Managing Tourette Syndrome in the Classroom

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I've come to the conclusion that I am the decisive element in the classroom. It's my personal approach that creates the climate. It's my daily mood that makes the weather. As a teacher, I possess a tremendous power to make a child's life miserable or joyous. I can be a tool of torture or an instrument of inspiration. I can humiliate or honor, hurt or heal. In all situations, it is my response that decides whether a crisis will be escalated or de-escalated and a child humanized or de-humanized.

If I had but one life to give for my country, it would be Billy in the third row.
An involuntary, repetitive motor movement or vocalization

**Tics**

- Simple Motor Tics
  - Eye blinking, grimacing, nose twitching, leg movements, shoulder shrugs, arm and head jerks, etc.
- Complex Motor Tics
  - Hopping, clapping, throwing, touching (self, others, objects), funny expressions, sticking out the tongue, kissing, pinching, tearing paper or books, echopraxia (repeating actions), copropraxia (obscene gestures)

**Multiple Motor Tics**

**Vocal Tics**

- Simple Vocal Tics
  - Whistling, coughing, sniffling, screeching, animal noises, grunting, throat clearing
- Complex Vocal Tics
  - Linguistically meaningful utterances:
    - “I’ve got it.”
    - “Oh boy.”
    - “Now you’ve seen it.”
- Speech Atypicalities
  - Unusual rhythms, tone, accents, intensity of speech, stuttering
OTHER UNUSUAL TYPES OF VOCAL TICS

- Echolalia - involuntary repetition of someone else's words
- Palilalia - involuntary repetition of one's own words
- Coprolalia - involuntary utterance of curse words or other socially inappropriate phrases or sentences

NOTE: Coprolalia is NOT necessary for a diagnosis of TS

WAXING AND WANING

- Tics naturally wax and wane, change in nature and in severity
- Tics change much more frequently in childhood than adulthood
- Tics typically seem to worsen during pre-puberty and puberty
- Many people with TS experience a lessening of tics in adulthood

ENVIRONMENTAL FACTORS THAT CAN WORSEN TS SYMPTOMS

- Stress
- Anxiety
- Excitement
- Fatigue
- Illness
SUPPRESSION OF SYMPTOMS

Results in:

- Worsening of symptoms
- Inability to concentrate on task at hand
- Shutting down
- Fatigue and/or worsening of symptoms at end of day
- Often explosion of symptoms at home

CLASSROOM SUGGESTIONS

Even tics which appear to the onlooker to be very mild can be very interfering (e.g. eye rolling, head shaking). Vocal and motor tics can create tremendous social stresses for the student:

- Frequent breaks
- Preferential seating
- Assessing interference of individual tics for accommodations
- Educate classroom about TS
- SKYPE

ASSOCIATED DISORDERS

TS is a Neurobiological spectrum disorder - almost always accompanied by other neurological conditions
MOST COMMON ASSOCIATED DISORDERS

An extremely large number of people with TS are also diagnosed with the following:

- Obsessive-Compulsive Disorder
- Attention Deficit Hyperactivity Disorder
- Learning Disabilities

OTHER FREQUENTLY OCCURRING ASSOCIATED ISSUES

In addition, students may exhibit other neurobiological symptoms, including:

- Executive dysfunction
- Depression
- Anxiety disorders
- Sleep disorders
- Fine-motor difficulties (Dysgraphia)
- Aggressive and/or explosive behavior
- Sensory defensiveness
- Social Skills Deficits

OCD “Tics of the Mind”

Your body tics and your mind tics
COMMON OBSESSIONS AND COMPULSIONS

- Need for symmetry and perfectionism
  - Neatness
  - Counting
  - Checking things over and over
  - Constant doubt or worrying
  - Germ obsessions
  - Transition Difficulties
  - Ritualistic behavior
  - Obsessive Sense of Justice

MANAGING OCD IN THE CLASSROOM

- An obsession with erasing words slows down writing. May need writing accommodations.
- Counting compulsion - May need books on tape or scribe.
- Time limits waived and extended time on tests.
- Advanced warning for any changes
- Distraction and humor
- Look for red flags for OCD and......

BE CREATIVE

Red Flags for OCD

- Writing and erasing
- Continually sharpening pencil
- Difficulty with transitions
- Unable to tolerate any changes
- Repeated hand washing
- Perfectionism
- Not able to turn in papers/tests for fear of mistakes
- Repeated checking
- Asking constant questions
OBSESSIVE-COMPULSIVE DISORDER (OCD)
- Neurological Disorder
- Driven, Perfectionistic,
- Need to complete
- Difficulty transitioning
- Mental brakes get stuck

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

PORTRAIT OF A HYPERACTIVE CHILD
ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

- Often interpreted exclusively as a behavior problem
- Children with ADHD are often:
  - Inattentive
  - Impulsive
  - Hyperactive
  - Disorganized
  - Socially Immature

INATTENTIVE

- Very distractible
- Difficulty sustaining attention
- Distracted by even the smallest extraneous noise
- Difficulty staying on task

IMPULSIVE

- Blurt out without being called on
- Fail to think before acting
- Do dangerous things without thinking of consequences
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**HYPERACTIVE**

- Can’t sit still for long periods of time
- Need constant movement - finger or toe tapping, squeezing something, chewing gum or something crunchy
- Lose control easily

I can’t sit still

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**DISORGANIZED / EXECUTIVE DYSFUNCTION**

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**COMMON DIFFICULTIES FOR STUDENTS WITH EXECUTIVE DYSFUNCTION**

- Keeping track of their belongings
- Organizing their materials
- Getting started on a task/staying on task
- Breaking down long assignments/projects
- Sequencing information
- Forming goals
- Writing down homework assignments
- Managing their time
- Losing everything
- Coming to class unprepared
- Having disorganized desks and lockers
- Failing to finish anything
- Difficulty managing workload
- Becoming quickly overwhelmed
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Before Medication  After Medication

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SOCIALLY IMMATURE

- Children with ADHD are often socially immature
- Social/emotional age is often about 2/3 of their actual chronological age (Dr. Ross Greene)
- Difficulty with social interactions with children their own age
- Prefer playing with younger children
- Respond in a manner that is not age appropriate
- Don’t pick up on social cues

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CLASSROOM SUGGESTIONS FOR ADHD

- Assistance from teacher with managing workload
- Creative Methods for keeping track of assignments
- Teacher signing assignment book
- E-mailing assignments home
- Emailing completed assignments to teacher
- Leaving message on home voicemail
- Extra set of books at home
- Taking picture of assignment on board
- Breaking down assignments (chunking)
- Reducing workload – Quality VS Quantity
- Preferential seating
- Use of technology
- Testing in a separate location
- Use of a headset
- Freedom of movement
- Frequent breaks
- Social skills training / groups
Fine Motor/Visual Motor Impairment

Dysgraphia

This is a non-verbal learning disability. Characteristics could include:

- Slow and laborious writing
- Hand and finger cramping
- Sloppy handwriting – uneven spacing – irregular margins, inconsistent lettering
- Inability to copy correctly from book to paper or chalkboard to paper (Visual Motor)
- Difficulty with written expression - getting thoughts onto paper
- Difficulty with punctuation and capitalization
- Interfering tics, OCD and sensory issues
- Difficulty with note-taking

WHAT TO DO ABOUT DYSGRAPHIA

- Have the child evaluated by an Occupational Therapist
- Use a scribe
- Use a computer/word processor
- Provide OT services
- Classroom notes provided
- Computer software that can be helpful (Inspiration)
- Voice activated software / Dragon Speak / Dragon Dictation

BEHAVIORS ASSOCIATED WITH TS

Some students with TS and ADHD exhibit a short fuse and a low frustration tolerance that can lead to all-out loss of control. They may go into uncontrollable rages/storms for what appears to be no reason

- These behaviors are often the result of one or more of their neurological disorders
- This can often lead to a diagnosis of an emotional disorder and/or Oppositional Defiant Disorder (ODD)
“It’s your explanation of a behavior that leads directly to how you respond to it”

Dr. Ross Greene, Ph. D.

A FUNCTIONAL BEHAVIORAL ASSESSMENT MUST BE CONDUCTED AND A POSITIVE BEHAVIOR INTERVENTION PLAN DEVELOPED IF A CHILD’S BEHAVIOR IMPEDES THE LEARNING OF THAT CHILD OR ANOTHER CHILD.

FUNCTIONAL BEHAVIORAL ASSESSMENTS

- The function of the behavior of a child with these complex disorders is not always what it appears.
- TS and all of its related disorders directly affect behaviors.
- It is critical to ascertain how the behavior relates to the neurobehavioral disorder in order to provide an appropriate and effective behavior plan.
A Workbook for Conducting a Functional Behavioral Assessment and Writing a Positive Behavior Intervention Plan for a Student with Tourette Syndrome

By Susan Conners and Kathy Giordano

The Platinum Rule

What can we do FOR the child PRIOR to the behavior instead of what do we do TO the child AFTER the behavior has occurred?

Perspective

“We must see the child as in trouble, not the cause of trouble.”

Dr. Russell Barkley
**SENSORY PROCESSING DISORDER**

**Constant bombardment of sensory input**

**Hyposensitivity**
- Appear sluggish
- Have self abusive behaviors
- Pick at skin, etc.
- Repeatedly touch surfaces or objects that are soothing
- Crave rocking or strong sensory input

**Hypersensitivity**
- Sensitive to sudden touch, the feel of certain fabrics
- Need to have tags cut out of clothes or socks without seams
- Very sensitive to bright or florescent lights
- Can’t tolerate the texture of certain foods in their mouth
- Very sensitive to certain smells
- Over reactive to certain sounds
- Melt down in noisy chaotic environments

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**What Can Be Done About Sensory Processing Disorder?**

- Sensory evaluation and therapy techniques by an OT
- Environmental Modifications
  - Leave class 3-4 minutes early to avoid crowded hallways
  - Avoid loud, chaotic environments
  - Find alternate place to eat lunch with a few friends
  - Use a headset to avoid auditory overload and distractibility
  - Preferential seating on school bus

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**Possible Co-Morbid Disorders**

- Memory Deficits
- Social Skills Deficits
- Sensory Processing Deficits
- Anxiety
- Inflexible
- Dysinhibition
- Tourette Syndrome
- Obsessive Compulsive Disorder or Behavior
- Executive Dysfunction
- Dysgraphia
- Handwriting problems
- AD/HD
- Bipolar
- Aspergers Syndrome
- Learning Disability
STRENGTHS

TOURETTE SYNDROME

- Articulate
- Good sense of humor
- Creative
- Charming
- Musical
- Extremely Knowledgeable
- Bright
- Focused
- Artistic
- Honest
- Theatrical

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Keep a Sense of Humor

1. Tourette Tics me off
2. Sometimes I feel like a tic, sometimes I don’t
3. Pop, pop, tic, tic, oh what a relief it is!
4. I do not obsess, I do not obsess, I do not obsess
5. We do ticcin’ right
6. I do solemnly swear…..

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Available at Amazon.com, Borders, Barnes and Noble and many other bookstores
Useful Resources

- The Explosive Child: A New Approach for Understanding and Parenting Easily Frustrated, Chronically Inflexible Children
  Dr. Ross Greene, Harper Collins Publishers, 2010

- Lost at School: Why Our Kids with Behavioral Challenges are Falling Through the Cracks and How We Can Help Them
  Dr. Ross Greene, Scribner, 2009

- The Out of Sync Child
  Kranowitz, Carol Stock, A Skylight Press Book/A Perigee Book, 2005 (For children with sensory issues)

Useful Resources Continued

- Front of the Class
  Brad Cohen and Lisa Wysocky, St. Martin's Griffin, November 2008

- Executive Skills in Children and Adolescents: A Practical Guide to Assessment and Intervention

Books for Children

- Quit It
  Marcia Blyck, Yearling, 2004

- A Test of Will
  Diane Schrader-Smith, 2002

Videos

- I Have Tourette's but Tourette's Doesn't Have Me - HBO Network, 2005 (wonderful for a peer in-service)

- A Teacher Looks at Tourette - an educator's in service DVD, Tourette Syndrome Association, Inc.
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