. W. Bonnell**, Psychiatrist, **709-777-4121**

## Nova Scotia

### Halifax

#### **Dr. Joseph R. Dooley, Pediatric Neurologist**

IWK Health Centre

5850/5980 University of Halifax, Nova Scotia, B3K 6R8

**902-470-8488**

#### **Dr. Peter R. Camfield, Pediatric Neurologist**

Izaak Walton Killiam Hospital

PO Box 3070 Stn Parklane Centre, Halifax, Nova Scotia, B3J 3G9

**902-424-8479**

### Kentville

#### **Dr. Robin McGee, Psychologist**

Child and Adolescent Services Annapolis Valley Regional

16 Chipman Drive, Kentville, Nova Scotia. B4N 3B7

**902-365-1701 ext. 2874 / 902-670-5607**

Specializes in abuse disabilities and workplace issues

### Truro

#### **Dr. Marilyn MacPherson**

Colchester Regional Hospital

207 Willow Street, Truro, Nova Scotia, B2N 5A1

**902-893-5505**



# SERVICE DIRECTORY

## Ontario

### Barrie

#### **Dr. Timothy Bilkey, Psychiatrist**

The Bilkey Clinic  
400 Bayfield St. Suite 254 Barrie, Ontario

**705-726-0036**

Specializes in consultation and assessment for adolescence and adult ADHD

#### **Dr. Tim Smith, Psychologist**

11 Farris Lane no 2, Barrie, Ontario, L4M 5N6

**705-727-1529**

#### **Dr. Julie Lewis, Psycho-Educational Consultant**

4 Sinclair Ct, Barrie, Ontario, L4N 5X8

**705-735-9107**

### Brampton

#### **William Osler Health Centre Child and Adolescent Mental Health Clinic**

30A Kennedy Rd S, Suite 200, Brampton, Ontario, L6W 3E2

**905-453-1160**

#### **Dr. Linda Rowden, Psychologist**

Moss, Rowden and Freigang and Associates  
341 Main St North, Brampton, Ontario, L6X 3C7

**905-874-4337**

#### **Dr. Shawn Kao, Pediatrician**

Finchgate Medical Center  
40 Finchgate Blvd, Brampton, Ontario, L6T 3J1

**905-791-6444**

### Burlington

#### **Joseph Brant Hospital Community Mental Health**

1182 North Shore Blvd E, Burlington, Ontario, L7S 1C5

**905-631-0694**

#### **Karen Young, Manager of Clinical Services**

Rock Child Youth and Family Mental Health Services  
471 Pearl St. Burlington, Ontario, L7R 4M4

**905-634-2347 ext. 227 / 905-634-2347**



# **SERVICE DIRECTORY**

## **Guelph**

**Dr. Jean Clinton, Child Psychiatrist**

Guelph's Child and Adolescent Services Mental Health Clinic  
147 Delhi St. Guelph Ontario. N1E 4J3  
**519-821-2060**

## **Hamilton**

**Anxiety Treatment and Research Clinic**

100 Westfifth St. Hamilton, Ontario, L8N 3K7  
**905-522-1155 ext. 3369, for referrals: 905-521-6120**

## **Kitchener**

**Dr. Jamie Steckley, Neurologist**

Grand River Hospital- Kaufman Building 5th Floor  
835 King Street West, Kitchener, Ontario, N2G 1G3  
**519-749-4234**

## **London**

**Child and Parent Resource Institute (CPRI) Ministry of Children and Youth Services**

Crombie Building 1-40 600 Sanitorium Rd, London, Ontario, N6H 3W7

**Greg Fry, Program Support Manager**

**Kathryn Harris, Occupational Therapist**

**Julia Hilhorst, Community Behaviour Consultant**

**Jenna Koning, Case Management Coordinator**

**Jacqueline Lawrence, Speech Therapist**

**Peter Robinson, Educational Liasion**

**Sharon Skutovich, Social Worker**

**Jackie White, Community Behaviour Consultant**

**519-858-2774 / 1-877-494-2774,**

**Dr. Harold Merskey**

519 Oxford St East, London, Ontario, N5Y 3H8  
**519-679-1045**





# **SERVICE DIRECTORY**

## **Dr. Mary E. Jenkins, Neurologist**

Movement Disorder Program Clinical Neurological Services  
LHSC University Campus 339 Windermere Rd, London, Ontario, N6A 5A5  
**519-685-8500**

## **Dr. John R. Dubois, Child Psychiatrist**

717 Richmond St, London, Ontario, N6A 1S2  
**519-858-5800**

## **Dr. Lawrence Jerome, Psychiatrist**

90 Warncliff Rd South, London, Ontario, N6J 2K1  
**519-432-3818**

### **Markham**

## **Dr. Padmina Turlapati, Pediatrician**

Ashgrove Medical Center  
6633 Highway #7 St 306 Markham, Ontario, L3P 7P2  
**905-471-8074**

## **Dr. Pam Cooper, Pediatric Neurologist**

6212 Main St., Suite 204, Markham, Ontario, L4E 2S5  
**905-640-5100**

## **Markham Stouffville Family Health Team**

377 Church St #101, Markham, Ontario, L6B 1A1  
**905-471-9999**

## **Children & Adolescents Markham Stouffville Hospital, Child and Adolescent Family Services**

381 Church St, PO Box 1800 Markham, Ontario, L3P 7P3  
**905-472-7530**

## **Dr. Christine Sternat, Marriage and Family Therapist**

Winds of Change  
69 Peter St. Markham, Ontario, L3P 2A6  
**905-471-1829**



# SERVICE DIRECTORY

## **Markham Stouffville Family Health Team**

377 Church St #101, Markham, Ontario, L6B 1A1

**905-471-9999**

## **Children & Adolescents Markham Stouffville Hospital, Child and Adolescent Family Services**

381 Church St, PO Box 1800 Markham, Ontario, L3P 7P3

**905-472-7530**

## **Dr. Christine Sternat, Marriage and Family Therapist**

Winds of Change

69 Peter St. Markham, Ontario, L3P 2A6

**905-471-1829**

## **Dr. Karen Ghelani C. Psychiatrist**

Chrysalis Counselling Services

3621 Highway #7 #408 Markham, Ontario, L3R 0G6

**905-752-6789 ext. 101**

## **Dr. Richard Wong, Pediatrician**

Unionville Children's Clinic

3601 Highway #7 #601, Markham, Ontario, L3R 0M3

**905-940-0112**

## **Mississauga**

## **Dr. Marino Battigelli, Chief of psychiatry**

Credit Valley Hospital- Psychiatry Department

22 Eglinton Ave W, Mississauga, Ontario, L5M 2N1

**905-813-4421 / 905-813-2396 ext 4426**

## **Meadowvale Professional Center**

6855 Meadowvale Town Circle, Suite 316, Mississauga, Ontario. L5N 2Y1

**905-826-6042**

## **Newmarket**

## **Family Speech Clinic**

13 Prospect St. Newmarket, Ontario, L3Y 3T5

**905-954-1312**

Speech clinic for children

## **Dr. Lewis Balogh, Pediatrician**

712 Davis Dr. Suite 301, Newmarket, Ontario, L3Y 8C3

**905-898-5438**



# **SERVICE DIRECTORY**

## **North York**

### **Dr. Santy Lee, Marriage and Family Therapist**

Vitae Wellness Center

5519 Yonge St. #300 North York, Ontario, M2N 5S1

**416-250-6988 / 416-221-8882**

### **North York General - Child and Adolescent Mental Health**

7th floor, 4001 Leslie Street, North York, Ontario, M2K 1E1

**416-756-6642**

### **Dr. Donald Maxwell, Psychologist**

2937 Bayview Ave North York, Ontario. M2K 1E9

**416-222-0804 fax: 416-222-0913**

## **Ottawa**

### **Children's Hospital of Eastern Ontario**

401 Smythe Rd, Ottawa, Ontario, K1H 8L1

**613-737-7600**

### **Dr. Grimes**

The Ottawa Hospital- Neurology Department

715-1053 Carling Ave, Ottawa, Ontario, K1Y 4E9

**613-761-7021**

## **Richmond Hill**

### **Mackenzie Health Child and Family Services**

10 Trench St, Richmond Hill, Ontario, L4C 4Z3

**905-883-2137**

### **Dr. Jeffrey Weisbrot, Pediatrician**

Richmond Hill Children's Clinic

404-250 Harding Blvd W, Richmond Hill, Ontario, L4C 9M7

**905-737-9898**



# **SERVICE DIRECTORY**

## **Scarborough**

### **Scarborough General Hospital- ADHD Clinic Training and Research institute**

2877 Ellesmere Rd, Scarborough, Ontario, M1E 4B9

**416-431-8200 ex 6536/ 416-431-8230**

Specializes in Community Workshop/Education Parent Teacher child and teen workshops

### **The Shoniker Clinic**

2877A Ellesmere Rd, Scarborough, Ontario, M1E 4B9

**416-281-7301**

## **Thornhill**

### **Alter Stuckler and Associates**

1 Promenade Circle Suite 301A, Thornhill, L4G4P8

**Dr. Robin Alter, Psychologist**

**Dr. Anna Stuckler, Psychologist**

**905-709-2343**

### **Dr. Gerard Klein, Psychologist-Anger Management**

Under the Umbrella Tree

508 Champagne Drive, Thornhill, M3G 2T9

**416-850-9980**

### **Dr. Wayne Langburt, Pediatric Neurologist**

7368 Yonge St #313, Thornhill Ontario, L4J 8H9

**905-707-8343**

### **York Region Psychological Services**

7626A Yonge St Thornhill, Ontario, L4J 4V1

**416-602-3230**

## **Toronto**

### **Dr. Keith Meloof, Neurologist- Pediatrics**

1166 Bay St. #1404 Toronto, Ontario, M5S 2X8

**416-482-1140**

### **NeuroFeed**

1357 Bathurst St. Toronto, Ontario, M5R 3H8

**416-944-0103**



# SERVICE DIRECTORY

## **Center for Addiction and Mental Health (CAMH) Child Youth and Family**

250 College St. Toronto Ontario, M5T 1R8

**416-435-8501- intake, Ext 4248 and 4366**

**www.camh.net**

### **Dr. Anne Richards**

183 Glenrose Ave Toronto, Ontario, M4T 1K7

**416-754-8358**

### **Dr. Gary Shomair**

55 Eglinton Ave E #705, Toronto, Ontario, M4P 1G8

**416-488-5189**

### **Dr. Joseph Feldman**

1 Saint Clair Ave E, Suite 606 Toronto, Ontario, M4T 2V7

**416-961-2282**

### **Dr. Manohar Keesari**

Markham Psychologists

500 Sheppard Ave E Suite 306, Toronto, Ontario, M2N 6H7

**905-472-9658 / 905-433-1551 ext 215**

Specializes in psychiatric assessment, attention deficit and mood disorders

### **Dr. Mary Katherine McLean**

170 The Donway West #209 Toronto, Ontario, M3C 2G3

**416-975-1544**

Specializes in adults with ADHD

### **Dr. Paul Druckman**

400 Walmer Rd. #126, Toronto, Ontario, M5P 2X7

**416-920-9816**

### **Dr. Stephen Sibalís**

Suite 905, 208 Bloor St. W, Toronto, Ontario, M5S 3B4

**416-923-8666**

Specializes in adults with ADHD

## **Hospital for Sick Children Department of Psychiatry and Neuropsychiatry**

55 University Ave, Toronto, Ontario, M5G 1X8

**Dr. Daniel Gorman, 416-813-6936**

**Dr. Patricia Dobson, 416-813-4326**

**Dr. Robyn Westmacott, 416-813-6376**

Specializes in TS kids with tic disorders within neuropsychiatric program



# **SERVICE DIRECTORY**

## **Tourette Syndrome Neurodevelopment Clinic**

399 Bathurst St, Toronto, ON M5T 2S6

**Ian Roth, Speech Pathologist**

**Dr. Jennifer Stanga , Neuro Psychologist**

**Dr. Michelle Pearce, Psychiatrist**

**Nam Phan, Research Coordinator**

**Trina Epstein , Clinical Psychologist**

**416-603-5794**

## **Dr. Keith Meloff , Pediatric Neurologist**

1166 Bay St. #1404, Toronto, Ontario, M5S 2X8

**416-482-1140**

## **Dr. Marlene Stern, Psychologist**

66 Glenview Ave. Toronto, Ontario, M4R 1P8

**416-322-6900**

## **Dr. Michael Allan, Psychologist**

541 Eglinton Ave. Toronto, Ontario, M4P 1N7

**416-487-5511**

Specializes in Ross Greene methodology

## **The Willow Center**

45 Sheppard Ave E Suite 202, Toronto, Ontario, M2N 5W9

**416-250-1540**

## **Humber River Regional Hospital**

2175 Keele St. Toronto, Ontario, M6N 2Z4

**416-658-2008**

## **Vaughan Counselling Center**

2175 Keele St. Toronto, Ontario, M6N 2Z4

**416-482-8962**

Specializes in eating disorders, ADHD, body image

## **Center for Sleep and Chronobiology**

295 College St 4301 Toronto, Ontario, M5T 1S2

**416-603-9531 / 416-746-3012**



# **SERVICE DIRECTORY**

**Dr. Robyn J. Stephens, Clinical Neuropsychologist**

Youthdale Treatment Center  
365 Bloor St E #1400, Toronto, Ontario, M4W 3C4  
**416-362-2003**

**Dr. Ellen Fantus**

The Red Path Center  
421 Eglinton Ave W Suite 7, Toronto, Ontario. M5N 1A4  
**416-920-4999 Ext. 0170**

Specializes in autism spectrum, ADHD, intellectual and learning disabilities

**Humber River Regional Hospital Child and Adolescent Program**

1235 Wilson Ave, Toronto, Ontario, M3M 0B2  
**416-242-1000 ext. 43000**

Specializes in ADHD and mood disorders

## **PEI**

**Ellen MacPhail, Executive Director**

Summerside Community Mental Health "PEI Women's Institute"  
205 Linden Avenue, Summerside, PEI, C1N 2K4  
**902-368-4860**

## **Quebec**

### Lanaudiere

**Dr. Francine Cormier, Clinical Psychologist**

Pelvate Practitioners  
557 Ponsard St., Repentigny and Clinique Medicale du Boise, 275A, Paradis St. Suite 6.  
**450-654-6250 / 450-603-0896**

### LaSalle

**Dr. Annick Martin, Clinical Psychologist**

7691A, boulevard Lasalle, Lasalle  
**514-595-8087**

### Laval

**Dr. Donald Bouthillier, Clinical Psychologist**

3030 Boulevard le Carrefour, suite 903, Laval  
**514-774-7304**





tourette canada

# SERVICE DIRECTORY

## Longueuil

### **Dr. Nathalie Bissonnette, Clinical Psychologist**

Adolescents and Adults Centre de Psych. Bissonnette & associées

195, St-Charles St. W, Suite 202, Longueuil J4H 1C8

**450-679-9989**

## Mauricie

### **Dr. Frederic Langlois, Clinical Psychologist**

Psychology Department, Université du Québec à Trois-Rivières, C.P. 500, Trois-Rivières

**819-376-5011 ext. 3557**

## Montreal

### **CHUM, Hôpital Notre-Dame Pavillon Deschamps, Service de neurologie**

1560 rue d'Avaugour, Montreal, Quebec, H2L 4M1

**Dr. Yves Dion, 514-890-8123 / 450-449-2333**

**Dr. Pierre Duquette, 514-890-8212**

### **Dr. Francoise Chagnon (ENT), Director OLR Montreal General Hospital**

C2.125-1650 avenue Cedar, Montreal, Quebec, H3G 1A4

**514-934-1934 Ext. 42285**

### **Dr. Dan Boghen, Neuro-Ophthalmologist**

Ste-Justine Hospital

**514-484-6119**

### **TS Clinic-Neuropsychology Unit Hôpital Ste-Justine**

Cote Ste. Catharine Montreal, Quebec, H3T 1C5

**Dr. Sylvian Chouniard, 514-345-4931**

**Dr. Francine Lussier, 514-890-8123 3175**

### **Dr. F. Andermann, Neurologist- Pediatrics**

Montreal Neurological Institute and Hospital

4491 Cote-Des-Neiges Montreal, Quebec. H3V 1E7

**514-739-5419 / 514-398-1976**

## **Hôpital Rivière-des-Prairies**

7070 Perras Rivière-des-Prairies, Montreal Quebec. H1E 1A4

**514-328-3910**

## **Centre d'Etude sur les Troubles Obsessionnels-Compulsifs et les Tics du Centre de Recherche Fernand-Seguin de l'Hôpital Louis-H. Lafontaine**

7331 Hochelaga St., Montreal, Quebec. H1N 3V2

**514-251-4015, ext. 3585**



tourette canada

# **SERVICE DIRECTORY**

**Dr. Marie-Josée Lemieux, Clinical Psychologist**

Centre de Consultation Psychopédagogique, Sanctuaire du Mont-Royal  
6100, Du Boise, Suite 104, Montreal Quebec. H3S 2W1  
**514-992-2897 / 514-739-5646**

**Dr. Linda Brisson, Clinical Psychologist**

Centre de Psychologie Behaviorale  
1575, Henri-Bourassa W, Suite 440, Montreal, Quebec. H3M 3A9  
**514-336-5562**

**Dr. Rachel Marquis, Clinical Psychologist**

Centre Medical St-Urbain  
30 Saint-Joseph Boulevard East, Montreal, Quebec. H2T 1G9  
**514-288-0408**

**Club Tiny Tots Pediatric Center**

6900 Boulevard Decarie Suite 3550, Cote Saint-Luc, Quebec. H3X 2T8  
**514-342-9911**

**Dr. Mireille Levesque, Clinical Psychologist**

520 Cherrier St. Suite 301, Montreal, Quebec  
**514-202-2447**

**Vandreuil-Dorion**

**Dr. Isabelle Guay, Clinical Psychologist**

458, St-Charles ave., Suite 204, Vandreuil-Dorion, J7V 2N5  
**450-510-2807**

**Dr. Kieron O'Connor, Clinical Psychologist**

7331 Hochelaga St., Montreal  
**514-251-4015 ext. 2343**

**Westmount**

**Dr. Perry Adler, Perry S.J., Clinical Psychologist**

4115 Sherbrooke St. West, Westmount  
**514-738-3732**

**Dr. Adam Radomsky, Clinical Psychologist**

4115 Sherbrooke St. West, Suite 410, Westmount  
**514-738-3732**



# **SERVICE DIRECTORY**

## **Saskatchewan**

**Movement Disorder Clinic Saskatoon Royal University Hospital**  
103 Hospital Drive, Saskatoon, Saskatchewan  
**Dr. Rajput, 306-844-1412**

**We aim to keep to our service directory as up to date as possible.  
However, if you know of any programs and services in your area, please  
let us know.**

# REFERENCES

Pringsheim, T. (2012). Canadian Guidelines for the Evidence-Based Treatment of Tourette Syndrome . BC Mental Health & Substance Use Services <http://www.bcmhsus.ca/Documents/canadian-guidelines-for-the-evidence-based-treatment-of-tourette-syndrome.pdf>.

Resources and Support. Tourette Association of America. (2020, June 18). <https://tourette.org/resources/overview/>.

Tourette Canada. (2018, May 6). Home. Tourette Canada. <https://tourette.ca/>. A