



# Tourette's Syndrome

When Involuntary Tics Drive the Need to Self-Medicate

## What is Tourette's Syndrome?

**Tourette's Syndrome** is a neurodevelopmental condition marked by repeated, involuntary movements and vocalizations called tics. People with Tourette's often experience a buildup of tension before each tic, creating a cycle of urge and release that can dominate daily life and strain relationships.

## What Does It Look Like?

- > **Motor Tics**  
Sudden, repeated movements like blinking, jerking, or shrugging they can't stop.
- > **Vocal Tics**  
Involuntary sounds, throat clearing, or words that draw unwanted attention.
- > **Premonitory Urges**  
A rising tension that builds until the tic happens, then briefly fades.
- > **Social Withdrawal**  
Avoiding people and situations out of shame or fear of being misunderstood.

## How Does Tourette's Contribute to Relapse?

For someone with Tourette's, the constant tension, social shame, and exhaustion of managing tics make substances the fastest path to relief.

- 1) **Constant Physical Tension Drives Use**  
Substances quiet the exhausting cycle of urge, tic, and temporary relief.
- 2) **Short-Term Programs Can't Address the Full Picture**  
Tourette's often comes with ADHD, OCD, anxiety, and depression. A 30-day program can't treat all of it.
- 3) **Without Treating Tourette's, the Cycle Continues**  
They return to the same tic-driven tension and shame with no new way to manage either.

### **Prevalence:**

**~1.4 million** Americans affected<sup>1</sup>

### **Co-Occurrence:**

**13–23%** develop substance use problems in their lifetime<sup>2</sup>

### **Relapse Risk:**

**3x** risk of substance misuse outcomes<sup>3</sup>

Sources: <sup>1</sup> CDC, *Data and Statistics on Tourette Syndrome* <sup>2</sup> Andersen et al., *Pediatric Neurology* (2023); Deeb et al. (2019) <sup>3</sup> Virtanen et al., *Biological Psychiatry* (2021)

## Long-Term Treatment for Tourette's and Addiction

Tourette's doesn't exist in isolation. Many people with the condition also live with ADHD, OCD, anxiety, or depression. Each untreated layer complicates the chronic relapse behavior, and short-term programs do not offer enough time to address the real issues.

Our **long-term, progress-based model** gives clients the extended time needed to address Tourette's alongside every co-occurring condition. Clients advance when they demonstrate real change in how they manage stress and relationships.



*"Tourette's rarely comes alone. By the time someone reaches us, we're often treating tics, ADHD, OCD, anxiety, and years of shame all at once. That takes time no short-term program can offer."*



 **Meghan Bohlman, LPC-S, LCDC, EMDR-Trained**  
Executive Clinical Director, Burning Tree Ranch

## Dual Diagnosis Treatment for Tourette's Syndrome

When Tourette's and addiction occur together, treating only the substance use ignores the neurological and emotional layers, and the co-occurring conditions remain untreated.

- **Treating Both Conditions Together**  
Untreated tics and comorbidities makes substances appealing.
- **Managing the Whole Person**  
Impulse control, emotional regulation, and social functioning.
- **Providing Enough Time**  
Years of coping through substances can't be replaced in weeks.

### Dual Diagnosis Defined:

The presence of both a **substance use disorder and a mental health condition** occurring together. Effective treatment for dual-diagnosis addictions must address both aspects simultaneously.



### Have Other Treatment Programs Missed the Deeper Issues?

Burning Tree Ranch is the Nation's only authentic long-term treatment program for chronic relapse. Call us at (866) 287-2877 or visit us online at [www.BurningTree.com](http://www.BurningTree.com).

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