Introduction: M. is a 12 year old girl, whom since the age of 3 has been increasing the frequency of tics (screeches, closing the eyes, clenching the fists, exposing her teeth, repeating countlessly “I'm kidding!” “You're a whore”).

She has a younger sister. Her mother was diagnosed with anxious depression and her father suffers from chronic alcohol abuse.

The complementary diagnostic tests performed (CT, EEG, MRI), requested by the physicians that she consulted previously, were normal.

With sorrow, M. states on her first appointment “I'm hyperactive and I cannot control myself”.

Objectives: The authors aim to present a short revision of the literature on Tourette syndrome, describing a clinical case, highlighting the therapeutic intervention (psychopharmacological and psychotherapeutic) and the clinical course.

Methods: Clinical case presentation and revision of the literature.

Conclusion: Managing patients with Tourette syndrome requires a comprehensive intervention, which includes medication and a psychotherapeutic approach.

In the case described, a psychoeducational intervention was performed with M.’s family and M. teachers (information about the disease and strategies to reduce stress inducers and undervalue the tics), family counseling (exploring the impact of the tics in their lives and how this could be minimized), cognitive-behavioral techniques and administration of a dopamine antagonist agent.

In this particular case, family intervention was paramount to the favorable clinical outcome, since it was a dysfunctional family.