the process of

a brief introductory guide to
TIC DISORDERS
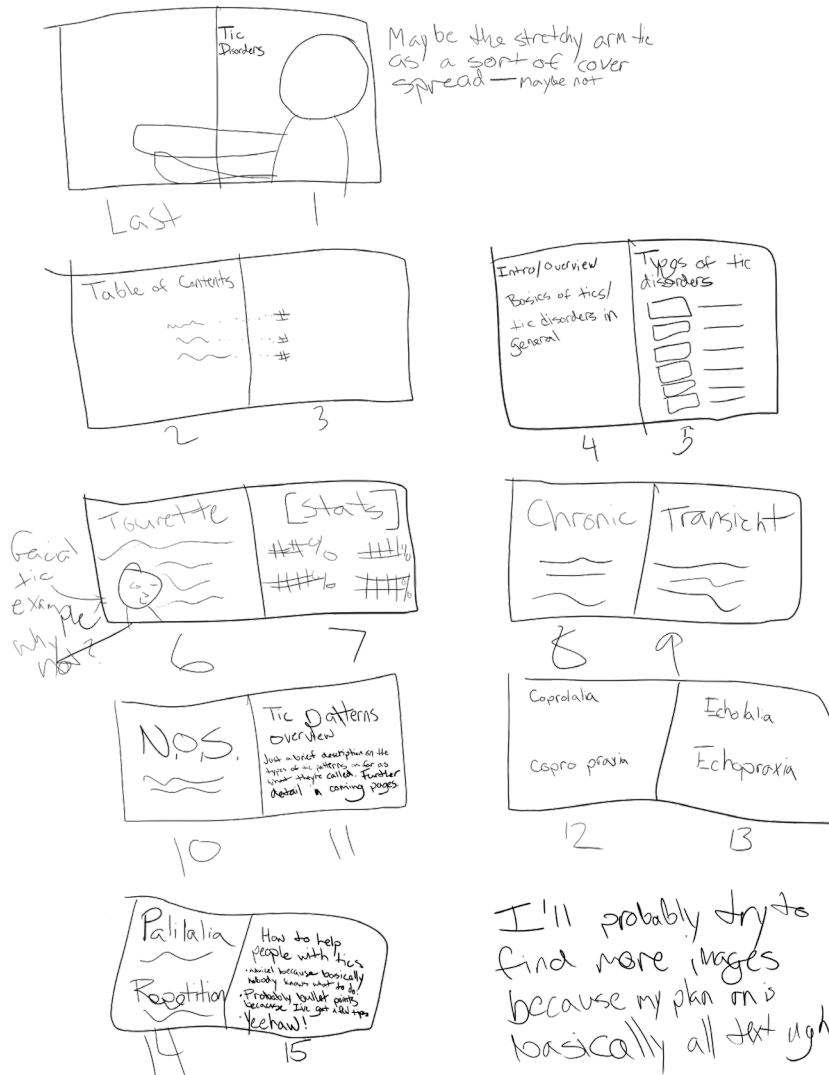
whoisjade?

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Sketches + Thumbnails

Maybe the stretchy arm tic as a sort of cover spread—maybe not

Tic Disorders

Last 1

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Intro/overview
Basics of tics/tic disorders in general

Types of tic disorders

4 5

Facial tic example why not?

Tourette [Stats]
##% ##%
##% ##%

6 7

Chronic | Transient

8 9

N.O.S.

Tic Patterns overview
Just a brief description of the types of tic patterns in for as I was they're called. Further detail in coming pages

10 11

Coprolalia
Copro praxia

Echolalia
Echopraxia

12 13

Palilalia
Repetition

How to help people with tics
-maybe because basically nobody knows what to do
-Probably bullet points
-Because I've got a lot of tips
-Yeehaw!

14 15

I'll probably try to find more images because my plan on is basically all text ugh

The original thumbnail sketches were rather lackluster and not particularly representative of the final design. The latter is due largely to the fact that I had massively overestimated the amount of space which my body copy would fill and, by extension, had not realized that I would need much more body copy than I had originally written to get anywhere near twelve pages, let alone with as hard as it was to find images that were worth using for a brochure about tic disorders.

As I began designing, it became clear how short on filling a page that my original planned body copy was. I ultimately decided to combine some pages as well as just move others where I thought they would best fit, mostly just for reasons that felt logical (e.g., explaining what tics are before tic patterns, before tic disorders, etc.) but also for the sake of making sure that the design is still attractive and that the design would fit the multiple of four necessary to print a saddle stitched booklet.

Research
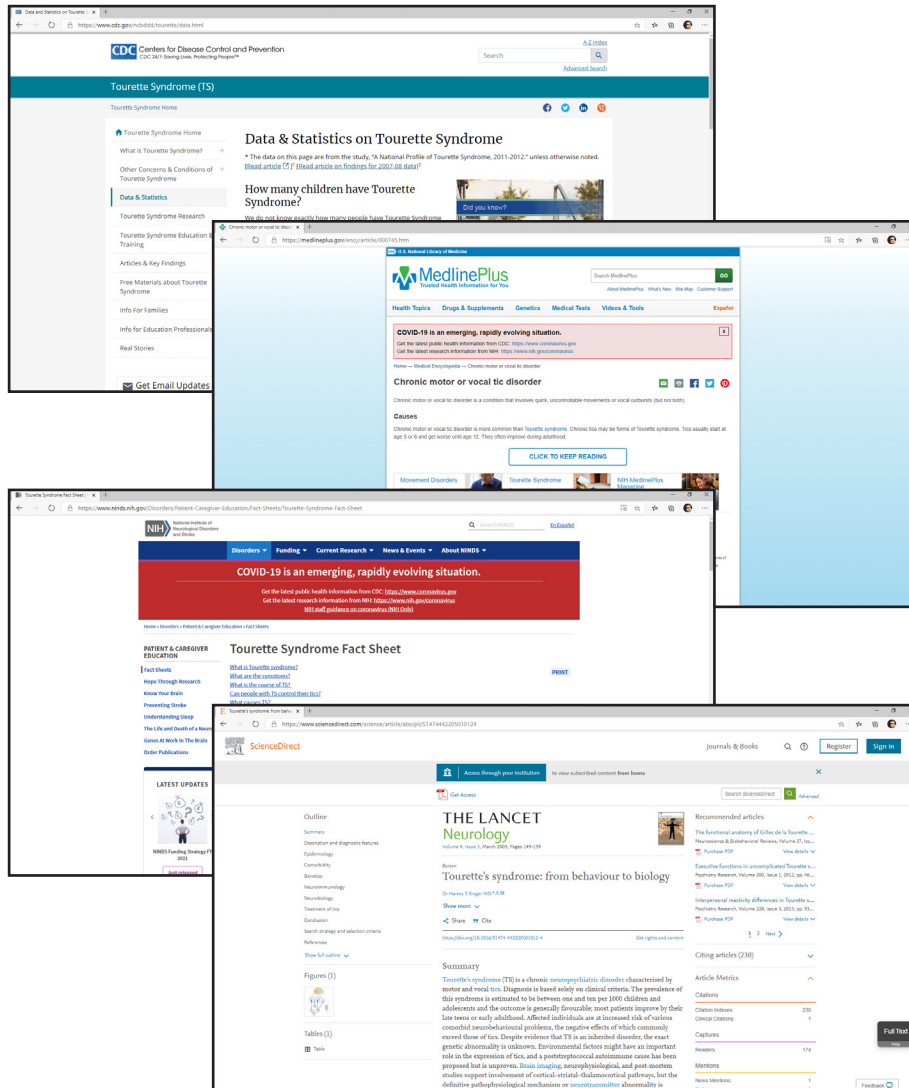
The research process took relatively little time since I have done personal research on tic disorders in the past due to my own experience with a tic disorder, so I had a good idea of where to look. While I had a lot of personal knowledge on tic disorders, for subject matter such as this, it is undoubtedly important to be able to point back to a reputable source of information. I scoured the Internet for sources on tic disorders, taking notes and making citations as I went.

Images

Original by Sarah Outeiro
pexels.com/photo/6745101

Outiero's photos display a quick motion of the head and neck, similar to a common type of motor tic.

A recolor of photo by Miguel Á. Padriñán
pexels.com/photo/579474

Padriñán's photo of a pink awareness ribbon was recolored teal; the teal awareness ribbon represents, among other things, Tourette syndrome.

Images (Cont.)

Original by Elina Krima
pexels.com/photo/3317936

Krima's photo shows a model standing still with their head blurred from motion. This is similar to a common motor tic.

Original by cottonbro
pexels.com/photo/4100431

Cottonbro's photo shows a teen on a couch with a downcast, perhaps troubled expression.

Original by Pixabay
pexels.com/photo/40568

A photo of a stethoscope and a doctor's appointment time sheet.

Body Copy

What are tic disorders?
With as common as tic disorders are, effecting as many as 1 in 100 people, it's important to know what they are, what they aren't, and what it might be like for someone with a tic disorder so that you can know how you might be able to help them.

A tic disorder, as the name suggests, is a neurological disorder characterized by the presence of motor and/or vocal tics. A tic is a sudden movement or sound that occurs involuntarily and repetitively. Tics typically start around the ages of 5 or 6 and then become more severe until the age of about 12. Moving into adulthood, they often then decrease in severity.

Tics used to be considered rare, but no longer, as experts estimate about 1 in 5 people have tics of some kind at some point in their life.

Tics can range from being so minor that an individual and those that they encounter may never even notice their tics to being so severe that the person's safety could be at risk. Despite this, there are no known cures for tic disorders or tics in general.

Common tic patterns
While individual tics can vary wildly between each person, there are some recognizable patterns of tics which can include the following:

Coprolalia: outbursts of obscenities, or impolite and offensive language; coprolalia is the best-known type of tic pattern due to its—albeit misleading—representation in media.

Copropraxia: making obscene, rude, or socially unacceptable gestures.

Echolalia: repeating someone else's words.

Echopraxia: imitating another's movements or gestures.

Palilalia: repeating one's own words.

Repetition: repeating words or phrases without context.

Types of tic disorders
Tic disorders, as their name implies, are actually a family of disorders rather than one specific disorder in and of itself. Tic disorders can be divided into four primary categories.

Tourette syndrome, the most well-known type of tic disorder, is characterized by frequent and long-lasting vocal and motor tics in combination.

Chronic motor or vocal tic disorder is like Tourette syndrome except the individual will experience either motor or vocal tics, but not both.

People with transient tic disorders will experience similar symptoms as those with a chronic tic disorder, however transient tic disorders are much more brief. If tics occur frequently for at least four weeks but no longer than twelve months, then the person's tics are considered transient.

Tic disorder (not otherwise specified) is an umbrella term for other tic disorders which do not fit the other diagnoses' requirements, typically because the person is above the age of 18 years when their tics start or their tics last less than four weeks.

Body Copy (Cont.)

Tourette syndrome

Tourette syndrome, sometimes shortened to Tourette's or simply TS, is generally considered the most well-known of all tic disorders.

People with Tourette syndrome experience multiple motor tics and at least one vocal tic. These tics notably must have lasted for at least a year; are often proceeded by an unwanted urge in the affected muscles; can vary in intensity, frequency, and location; can sometimes be suppressed for short periods of time; and many tics go unnoticed by general onlookers.

Tourette syndrome primarily effects young children and gets less severe during puberty, but it is possible for Tourette syndrome to be a lifelong condition as well, and for the severity from person to person to vary drastically.

Chronic tic disorder

Chronic tic disorders are similar to Tourette syndrome in that one must have tics for greater than a year before the age of 18. However, unlike Tourette syndrome, people with chronic tic disorder will only experience either motor tics or vocal tics, but never both concurrently.

Transient tic disorder

Transient tic disorders have the same symptoms as chronic tic disorders or Tourette's, apart from the fact that they are defined as transient based on the amount of time for which the tics have been present. To be specific, transient tic disorders last between four weeks and a full year. Notably, people with transient tic disorders can have both motor and vocal tics concurrently.

Tic disorder (not otherwise specified)

Tic disorders (not otherwise specified) are use to describe the broad category of people with tic disorders who do not otherwise fit into the categories of Tourette's, chronic tic disorder, or transient tic disorder. Generally speaking, these people will have started having tics after the age of 18, their tics may not have been present for a minimum of four weeks, or they may be caused due to a medication or other medical condition.

Treatment

Though no cure exists for tics, treatment of tic disorders is typically entirely optional, and many people with tic disorders never seek treatment. Often only those with severe enough tics to impact their ability to live their normal lives seek treatment. Treatment for tics is available in the form of some combination of medication and/or therapy.

How to help

A good rule of thumb is to not draw attention to another person's tics. Stress, lack of sleep, or even just thinking about tics could all be triggers which could worsen the severity of somebody's tics.

Some people may be completely fine with talking about their tics or answering questions, whereas others may be less comfortable sharing. As with anything, people with tic disorders are just normal people and each person is going to be different from the next.

Ultimately the best thing that anyone can do to help people with tic disorders is to remain educated about them and to communicate effectively so as to gain as much understanding of others' tic disorders as possible.

Colors

The color palette of the brochure was chosen based around the teal color which is often associated with tourette syndrome. A harmonious violet was chosen to be used as a secondary color throughout the entirety of the brochure.

CMYK	92 / 56 / 64 / 55	92 / 50 / 60 / 39	11 / 0 / 1 / 0
RGB	1 / 56 / 56	0 / 77 / 77	222 / 242 / 251
Hex	#013838	#004D4D	#DEF2FB

CMYK	74 / 74 / 60 / 80	79 / 100 / 36 / 38	2 / 11 / 0 / 0
RGB	23 / 16 / 25	65 / 23 / 76	246 / 229 / 240
Hex	#171019	#41174C	#F6E5F0

Fonts

Montserrat Bold
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
a b c d e f g h i j k l m n o p q r s t u v w x y z
1 2 3 4 5 6 7 8 9 0 { } [ ] | : ; " ' < > , . ? ! @ # $

Noto Sans Black
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
a b c d e f g h i j k l m n o p q r s t u v w x y z
1 2 3 4 5 6 7 8 9 0 { } [ ] | : ; " ' < > , . ? ! @ # $

Noto Sans Regular
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
a b c d e f g h i j k l m n o p q r s t u v w x y z
1 2 3 4 5 6 7 8 9 0 { } [ ] | : ; " ' < > , . ? ! @ # $

Montserrat Bold was chosen as a typeface for headings due to its wide, round forms which help the letters to be more easily distinguishable from each other.

Noto Sans was used for the body copy throughout the brochure because its humanist sans serif and open form makes for a legible and flexible font for printing. The bold face was used for some of the info graphics on the Tourette syndrome spread.
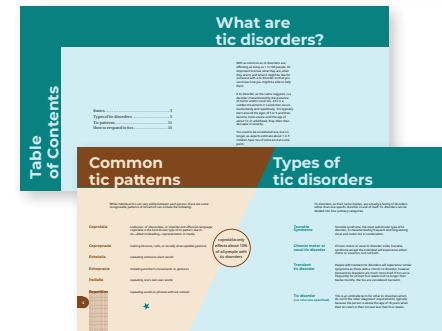
Previous Versions
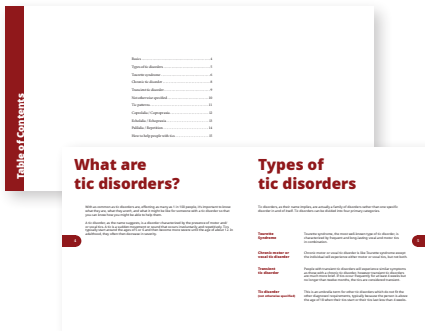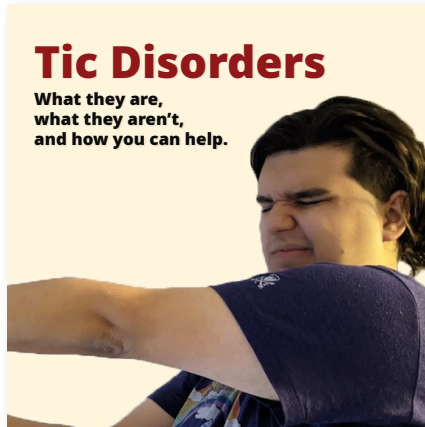
The first draft of the brochure featured a dark red as its primary color. On the cover, a not-so-pleasant beige made an appearance and ultimately both colors were scrapped in all future designs in favor of a blue palette.
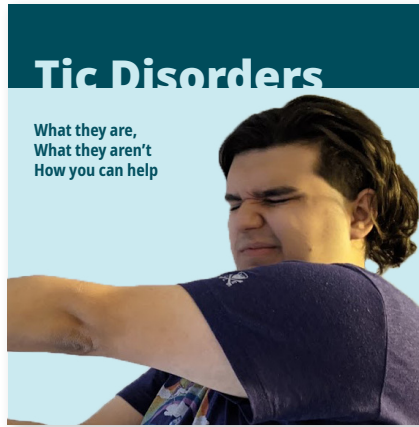

The second-to-last draft of the brochure featured some complimentary colors throughout, but the majority was still teal-based. In the semifinal version, I decided to include the complimentary palette in the cover as well as throughout.

The second draft featured a new palette and colored bars across the tops of the pages throughout. This version also changed the placement of the page numbers and added new callout bubbles.

Previous Versions (Cont.)
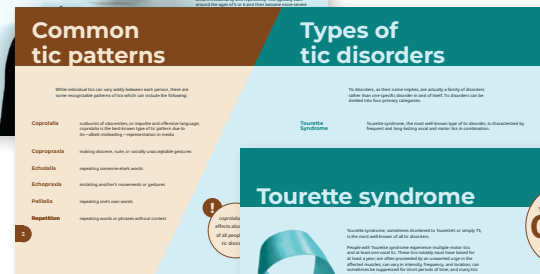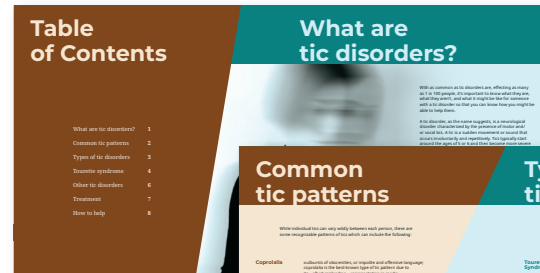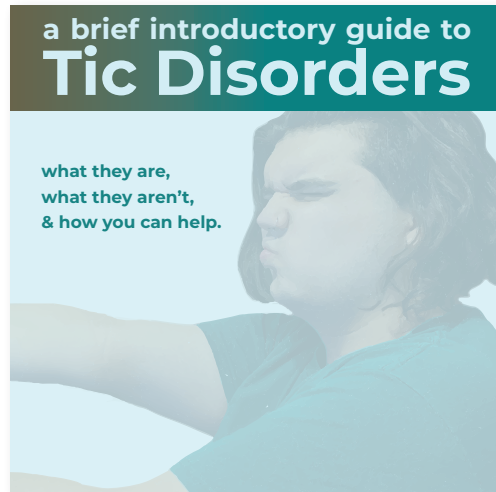
The original published draft of the brochure featured a color palette with two main colors, with a tint and shade of each, and an off-white for the page numbers. I had kept the bars at the top on multiple pages, but also gotten rid of it in others.

The feature that was now more prominent was the angled split between complimentary colors. This was repeated through multiple pages and spreads, though never at quite the same angle in an effort to avoid monotony.

Final Version
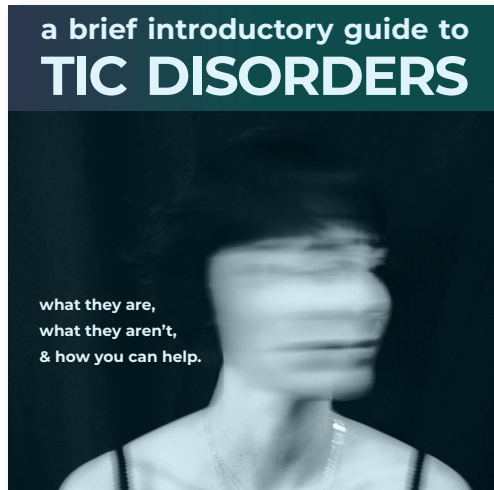
The revised version of the brochure is primarily a change in color palette, swapping the complimentary beige color for a harmonious violet one. This more visually consistent, as both colors have a cool tone.

Some updates were made to certain styles as well. For instance, page numbers no longer have their own unique color, after having been determined that the original color was so close to white, that using actual white made for an overall more cohesive visual theme.

Additionally, all colored images aside from the awareness ribbon were instead changed to only incorporate their luminosity in combination with the brochure's theme colors.

Reflection

Working on this brochure was a fun design challenge, and the most difficult that I'd faced when I'd completed the original version in late 2020. In truth, most of the difficulty came from the large scope of the project. This encompassed everything from research to copy writing to image editing and print layout. My job was to not only design, but create this brochure.

Having been able to revisit this project in 2022 gave me an opportunity to apply some more recently developed design skills and techniques. To see this brochure printed, stitched, in my own hands feels incredibly fulfilling.

Even as it stands, I know that this brochure is still not perfect, but that just means I'll have to revisit it again once I've learned more. If I were to revise this project again, time permitting, I'd like to take a complete fresh start design-wise. Even with the earlier draft, I found myself further developing the visual theming even after printing. Is it frustrating? Maybe at times, but it's all just a part of the design process.

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