Texas Association of School Psychologists

October 26, 2018

# TOURETTE AND TICS

# THE LSSP ROLE FOR

# 504 OR SPECIAL

# EDUCATION

handouts

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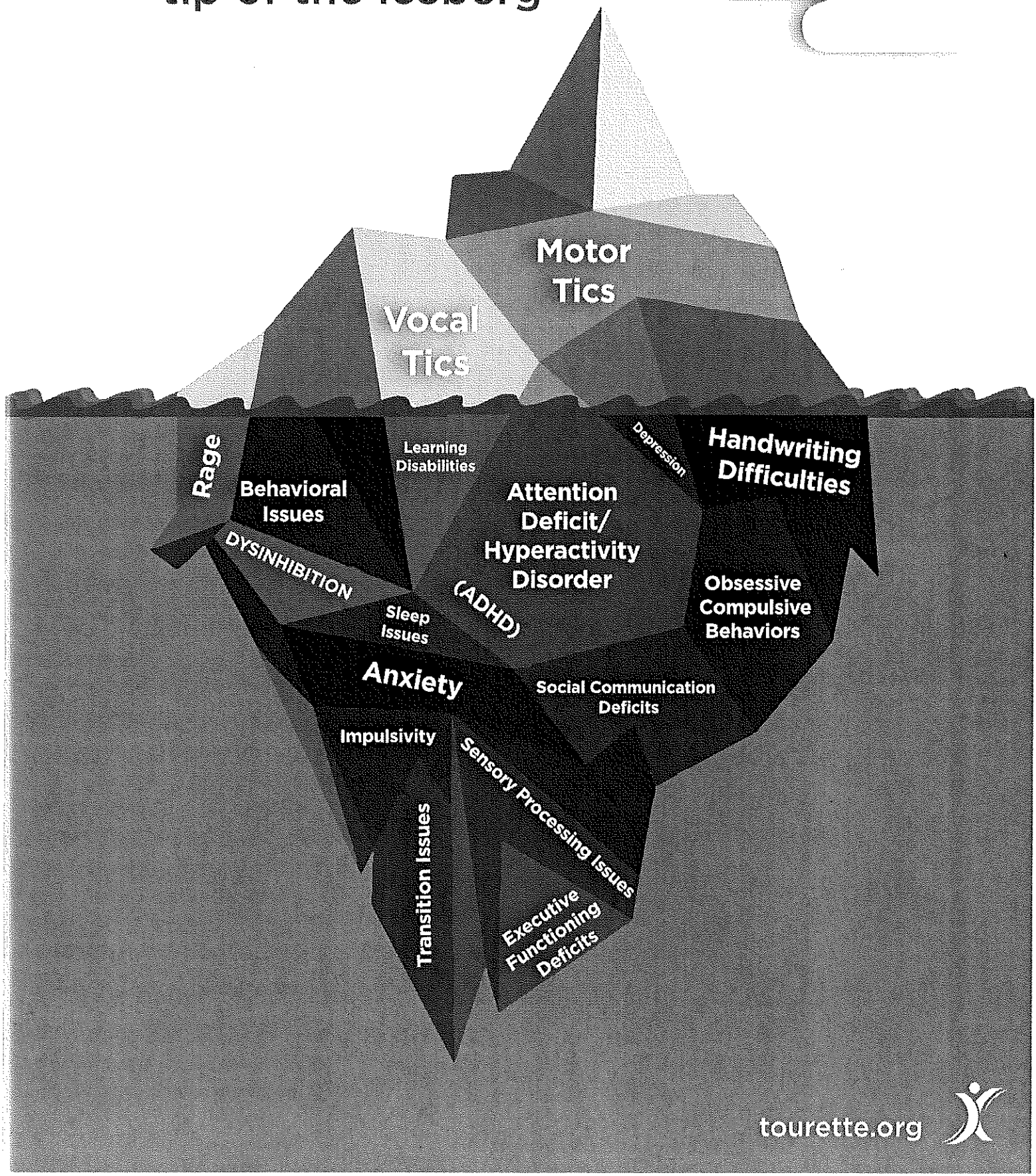
NCSP/LSSP

# TOURETTE SYNDROME

## Tics are just the tip of the iceberg




tourette.org

# Questionnaire

**LSSP: _____**
**Name of observer: _____**
**Dates observed: Beginning_____**
**Ending_____**

**Checklist of range of symptoms: Place an X on the symptoms you have observed.**
**This is not a diagnosis. This is simply an observation of symptoms.**
**No person has all symptoms.**

| SIMPLE MOTOR TICS | Place an X if Present | | Place an X if Present |
|---|---|---|---|
| Eye Blinking | | Kicks | |
| Grimacing | | Finger Movements | |
| Nose twitching | | Jaw snaps | |
| Lip pouting | | Tooth clicking | |
| Shoulder shrugs | | Frowning | |
| Arm jerks | | Tensing body parts | |
| Head jerks | | Rapid jerking | |
| Abdominal tensing | | Other | |
| | | | |
| COMPLEX MOTOR | | | |
| Hopping | | Rolling eyes to ceiling | |
| Clapping | | Holding funny expression | |
| Touching object | | Sticking out tongue | |
| Throwing | | Kissing | |
| Arranging | | Pinching | |
| Gyrating and bending | | Writing same over | |
| Holding positions | | Pulling back on pencil | |
| Biting mouth, lip, arm | | Tearing paper or books | |
| Thrusting arms | | Pulling clothes up | |
| Head banging | | Picking at lint | |
| Striking out | | Twisting/eating hair | |
| Picking scabs | | Adjusting underwear | |
| Writing movements | | Other | |
| Obscene gestures | | | |
| Thrusting of hips | | | |

**Sandra Buffolano 1998** ***Adapted from "School Nurse" December 1989**

| SIMPLE PHONIC: Fast, Meaningless, Sounds | Place an X if Present | COMPLEX PHONIC: Words, Phrases, Statements | Place an X if Present |
|---|---|---|---|
| Whistling | | Shut-up, Stop that, Others | |
| Coughing | | Quoting lines, songs, etc. | |
| Sniffing | | Obscene words/comments | |
| Spitting | | Aggressive words | |
| Screeching | | Repeating own words | |
| Barking | | Repeating others words | |
| Grunting | | Sexual comments | |
| Gurgling | | Animal sounds | |
| Hawking | | Falsetto | |
| Hissing | | Stuttering | |
| Sucking | | Role playing two people | |
| Uh-uh, eee, other sounds | | Other | |
| | | | |

**Other behaviors:**

| | Place an X if Present | | Place an X if Present | | Place an X if Present |
|---|---|---|---|---|---|
| Hyperactivity | | Short Attention | | Quick Temper | |
| Changing Moods | | Overreacts | | Exhibitionism | |
| Negativism | | Rituals | | Perfectionism | |
| Obsessive Thoughts | | Morbid Talk or Drawings | | Enuresis | |

**Other concerns:**

_____

**What concerns you most about this student?**_____

_____

**Notes:**_____

_____

**Student's name**_____
**Final observation Date:**_____

**Signature:**_____
**Position**_____

**A signature provides more accountability in providing the list of symptoms observed.**
**S. Buffolano 1998** **Adapted from "School Nurse," December 1998**

## Systematic Observation Form – TS symptomology

Name: _____ Date: _____ Teacher/Subject: _____
Time in/out: _____ Class size: _____ Class Activity: _____
Observer: _____ Approval (/) _____ Disapproval (x) _____
Special Variables: VI= verbal tics_____ V2= motor tics_____
Atypical Behavior: _____
Peer Interaction: _____ Comments: _____
_____

| Method of Presentation | Interval | Target Student | Peers |
|---|---|---|---|
| | 1 | + N OP PC OT V1 V2 | + N OP PC OT V1 V2 |
| | 2 | + N OP PC OT V1 V2 | + N OP PC OT V1 V2 |
| | 3 | + N OP PC OT V1 V2 | + N OP PC OT V1 V2 |
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| | 13 | + N OP PC OT V1 V2 | + N OP PC OT V1 V2 |
| | 14 | + N OP PC OT V1 V2 | + N OP PC OT V1 V2 |
| | 15 | + N OP PC OT V1 V2 | + N OP PC OT V1 V2 |
| | 16 | + N OP PC OT V1 V2 | + N OP PC OT V1 V2 |
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| | 37 | + N OP PC OT V1 V2 | + N OP PC OT V1 V2 |
| | 38 | + N OP PC OT V1 V2 | + N OP PC OT V1 V2 |
| | 39 | + N OP PC OT V1 V2 | + N OP PC OT V1 V2 |

| | | | |
|---|---|---|---|
| | 40 | + N OP PC OT V1 V2 | + N OP PC OT V1 V2 |
| | 41 | + N OP PC OT V1 V2 | + N OP PC OT V1 V2 |
| | 42 | + N OP PC OT V1 V2 | + N OP PC OT V1 V2 |
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| | 63 | + N OP PC OT V1 V2 | + N OP PC OT V1 V2 |
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| | 66 | + N OP PC OT V1 V2 | + N OP PC OT V1 V2 |
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| | 68 | + N OP PC OT V1 V2 | + N OP PC OT V1 V2 |
| | 69 | + N OP PC OT V1 V2 | + N OP PC OT V1 V2 |
| | 70 | + N OP PC OT V1 V2 | + N OP PC OT V1 V2 |
| | 71 | + N OP PC OT V1 V2 | + N OP PC OT V1 V2 |
| | 72 | + N OP PC OT V1 V2 | + N OP PC OT V1 V2 |
| | 73 | + N OP PC OT V1 V2 | + N OP PC OT V1 V2 |
| | 74 | + N OP PC OT V1 V2 | + N OP PC OT V1 V2 |
| | 75 | + N OP PC OT V1 V2 | + N OP PC OT V1 V2 |
| | 76 | + N OP PC OT V1 V2 | + N OP PC OT V1 V2 |
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| | 83 | + N OP PC OT V1 V2 | + N OP PC OT V1 V2 |
| | 84 | + N OP PC OT V1 V2 | + N OP PC OT V1 V2 |
| | 85 | + N OP PC OT V1 V2 | + N OP PC OT V1 V2 |
| | 86 | + N OP PC OT V1 V2 | + N OP PC OT V1 V2 |
| | 87 | + N OP PC OT V1 V2 | + N OP PC OT V1 V2 |
| | 88 | + N OP PC OT V1 V2 | + N OP PC OT V1 V2 |
| | 89 | + N OP PC OT V1 V2 | + N OP PC OT V1 V2 |
| | 90 | + N OP PC OT V1 V2 | + N OP PC OT V1 V2 |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 91 | + | N | OP | PC | OT | V1 | V2 | + | N | OP | PC | OT | V1 | V2 |
| 92 | + | N | OP | PC | OT | V1 | V2 | + | N | OP | PC | OT | V1 | V2 |
| 93 | + | N | OP | PC | OT | V1 | V2 | + | N | OP | PC | OT | V1 | V2 |
| 94 | + | N | OP | PC | OT | V1 | V2 | + | N | OP | PC | OT | V1 | V2 |
| 95 | + | N | OP | PC | OT | V1 | V2 | + | N | OP | PC | OT | V1 | V2 |
| 96 | + | N | OP | PC | OT | V1 | V2 | + | N | OP | PC | OT | V1 | V2 |
| 97 | + | N | OP | PC | OT | V1 | V2 | + | N | OP | PC | OT | V1 | V2 |
| 98 | + | N | OP | PC | OT | V1 | V2 | + | N | OP | PC | OT | V1 | V2 |
| 99 | + | N | OP | PC | OT | V1 | V2 | + | N | OP | PC | OT | V1 | V2 |
| 100 | + | N | OP | PC | OT | V1 | V2 | + | N | OP | PC | OT | V1 | V2 |
| Total: | | | | | | | | | | | | | | |

**Summary of Observations:**

| Target Student: | | Peers: | |
|---|---|---|---|
| On Task: | _____% | On Task: | _____% |
| Making Noise: | _____% | Making Noise: | _____% |
| Out of Place: | _____% | Out of Place: | _____% |
| Physical Contact: | _____% | Physical Contact: | _____% |
| Off Task (general): | _____% | Off Task (general) | _____% |

**V1/verbal tics: _____ V2/motor tics: _____**

KEY:

**+ = On task**

**N = Noise:** Any sounds created by the child which distracts either another student or the teacher from the business at hand. The noise may be generated vocally (including "talk outs" or unintelligible sounds) or nonvocal noises (tapping pencil or snapping fingers).

**OP = Out of Place:** Any movement beyond either explicitly or implicitly defined boundaries in which the child is allowed movement. If the child is seated at his desk, then movement of any sort out of seat is "out of place".

**PC = Physical Contact:** Any contact with another person or another person's property which is unacceptable to that person. Kicking, hitting, punching, tearing, breaking, and taking are categorized as physical contact.

**OT = Off Task:** Any movement off of a particular activity which does not fall into one of the three categories. "Moving around," "staring into space," etc. are included.

**V1= Possible verbal tics observed**
**V2 = Possible motor tics observed**

**Descriptions of tics observed:**
**Verbal -**

_____

_____

**Motor –**

_____

_____

Note: tics are reported by doctor + parents

## Systematic Observation Form – TS symptomology

Name: John P. Date: 9-25-18 Teacher/Subject: Mrs. Smith
Time in/out: 8:30-9:05 Class size: 22 to 1 Class Activity: Reading
Observer: S. Buffolano Approval (/) — Disapproval (x) —
Special Variables: VI= verbal tics V2= motor tics
Atypical Behavior:
Peer Interaction: full class instruction Comments: student seated in the last row by door

time interval: 10 seconds

| Method of Presentation | Interval | Target Student | Peers |
|---|---|---|---|
| # Direct teaching Instruction | 1 | (+) N OP PC OT V1 V2 | + N (OP) PC OT V1 V2 |
| | 2 | (+) N OP PC OT V1 V2 | (+) N OP PC OT V1 V2 |
| | 3 | (+) N OP PC OT V1 V2 | (+) N OP PC OT V1 V2 |
| looking around | 4 | + N OP PC (OT) V1 V2 | (+) N OP PC OT V1 V2 |
| | 5 | + N OP PC (OT) V1 V2 | (+) N OP PC OT V1 V2 |
| moving feet in a pattern √√√ | 6 | (+) N OP PC OT V1 (V2) | (+) N OP PC OT V1 V2 |
| | 7 | (+) N OP PC OT V1 (V2) | (+) N OP PC OT V1 V2 |
| | 8 | (+) N OP PC OT V1 (V2) | (+) N OP PC OT V1 V2 |
| | 9 | (+) N OP PC OT V1 (V2) | (+) N OP PC OT V1 V2 |
| on floor √√√ | 10 | + N (OP) PC OT V1 V2 | (+) N OP PC OT V1 V2 |
| | 11 | + N (OP) PC OT V1 V2 | (+) N OP PC OT V1 V2 |
| | 12 | + N (OP) PC OT V1 V2 | (+) N OP PC OT V1 V2 |
| | 13 | (+) N OP PC OT V1 V2 | (+) N OP PC OT V1 V2 |
| | 14 | (+) N OP PC OT V1 V2 | (+) N OP PC OT V1 V2 |
| | 15 | + N OP PC (OT) V1 V2 | (+) N OP PC OT V1 V2 |
| talking to self - repeating own words √√√ | 16 | + (N) OP PC OT (V1) V2 | + (N) OP PC OT V1 V2 |
| | 17 | + (N) OP PC OT (V1) V2 | + (N) OP PC OT V1 V2 |
| | 18 | + (N) OP PC OT (V1) V2 | + N OP PC (OT) V1 V2 |
| looking around √√√ | 19 | + N OP PC (OT) V1 V2 | + N OP PC (OT) V1 V2 |
| | 20 | + N OP PC (OT) V1 V2 | + N OP PC (OT) V1 V2 |
| | 21 | + N OP PC (OT) V1 V2 | + N OP PC (OT) V1 V2 |
| | 22 | (+) N OP PC OT V1 V2 | (+) N OP PC OT V1 V2 |
| | 23 | (+) N OP PC OT V1 V2 | (+) N OP PC OT V1 V2 |
| | 24 | + N OP PC (OT) V1 V2 | (+) N OP PC OT V1 V2 |
| | 25 | + N OP PC (OT) V1 V2 | (+) N OP PC OT V1 V2 |
| | 26 | + N OP PC (OT) V1 V2 | (+) N OP PC OT V1 V2 |
| | 27 | (+) N OP PC OT V1 V2 | (+) N OP PC OT V1 V2 |
| | 28 | (+) N OP PC OT V1 V2 | + N OP PC (OT) V1 V2 |
| | 29 | (+) N OP PC OT V1 V2 | (+) N OP PC OT V1 V2 |
| | 30 | (+) N OP PC OT V1 V2 | (+) N OP PC OT V1 V2 |
| under desk √√ | 31 | + N (OP) PC OT V1 V2 | (+) N OP PC OT V1 V2 |
| | 32 | + N (OP) PC OT V1 V2 | (+) N OP PC OT V1 V2 |
| | 33 | + N OP PC OT V1 V2 | (+) N OP PC OT V1 V2 |
| repeating own words | 34 | + (N) OP PC OT (V1) V2 | (+) N OP PC OT V1 V2 |
| | 35 | + (N) OP PC OT (V1) V2 | (+) N OP PC OT V1 V2 |
| throat clearing √√ | 36 | (+) N OP PC OT (V1) V2 | (+) N OP PC OT V1 V2 |
| | 37 | (+) N OP PC OT (V1) V2 | (+) N OP PC OT V1 V2 |
| | 38 | (+) N OP PC OT V1 V2 | (+) N OP PC OT V1 V2 |
| throat clearing | 39 | (+) N OP PC OT (V1) V2 | (+) N OP PC OT V1 V2 |

& Independent Seatwork
whistling
rocking
neck snapping

whistling

| | | |
|---|---|---|
| 91 | + (N) OP PC OT (V1) V2 | + N OP PC (OT) V1 V2 |
| 92 | + N OP PC (OT) V1 (V2) | + N OP PC (OT) V1 V2 |
| 93 | + N OP PC (OT) V1 (V2) | + N OP PC (OT) V1 V2 |
| 94 | + N OP PC (OT) V1 (V2) | + N OP PC (OT) V1 V2 |
| 95 | + N OP PC (OT) V1 (V2) | (+) N OP PC OT V1 V2 |
| 96 | (+) N OP PC OT V1 V2 | + N (OP) PC OT V1 V2 |
| 97 | (+) N OP PC OT V1 V2 | (+) N OP PC OT V1 V2 |
| 98 | (+) N OP PC OT V1 V2 | (+) N OP PC OT V1 V2 |
| 99 | + (N) OP PC OT V1 V2 | + N OP PC (OT) V1 V2 |
| 100 | (+) N OP PC OT V1 V2 | (+) N OP PC OT V1 V2 |
| Total: | | |

**Summary of Observations:**

Target Student:

| | |
|---|---|
| On Task: | 46 % |
| Making Noise: | 19 % |
| Out of Place: | 12 % |
| Physical Contact: | 0 % |
| Off Task (general): | 23 % |

Peers:

| | |
|---|---|
| On Task: | 75 % |
| Making Noise: | 2 % |
| Out of Place: | 1 % |
| Physical Contact: | 0 % |
| Off Task (general) | 22 % |

**V1/verbal tics:** 18 **V2/motor tics:** 15
in a 35 minute period

**KEY:**

**+ = On task**

**N = Noise:** Any sounds created by the child which distracts either another student or the teacher from the business at hand. The noise may be generated vocally (including "talk outs" or unintelligible sounds) or nonvocal noises (tapping pencil or snapping fingers).

**OP = Out of Place:** Any movement beyond either explicitly or implicitly defined boundaries in which the child is allowed movement. If the child is seated at his desk, then movement of any sort out of seat is "out of place".

**PC = Physical Contact:** Any contact with another person or another person's property which is unacceptable to that person. Kicking, hitting, punching, tearing, breaking, and taking are categorized as physical contact.

**OT = Off Task:** Any movement off of a particular activity which does not fall into one of the three categories. "Moving around," "staring into space," etc. are included.

**V1= Possible verbal tics observed**
**V2 = Possible motor tics observed**

**Descriptions of tics observed:**

**Verbal -**
repeating words to himself, clearing throat, whistling

**Motor –**
rocking back and forth, snapping head/neck, moving feet in a pattern

**Examples of Observation documentation for tics:**
**Sandra Buffolano**

#1 Observations/Comments: Observation was conducted to determine the amount of on task behavior exhibited in the classroom. This student's on task behavior was at 46%, compared to 75% by the remaining students in the class. When off-task, the behaviors included the following: talking to himself, getting on the floor/under desk, and looking around. In addition, John exhibited many behaviors that resembled tics or repetitive movements and noises. These included repeating words to himself, moving his feet, clearing his throat, whistling, rocking back and forth, and snapping his head and neck.

#2 John was observed in three different settings across two different days. An informal checklist was used to document motor and vocal tics. The following were noted two or more times during these observations:

Motor:

Vocal:

In addition, John's parents and teachers completed a checklist of tic symptoms. The following were noted by at least two of the above:

Motor:

Vocal:

#3 During observations and assessments, John showed repetitive movements and noises that resemble tics. The following were noted three or more times and were verified by more than one observer:

- coughing, clearing throat, kissing noises, blowing air forcefully
- kissing/sucking wrist, shoulder shrugs, folding arms tightly ( as if to prevent tics)

There were also complaints from classmates and teachers about swearing and obscene gestures. These movements and noises should be reported to John's physician and monitored over time.

#4 John's mother reported the following behaviors of concern: repetitive noises, unusual motor mannerisms, inappropriate language and gestures, preoccupation with violence, raging anger attacks, and hyperactivity.

**PARENT INTERVIEW: Student Name:** _____
**LSSP:** _____ **Date:** _____

Previous LSSP notes of suspected tics or unusual movements include:

_____

_____

**Parent Interview** for suspected tic disorder:
Have you ever noticed that your child makes some unusual movements that are sudden, or happen over and over, and are somewhat unpredictable? _____
What do these movements look like?

_____
How old was he/she when you first noticed these movements? _____
What happened when you asked him/her to stop? _____
When or where do these movements seem to happen? _____
Did all of these movements ever truly go away completely for 3 months in a row? _____

Have you ever noticed that your child makes some unusual sounds that are sudden, or happen over and over, and are somewhat unpredictable? _____
What sounds have you heard?

_____
How old was he/she when you first noticed these sounds? _____
What happened when you asked him/her to stop? _____
When or where do these sounds seem to happen? _____
Did all of these sounds ever truly go away completely for 3 months in a row? _____

Have you spoken with your doctor about any of the movements or sounds we have talked about today? _____
Does your child have a current strep infection or had many in the past? _____
Does your child take any medications or have any general medical condition that your doctor has told you would be a reason for any movements or sounds? _____

Do you have any home video that might show what you have seen? _____

_____

Use the following if applicable:

I have noticed a few movements/sounds myself while conducting your child's evaluation. Let me share them with you. (share observation in writing)

I have asked your child's teacher(s) to also make note of any of these movements or sounds. Would you consider monitoring these at home and getting back with me about your observations? (share monitoring form with parent)

Plan: _____

# Tourettes and Associated Behaviors Information Sheet:

**What is Tourettes/Tourette Syndrome/Tourette Disorder?**

**A complex neurobiological disorder with a spectrum of tics and associated behaviors.**

***"The only thing that is consistent about Tourettes is the inconsistency of symptoms and related issues. Students may perform well one day and then perform poorly the next day." Kathy Giordano, Tourette Association Educational Specialist www.tourette.org***

**Behavioral difficulties that can often be associated with Tourette Syndrome**

- Obsessive Compulsive Disorder (OCD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Impulsivity – disinhibition of thoughts and actions
- Learning differences
- Emotional instability
    - Irritability
    - Oppositional behavior/Lying
    - Anger outbursts/Rages
    - Aggressive behavior
- Inappropriate sexual behavior and mental coprolalia (thinking about these behaviors)
- Anxiety, phobias, panic, and depression
- Social adjustment problems, worse in teen years
- Sleep disorders and enuresis (bed-wetting)
- Sensory and tactile defensiveness- sound, light, odors

**Educational Problems**

- Areas of academic difficulty:
    1. Spelling, Writing, Reading, Math
    2. Long classroom / homework assignments / multi-step projects
    3. Timed Tests
    4. Executive Function- Goal formation, Planning, Evaluation, Self-regulation
    5. Visual-motor integration difficulties
        - Copying, Note taking, Difficulty with writing
    6. Graphomotor dysfunction
        - Handwriting, Holding pencil

**Obsessive-Compulsive Disorder (OCD)**

- <u>Obsessions</u>
  Intrusive and recurring thoughts and images which are disturbing
  Cannot be suppressed and disrupt functioning
- <u>Compulsions</u>
  Irresistible urges or impulses to repeat ritualistic acts over and over
- Shares chronic waxing and waning course of Tourettes and is exacerbated by stress
- Auditory and short term memory deficit / mental tics
- Rewriting until "perfect", Counting words or lines on page prior to reading
- Checking things over and over
- Constant doubt and worrying
- Germ obsession, Ritualistic behavior

**<u>Social-</u>** Peer issues, embarrassing tics, self-esteem, teacher intolerance, immaturity, being bullied
**<u>Medication Effects:</u>** difficulty with regulation, sometimes worse than the symptoms (Example- some ADHD stimulant medications make tics worse)

# Tourettes and Tic disorders
# Accommodations/Adaptations of School Environment
## See also: https://tourette.org/resources/overview/tools-for-educators/managing-classroom-ts-child/

**Classroom Environment Accommodations: choose the best ones for student needs**

1. Preferential seating- place student in a location off to the side of instruction to allow for tics, movements, and extra breaks. NOT front and center
2. Provide student with an "office" desk when they require privacy to do their independent work. Do not remove the student's group seat. Allow two desks for child.
3. Allow student frequent breaks from classroom and/or frequent movement within classroom to release tic and excess energy (drinks, restroom, errand runner, etc.).
4. Set up a pass system whereby this student can flash a pass from across the room to ask for a break, wait for an affirming nod or thumbs up from the teacher, then take a predetermined break.
5. Eliminate all unnecessary materials from student desk to reduce unwanted distractions.
6. Keep an extra supply of pencils, paper, etc., for student rather than frustrate them or penalize for missing school supplies. This might also include books or notebooks.
7. Provide a quiet/safe place for student when tics are severe.
8. Check for understanding
9. Use checklists to help students get organized.
10. Decrease all pencil paper tasks to reduce the stress to try to suppress tics while writing
11. Have agreed upon cue for student to leave classroom.
12. Copy of notes provided by teacher- especially study guides for tests- trade for their attempt
13. Allow use of scribe- teacher or para at school; parent at home
14. Use of graph paper for math alignment
15. Use of recorders, calculators, and computers when necessary
16. Special homework plan:
    Bi-weekly communication via email generated by parent (ex.Tu/Thur)
    Accordion file or special homework folder
    Weekly assignment sheet of homework and test dates/take photo of board assignments
    Color coded organization system

**Grading and Tests Accommodations: choose the best ones for student needs**

1. Divide tests into smaller sections.
2. Grade spelling separately from content in paragraphs.
3. Provide extended time to complete test.
4. Avoid all timed tests due to blinking, movements, OCD
5. Provide a quiet setting for test taking that benefits all students.
6. Provide movement and breaks during tests.
7. Permit student to complete accidentally skipped problems (recycle papers back to student before grading).
8. Oral testing, if necessary to address fine motor difficulties, tic expression, or OCD
9. Provide safe place to discharge tics or emotions
10. Restructure long projects:
    - Broken into smaller parts with deadlines
    - Allowing for some alternative/differentiated responses for grades

**District assessments and state STAAR**

1. Consider one-on-one testing as stress will exacerbate tics and OCD symptoms

2. Consider the disruption of other students as well as whether a student with Tourette will be trying to suppress their tics in the presence of others and, therefore have a reduced score.

3. Transfer scantron answers for student if tics or OCD interfere with completing scantrons

Sandra Buffolano 2018

## Tourettes and Tic disorders Recommendations:

**REPORT RECOMMENDATIONS AND BEHAVIOR INTERVENTION PLANS:**
The administrators, parent, teachers, and staff are urged to seek education about Tourettes and Tic disorders as they relate to a particular condition. This will prevent further misinterpretation and exacerbation of symptoms. A full or partial faculty meeting may be the best course of action. Parents and teachers are urged to access the Tourette Associate of America at www.tourette.org. A free educator inservice is provided at www.tourettetexas.org

***The golden rules:***
***Avoid academic frustration. Utilize appropriate accommodations. Teach compensatory strategies.***

**General Teacher and Classroom recommendations:**

- Follow educator guidelines published by the Tourette Association of America at www.tourette.org
- Ignore noises if silence is not crucial. Provide breaks or alternative settings if silence is crucial.
- Use nonverbal cueing to avoid calling out a student's name repeatedly.
- Practice flexibility with academic and behavioral expectations, especially when symptoms get worse. If symptoms are lighter do catch up lessons or get ahead on skill teaching.
- Use a calm, quiet voice for directives and correctives, especially if student is overstimulated.
- Review rules and check with the student and others before sending the group off to work.
- Set up a pass system whereby this student can flash a pass from across the room to ask for a break- see accommodations page for further description
- Establish a relationship with the student so that the two of you can determine the probable causes of misbehavior with reasonable certainty (so that involuntary tics are not punished)
- Establish and maintain a positive relationship with this student's parents and keep in frequent contact to allow for communication of waxing and waning and changing symptoms
- Assist in transitions to ancillary teachers, bus drivers, administrators, and substitutes so that the student's anxiety can be reduced. This also prevent the student from being repeatedly corrected or punished by uninformed personnel.
- Set up and practice a plan for when you are absent. Perhaps the student can be accommodated in another teacher's classroom that is familiar with their needs.

Tics:
Tics wax and wane-get worse and better. Tics will worsen if attention is focused on them (increasing anxiety). Be aware of the cyclical nature of Tourettes and tic disorders and recognize that even when tics and behaviors are getting worse, they will also get better. Medications for tics are not as numerous or effective as those that may apply to ADHD so the majority of students with tic disorders will not have medical intervention.
A "TIC PASS" can be utilized for short periods if tics are overwhelming or disruptive which allows for a safe place to discharge tics. This might be a quick trip to the drinking fountain or restroom to get some motor movement time, a pass to the nurse or counselor for a short time, or a quiet area to regroup/regain control if over stimulated. A non-verbal pass system would be established for this purpose in the classroom. Use positive reinforcement for using the accommodations such as the TIC PASS appropriately.

Obsessive Compulsive Disorder:
Provide alternative strategies to break through the obsessive thoughts by asking the student a totally unrelated question, using humor, or asking them to run an errand for you or to erase the board, for example. If they persist in wanting adult attention for their topic, make a small academic demand prior to giving the adult time. If one of their favorite subjects comes up in the curriculum, be sure to ask the student to report to the class as a way of increasing their role in the classroom. If OCD interferes with writing (example-retracing letters or repeated erasing) then allow for oral administration, dictation, typing). Get creative!

Triggers:
Often students with Tourettes and tic disorders do not understand what triggers their behaviors. Be alert to possible triggers and acknowledge the student separate from their symptoms. Stress is a known trigger for exacerbation of all symptoms and behaviors. Plan for the worst case scenario and be proactive.

Disinhibition:
Inappropriate statements or behaviors can result from an inability to consistently apply "mental brakes" – the child cannot consistently stop himself from expressing thoughts or displaying actions that most students have the ability to control. Examples of disinhibition might include excessive silliness, sassiness, uncensored and/or inappropriate comments, emotional outbursts, contextual swearing, explosive anger, or oppositional defiance. For a student who has trouble inhibiting, a sign saying "Don't Touch, Wet Paint" may serve as an invitation to touch the paint. Obeying the sign means inhibiting the very behavior suggested by the sign. Inhibiting behaviors is challenging due to their impulsivity and inconsistent ability to apply their mental brakes. It is best to use 'planned ignoring' when possible. Teach strategies that allow a more appropriate response and provide examples of appropriate responses. Since these actions are due to a neurological disorder and are not purposeful, this may require extensive practice and patience.

Lying: *(this may be a neurological response and not a character flaw)*
Telling lies may be "a self-preservation strategy rooted in poor inhibition, emotional regulation, working memory, and attention- all hallmarks of ADHD" says a theory by Monica Hassall and Barbara Hunter. The fib mechanism protects the student from the feeling of having disappointed someone. Deflection of the fear of an adult's anger and the anticipated consequence is temporary but it may "buy some time" for processing or thinking. It ultimately appears to be for self-preservation of self-esteem and also serves the purpose of avoiding failure. What to do? Support the student in changing their response while still saving face and create some time in order to reduce the feelings of being overwhelmed which led to the lying. Implement an open-ended question to uncover the fear component, "Is there something you are worried about?"

Coprolalia (offensive words) or Copropraxia (offensive actions): *only 10% or less of Tourette population*
Determine how often it occurs and what seems to make it worse. Work with parents and administration to address it in a way that considers the student's and the needs of others at school. If coprolalia/copropraxia is a rare occurrence, use planned ignoring or in some cases, arrange for student to visit the counselor, nurse, or administrator who has a copy of the BIP and understands the nature of the words or actions. A knowledgeable adult can interview the student to determine whether the words or actions were a manifestation of Tourette. Trust and truth on both sides are very important. A formal written plan should be implemented if this occurs more than once or twice. If coprolalia/copropraxia is a common problem for the student, there may need to be intervention in the classroom where the other students can be taught to ignore the behavior. The teacher is the best role model for student responses. A class talk would be appropriate, with all the supporting adults present working as a team during the talk. This may require that the parent of the student with Tourette be given warning or approval. The plan also needs to address how to inform substitute teachers and other school personnel. No matter what the approach to handling coprolalia/copropraxia, the student and all involved adults need to work as a team. The student can be encouraged to say "Excuse me" or "I'm sorry, I didn't mean that" which would also be expected in the outside community.

The following resources are suggested:
Numerous resources provided at www.tourette.org including Facebook pages, webinars, blogs, & websites
*The Tourette Syndrome and OCD Checklist: A Practical Reference for Parents/Teachers* by Susan Conners
*Kids in the Syndrome Mix of ADHD, LD, Autism Spectrum, Tourette's, Anxiety, and More* by Martin L. Kutscher
*Teaching the Tiger*, by Dornbush and Pruitt
*Coping with Tourette Syndrome: a workbook for kids with tic disorders,* by Sandra Buffolano
*The Explosive Child* by Ross Green
*Managing Tourette Syndrome: A Behavioral Intervention for Children and Adults Therapist Guide (Treatments That Work)* by Douglas W. Woods et al.
Media- *I Have Tourette's but Tourette's Doesn't Have Me*, movie by HBO,
*Front of the Class,* book by Brad Cohen and *Front of the Class,* movie by Hallmark Channel,
*Raising Tourettes*, series by TLC Network.
*ADDitude* magazine and Facebook page (ADHD resource)

**Individual Education Plans for Tourettes and Tic Disorders:**

**Start with your FBA and BIP specific for Tourettes or tics**
***A Workbook for Conducting a Functional Behavioral Assessment and Writing a Positive Behavior Intervention Plan for a Student with Tourette Syndrome.*** By Kathy Giordano
www.tourette.org Link: https://tourette.org/resource/functional-behavioral-assessment
This is a FREE DOWNLOAD that includes ADHD, Obsessive Compulsive Disorder, Executive Dysfunction & Sensory Integration Issues

1. Conduct observations, interviews, and data collection.
2. Complete the Functional Behavioral Assessment for a Student with Tourettes
3. Complete the Positive Behavior Intervention Plan with recommendations for a student with Tourette- see recommendation pages also provided

Consider the present levels of performance, the symptomology, and what the child is truly able to control before writing IEPS. Remember that you do not "behavior modify" a neurobiological disorder.
HINT: If you are writing an IEP to address a symptom of a neurological disorder, then your IEP needs to adjust.

Examples:
**Goal: Improve time on task**
What **not** to write: The student will stay on task 75% of the time.
What **not** to write: The student will reduce tics and distracting behaviors by 50%.
What to write: When tics and distracting behaviors interfere with instruction, the student will access break periods (by using a laminated pass and designated break areas) and return to instruction 8 out of 10 times. A) with teacher cue B) without teacher cue

What **not** to write: The child will complete work assigned by teacher with 70% accuracy.
What to write: Given teacher assistance/modifications/reteaching/assistive technology the student will access school personnel to complete modified work assignments that show satisfactory grades and progress.

**Goal: Improve organization skills**
What **not** to write: The student will organize assignments and materials daily.
What to write: The student will participate in organization strategies with school staff by writing in planner and using a specified folder to take home and return assignments 4 out of 5 days.

**Goal: Making appropriate choices**
What **not** to write: When visibly frustrated, the student will use strategies to regain control 80% of the time.
What to write: When visibly frustrated, with teacher assistance/cue/redirection/visual supports, student will use one of the coping strategies taught in counseling 4 out of 5 times.
A) practice sessions only B) small group when frustrated C) large group when frustrated

# Activity 21 Feelings at School

Tyrone had different feelings about different rooms in his school. He liked when Ms. Smith helped him with reading, so he was usually happy to go to her room. He also liked recess and music. But when he went to the lunchroom, he sometimes felt embarrassed. His tics were noticeable, and not all the students who ate at the same time he did understood about his Tourette syndrome.

Tyrone usually liked going to the nurse's office. The nurse would give him a Band-Aid if he needed one and medicine when he needed it. The art room was a hard place for Tyrone. He was good at drawing cartoons because he had practiced those, but when the art teacher asked the class to try something new, Tyrone worried about it. If he didn't think he had done it well, he sometimes got mad. Then his teacher had him take a break from class, get a drink, and come back when he felt calm.

# Feelings at School

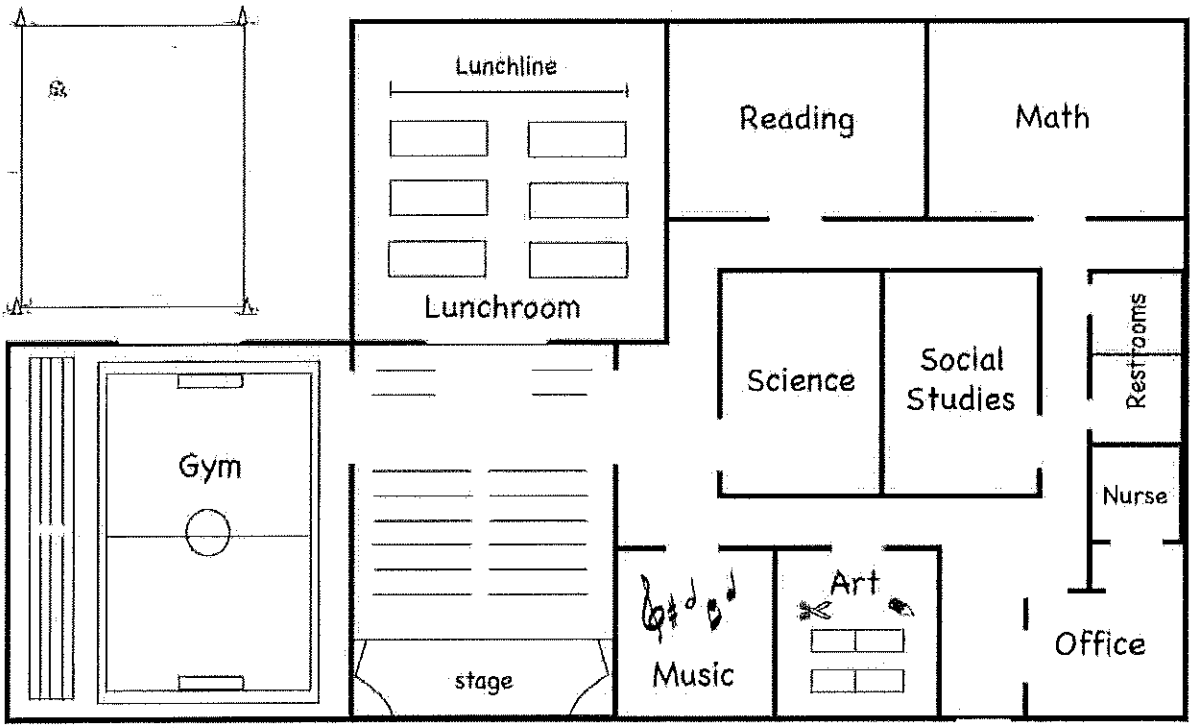
Activity 21

## *Directions*

At school, you may have different feelings in different places. If you need help with these feelings, there are many people you can talk with. Some of these people are your teacher, the school nurse, the school counselor, and teachers' assistants.

Pretend that this is your school. Think about the way you usually feel in each place. Using this color key, outline the areas based on your feelings.

Orange = happy feelings
Red = mad feelings
Blue = sad feelings
Purple = worried feelings
Green = embarrassed feelings



# Activity 21 Feelings at School

Tell where you often feel happy, and why. _____

_____

_____

Tell where you often feel worried, and why. _____

_____

_____

Which person at your school would you feel most comfortable talking with?

_____

_____