



**Dr. B. Duncan McKinlay**  
Psychologist

London, ON, Canada  
url. [www.lifesatwitch.com](http://www.lifesatwitch.com)

**Website:**

Tourette Syndrome • OCD • ADHD  
Sensory • ODD • IED/ 'Rage'

**Publishing:**

*Nix Your Tics! Eliminate Unwanted Tic Symptoms:  
A How-To Guide for Young People*

## **T(r)IC(k)S #17:** **The Many Faces of Accountability**

The frequency with which I hear the question, “How do I know whether that is my child acting out, or whether it is something to do with his/her diagnosis?” is only matched by the thorniness of the issue itself. Fine lines exist between explanation and excuse, responsibility and blame, or empathy and permissiveness. I believe my TS can be an explanation for my behaviour, but it is not an excuse. I should not be blamed for my symptoms, but I am required to be responsible for them. It is important for me to be granted accommodations and an understanding borne of informed empathy for my condition, but people should not make the mistake of ‘lowering the bar’ on me and becoming permissive, because I would only sink to their expectations.

In any given situation, to ask, “Is the disorder to blame or not” isn’t, it seems to me, the best approach to take. Doing so implies that if some neurological condition IS to blame, then the person is NOT, and (s)he thus escapes from any finger-pointing and consequences. No wonder people want to capitalize on that – sign me on too! The problem with this manner of thinking is that the more we learn about genetics and neurology, and the environmental factors that exert influence upon our genetics and neurology, the more we will be able to explain ALL of our thoughts, feelings, and actions within these terms. This leads to a slippery slope: at some point isn’t everything we do, and everything we are, a product of our genetics, neurology, and environment? Since none of these factors are under our control, we quickly come to the untenable point where NONE of us are ever responsible for ANYTHING we do!

We obviously need another option then: after all, “My right to swing my fists in the air ends where your nose begins”, regardless of whether I have Tourette Syndrome, hyperactivity, or tickets to the next Rolling Stones concert. So, here’s my stab at it:

*“Individuals with TS and its associated disorders may indeed experience symptoms that are involuntary and/or beyond their control in nature. This fact is not questioned, and indeed can be assumed. However, we do not have the right or the ability to differentiate between volitional acts and symptomatology in individual cases. Furthermore, it would not be appropriate nor would we be even entitled to assign guilt based on such distinctions. Instead, it is my position that a person's responsibility lies in recognizing his/her limitations and, in situations where his/her symptomatology could result in criminal actions, implementing appropriate preventative accommodations (such as avoidance of the situation). If, **knowing his/her potential for criminal action**, (s)he fails in appropriately accommodating to a degree within reasonable expectation, then regardless of whether the actions were a result of symptomatology, responsibility (including legal culpability) may exist.”*

☑ In other words people with 'leaky brakes' may or may not be able to control their actions, and so guilt (for example criminal guilt) should not be determined based on this question. A person CAN control knowing whether their symptoms could lead to unfortunate actions in certain situations, though. A person can also control whether or not they then avoid or preventively alter that situation. Guilt CAN be determined based on these questions. Put another way, a blind man is not to blame for his lack of eyesight. He IS, however, to blame if despite being blind he knowingly gets behind the wheel of a car and hurts someone as a result.



**Dr. B. Duncan McKinlay**  
**Psychologist**

London, ON, Canada  
url. [www.lifesatwitch.com](http://www.lifesatwitch.com)

**Website:**

Tourette Syndrome • OCD • ADHD  
Sensory • ODD • IED/‘Rage’

**Publishing:**

*Nix Your Tics! Eliminate Unwanted Tic Symptoms:  
A How-To Guide for Young People*

☒ The approach I suggest implies the following: if you did it, then you are responsible for it. That part, at least, is simple. The only complicated part is deciding how your accountability is going to look.

☒ For instance, consider the following objective situation: we see a boy put his hand through a classroom window. On the basis of this information alone we can be clear and united in our chorus: that is an unwanted, undesirable, and unacceptable scenario. We can also all agree that it was the boy who broke it; he therefore is responsible for the scenario. Now let’s add colour to this black-and-white canvas by offering some potential explanations for this behaviour we just saw.

- The boy is antisocial, and is engaged in a power struggle with you.
- Another boy dared him to do it.
- It was an involuntary movement borne of a condition such as TS or epilepsy.
- The boy was in the midst of a neurological rage.
- He learned from an abusive, authoritarian father that breaking things is how a person displays anger.
- He is an outfielder on a baseball team and was trying to catch a pop-fly.

☒ This is where the situation gets dicier, because depending upon the explanation you choose you may alternatively feel anger, pity, protectiveness, embarrassment, helpless fear at how to respond, simple concern as to whether the child is alright, or nothing at all – some of these outlined scenarios elicit an emotional reaction, but others need not.

☒ This is also where the situation, at a promptly-called parent/teacher interview, gets pointedly uglier as different individuals interpret, explain, and sometimes unnecessarily add emotion to this initially objective situation based on their own training, life experiences, beliefs, biases, or emotional frame-of-mind. At base, remember, we still just have a child breaking glass around other children; this detail can easily get lost in the ensuing melee, however, as conflicting interpretations of the event lead to clashing ideas of how to impose accountability onto this child.

☒ Remember, we already decided above that the child is responsible for the behaviour. None of the various possible explanations suggested above reject the notion that it was this child’s arm which came crashing through the glass. To debate this point is needless. The real issue, and the million-dollar question that needs to be asked, is ‘what is the best way to ensure that this situation doesn’t happen again’.

☒ To best answer the question of accountability, then, we need first to be open-minded about ascertaining the true reason the window got broken in the first place. We need to be prepared to reject our first-blush appraisal of the situation, and to rethink our position in light of new information received.

☒ Just using our list above leads to many possible avenues to show accountability. For instance, if this was a purposeful and malicious act, then the question of how to prevent this situation in the future may be refined into ‘what is the best way to punish this child’? If this was epilepsy, the question is refined into, ‘what is the best medication for flailing arms’? And if the boy was lunging to catch a pop-fly when he broke the glass, the question becomes “where should we move the ball diamond to”? All of these are ways of being accountable, but match the most appropriate style of accountability to each situation. One would not get particularly far, for instance, sending the child with epilepsy to a Children’s Aid social worker. No amount of analysis, cajoling,



**Dr. B. Duncan McKinlay**  
**Psychologist**

London, ON, Canada  
url. [www.lifesatwitch.com](http://www.lifesatwitch.com)

**Website:**

Tourette Syndrome • OCD • ADHD  
Sensory • ODD • IED/‘Rage’

**Publishing:**

*Nix Your Tics! Eliminate Unwanted Tic Symptoms:  
A How-To Guide for Young People*

parent-threatening or behavioural attributions will make a difference: you’d better prepare yourself for more showers of glass, because in applying the wrong explanation to the situation we got our solution all wrong.

☐ For the same reason, suspending a child after a neurological rage episode also does not get you very far, and so is a bad idea. Not because the rage is not his responsibility and he should not be held accountable – this is not the issue remember – but because suspension isn’t going to ensure that this situation doesn’t happen again. It applies the wrong TYPE of accountability. Collaborative problem-solving or symptom negotiation or treating other comorbid disorders or learning to anticipate and avoid over-stimulating experiences for the child WILL allow you to put away your broom and dustpan though. Not because you’ve given in and let someone else win or get away with anything. But because you discovered the true issue behind the broken glass, and laid it to rest. Remember, the key to rage is that it never WAS personal to begin with. Save yourself some time, headache, heartache, burnout, emotion and stress, then, and don’t be the first to TURN it personal. You’re only muddying the water on what can be a much simpler, more objective, fix.

Cheers!

B. Duncan McKinlay, Ph.D., C.Psych.

Visit “Life’s A Twitch!” at <http://www.lifesatwitch.com>

*March 2004.*