



TS in the Classroom, School & Community

TSA Educational In-Service

 Education, Research and Support


 **A Teacher's Perspective**


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.

– Haim Ginott

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 **Tourette Syndrome (TS)**

- Neuro-biological disorder
- Genetic
- Involuntary
- More common than once thought
- Symptoms involve both motor and vocal tics
- Due to the nature of TS, symptoms will vary from person to person


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 **Vocal Tics**


- **Simple Vocal Tics**
 - Whistling, coughing, sniffing, screeching, animal noises, grunting, throat clearing, etc.
- **Complex Vocal Tics**
 - Linguistically meaningful utterances
 - Coprolalia (racial slurs, inappropriate language), repeating words/phrases
- **Speech Atypicalities**
 - Unusual rhythms, tone accents, intensity of speech, stutter-like, immature voice





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 **Motor 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)
 - Holding funny expressions, sticking out the tongue, kissing, pinching, tearing paper or books, etc.



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 **The Nature of Tics**

- Naturally wax and wane
- Change in appearance and frequency
- Change in severity and intensity
 - May worsen during adolescence
- Can sometimes be suppressed for short periods of time

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Environmental Factors May Impact TS Symptoms


- Stress
- Anxiety
- Excitement
- Fatigue
- Holidays
- Illness
- Vacations
- Hunger
- Life & School Transitions



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Classroom/School Strategies

- Designate a safe place for the student to go to when tics are severe
- Positive and proactive supports involving TS symptoms
- Reduce stressful situations
- Frequent breaks to provide opportunities for movement
- Preferential seating
- TS educational in-service for the entire school
 - TSA Youth Ambassador Program
- Find ways to make tics irrelevant




*"Every child is different, therefore every child will require different strategies, BUT there is a strategy for every child."
Judith Ungar, President, Tourette Syndrome Association*

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Classroom/School Strategies

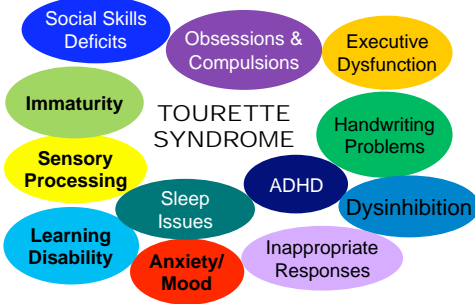
- Set up a signal for student to use when there is a need to leave the classroom
- Un-timed tests and exams for all subjects
- Allow student to leave class early to avoid crowded hallways
- Build schedule around student's most productive times of the day
- Consider accommodations for work
 - Oral reports, shortened assignments, use of a computer and/or a scribe
- Consider additional adult support during unstructured time
- Refer to TSA's "Catalog of Accommodations"



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Possible Related Issues


TOURETTE SYNDROME



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Obsessive-Compulsive Disorder (OCD) and TS


- Obsessions
 - Intrusive and recurring thoughts and images or impulses that your mind gets stuck on which are unpleasant and disrupt functioning
- Compulsions
 - Behaviors that are used to reduce the anxiety accompanying the obsessions
- OCD and TS share chronic waxing and waning
 - Exacerbated by stress, excitement and fatigue
- OCD is often not apparent to the teacher or other students
- OCD makes children feel isolated



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Examples of Obsessions & Compulsions

- Obsessions
 - Germs, neatness, social embarrassment, order, symmetry, thoughts of violence, thoughts prohibited by religious beliefs, hoarding...
- Common Compulsions (rituals)
 - Handwashing, locking/relocking doors, counting, checking, touching (especially in a particular sequence), haircombing...
- The rituals interfere with daily life and can be isolating and embarrassing
 - People with OCD must perform them even though they are distressing
 - Some adults and children do not recognize their behaviors as being unusual



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Characteristics of OCD


- Anxiety Disorder
- Appears to be related to reduced levels of the brain chemical, serotonin
- No specific genes for OCD have been identified but research suggests that genes play a role in the development of the disorder
- Driven or perfectionistic
- Need to complete tasks
- Difficulty transitioning
- Mental brakes get stuck
- Students worry that they are "crazy" because they are aware their thinking is different than their friends and family

STUCK

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Students and OCD

- Some common problems seen in school as a result of OCD
 - Difficulty transitioning from one activity or location to the next
 - Touching things that are off limits, such as fire alarms
 - Inability to tolerate mistakes
 - Constant erasing
 - Not being able to start a task due to fear of imperfection
 - Refusal to eat or participate due to obsession with germs
 - Not completing work or appearing inattentive due to performing compulsions



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OCD Management at School


- Use Assistive Technologies where applicable
 - Computers can help address compulsive erasing and having to re-write to achieve perfect letter formation
 - Audio books for students who count lines and letters in text books, etc.
- Provide extended time for test taking and assignments
- Stay in touch with the parents
 - Therapists may be available to provide school strategies
- Educate the students, teachers and support staff
 - Understanding and compassion are essential in the classroom
- Involve the student!



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Attention Deficit Hyperactive Disorder

- A very large number of students with TS also have ADHD
- They will sometimes, but not always
 - Be hyperactive
 - Have impulse control problems
 - Be easily distracted
 - Exhibit short-term memory difficulties
 - Be socially immature
 - Have problems with executive function



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ADHD/Executive Dysfunction Behaviors Often Seen At School



- Inattention
- Impulsivity
- Social immaturity
- Disorganization
- Poor time management
- Blurting out
- Difficulty controlling emotions
- Poor self direction
- Inability to learn from consequences
- Inability to sit still for long periods of time
- Difficulty with field trips, hallways, play grounds
- Frustration from being overwhelmed

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Common Struggles For Students With ADHD/ Executive Dysfunction



- Keeping track of their belongings
- Organizing materials
- Getting started on a task and staying on task
- Failing to finish tasks
- Managing time/workload
- Forming goals
- Writing down homework assignments
- Developing concrete strategies
- Performing to their potential
- Sequencing information
- Breaking down long assignments
- Dealing with the unexpected

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Strategies to Help Students with ADHD and/or Executive Function

- Extended time on quizzes, tests and assignments
- Use graphic organizers to help student organize thoughts
- Have the student take notes but provide him/her with a set of notes
- Give student a word bank to select from for a fill in the blank test
- Creative methods for keeping track of assignments:
 - Have the student call or email the homework assignments home on a daily basis
 - Keep a separate folder for completed homework
- Homework should be done on a quality vs. quantity basis
 - The primary goal is to master the material
- Color code each **subject text, notebook and folder**
- Provide a second set of textbooks at home
- Divide long term assignments into several segments with separate due dates and grades


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Strategies (continued)

- Allow the student to participate in some sort of motor activity during times of intense concentration i.e. squeeze a soft ball, tap pencil on a sponge, doodle
- Post the day's schedule in the front of the room
- Have student sit near teacher and away from door or windows
- Allow/help the student clean out his/her locker and folders weekly
- Reduce extraneous stimulation/clutter as much as possible
- Have the student repeat directions back to you to check for comprehension
- At dismissal, allow student to go to locker/cubby a few minutes early to gather materials and prepare to go home
- Teachers and parents must work together as a team
 - Communication is the key

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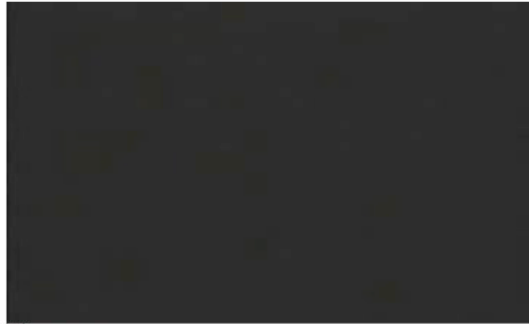
Pledge Of Allegiance Experiential Exercise



How Does Having TS Really Impact Classroom Performance And Learning?

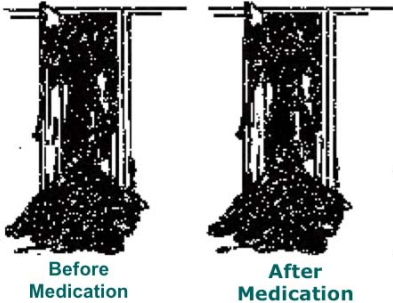
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TS from Students' Perspective



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What About Medication?




Before Medication **After Medication**

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Learning Disabilities (LD)


- LD contributes to poor school performance and low self-esteem
- Any learning disability could be present
 - Should be assessed by a qualified professional
- LD is not an intelligence issue
 - Frequently children with TS have average to above average intelligence



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Dysgraphia

- **Characteristics include**
 - Slow and laborious writing
 - Hand and finger cramping
 - Sloppy handwriting, e.g., uneven spacing, irregular margins, and inconsistent lettering
 - Inability to copy correctly from book to paper or board to paper
 - Inability to transfer thoughts onto paper
- Can be addressed with the use of computer technologies



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What Can Be Done For Dysgraphia?


- Get evaluations by an Occupational Therapist and Assistive Technologist
 - Use OT and AT services as needed
- Give extra assistance in class
 - Use a scribe, provide class notes, study guides
- Be proactive with assistive technology
 - Research frequently changing computer software
 - Learn keyboarding early
 - Routinely use a computer at in class



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Processing Speed

- Difficulty following directions, whether simple or complicated
- Difficulty processing abstract information, such as math word problems
- Difficulty following conversations
- Difficulty with noisy environments
- Difficulty responding quickly
- Difficulty remembering information such as directions, lists
- Difficulties hearing the difference between sounds or words that are similar



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What to Do For Processing Difficulties

- Provide extra time for response
- Develop a plan that allows student to know that they will be asked a specific question
- Subtly provide extra cueing and prompting
- Provide directions both auditorially and visually
- Keep directions brief
- Provide concrete visual and auditory examples
- Allow preferential seating
- Encourage student to ask for clarification

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Social Skills Deficits

- Students with social skills deficits will tend to
 - Be socially immature
 - Interact better with adults than with their peers
 - Experience some anxiety in social situations
 - Demonstrate lack of judgment
 - Experience social rejection
 - Miss social cues



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Helping Social Skill Develop

- Pragmatic language support from speech therapist
- Use of social stories by counselor and the classroom teachers
- Participation in a social skills group
- Encourage involvement in groups with similar interest
- Focus on child's strength/interest
- Carefully place student when doing group work
- Establish a safe classroom environment

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Sensory Processing Issues

- Can affect any of the senses and cause great anxiety for many children with TS
- Common indicators are:
 - Sensitivity to sudden touch, the feel of certain fabrics and tags
 - Inability to tolerate the texture of certain foods
 - Sensitivity to certain smells and over-reactive to certain sounds
 - Sensitivity to bright or fluorescent lights
 - Experiencing "sensory tics" e.g. picking at scabs; biting nails, scratching or hitting self
 - Difficulty in highly over stimulating environments such as the school bus, cafeteria, gym, hallways, etc.
 - Need for increased sensory input - Running into things purposefully, frequent hugs, painful actions

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What Can Be Done for Sensory Issues

- Evaluation by occupational therapist trained in sensory processing issues
- A plan is developed, explained and followed by all adults who have contact with the child
- Suggested 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
 - Be Creative



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FCAT & Student Accommodations

- The IEP team or the 504 plan team determines accommodations a student needs, if any, and the information is documented in the student's IEP or 504 plan.
 - In accordance with testing guidelines, these same accommodations—if proven successful in the classroom and if allowed—may be used during FCAT testing.
- However, the IEP or 504 must state that the specific accommodations will be used during FCAT testing.
- Accommodations often used with students with TS:
 - Extended time – for FCAT, how much time, 25%, 50% or some other appropriate amount of time, must be stated
 - Individual or small group setting
 - Music or white noise for student to listen to during assessment
- Please contact the D.O.E. for standardized testing accommodations for your state.

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FCAT & Student Accommodations

- Various types of paper including wide ruled and raised lined are available
- Speech to text software
- Word processor with spell check and grammar check inactivated
- Taking the test in several brief periods, allowing frequent breaks
- The following are not permitted as accommodations on the FCAT:
 - Calculator for students in grades 3-6
 - Grammar or spell checkers for students at any grade level
 - *If accommodations are recommended for classroom instruction or testing that are not permitted on the FCAT and FCAT 2.0, parents must be notified and give their signed consent for the use of those accommodations in the classroom. Parents must acknowledge in writing that they understand the possible future consequences of using accommodations in the classroom that are not permitted on the FCAT and FCAT 2.0.*FCAT Information for Parents & Teachers

Please contact the D.O.E. for standardized testing accommodations for your state.

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IDEA 2004 & Federal Regulations 300.8(c)(9)

"We believe that Tourette Syndrome is commonly misunderstood to be a behavioral or emotional condition, rather than a neurological condition. Therefore including Tourette Syndrome in the definition of *other health impairment* may help correct the misperception of Tourette Syndrome as a behavioral or conduct disorder and prevent the misdiagnosis of their needs."

Due to the advocacy efforts of the national Tourette Syndrome Association, TS is now included in the IDEA under the definition of Other Health Impaired.

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Bullying and Kids with TS

- Remember that bullying can be so subtle as to be undetectable to even the most vigilant teacher
 - It can be a look or gesture the instant you turn around
- Kids with TS are frequent targets because they appear to be different
 - They exhibit vocal and motor tics that others don't understand - "You mean he really can't control it?"
 - They may be hyperactive and/or impulsive or have OCD symptoms that are hard to explain
 - While they are not likely to admit it, typical kids are scared of kids with TS because they don't understand the tics or associated behaviors or may be afraid they will catch TS

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Helping Kids with TS Who Are Bullied

- Teach the child coping strategies to deal with teasing
 - Role play responses with the child that work for him/her
- Let the child know it is okay to tell an adult when he or she is being teased or feels bullied
 - Discuss specific adults in the building that the child will be comfortable approaching and talking with
- If the child doesn't have one, help create a support system such as a "lunch bunch" for the child
- Students will model adults' behavior. If the teacher in the classroom and other adults accept the child's TS symptoms, then the students will as well

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Blinkie and Peer Training

- Peer training is VERY important
- Leads to significantly better outcomes for the student with TS
- When peers understand TS, incidents of bullying are reduced
- Whenever possible, have the child with TS participate in the peer training
- Language and timing are age appropriate
- Peer training should occur when the student is exhibiting noticeable tics, is new to the school or has an exacerbation of tics
- Involve parents in peer training plans



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Steps for Successful Peer Training

- Begin with a discussion about differences in people
- Introduce Tourette Syndrome
- Explore what causes TS
- Discuss perceptions and reactions to TS
 - be sure to include that TS is not contagious, that the person with it has normal intelligence, is not crazy and will not die from it
- Discuss what it is like to have TS
 - something you can't control
- Discuss teasing & bullying vs. empathy & respect
- TSA Youth Ambassador Program

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Exercise

- If a student with Tourette Syndrome came to your office, what could you do to help that child?
 - Discuss this with 2-3 colleagues sitting near you
 - Jot down some ideas
 - Share them with the group

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If a Student with TS Came to Your Office, What Could You Do to Help?

- Provide a safe place for the student to discharge the tics
- Talk with the student about non-school issues to help relieve any anxiety of the moment
- Be aware of the medication the student is taking and the side effects
- Due to possible medication side effects, allow the student to take a short nap in the nurse's office if necessary
- Help educate teachers and staff about the student's individual tics and TS symptoms

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Additional Thoughts

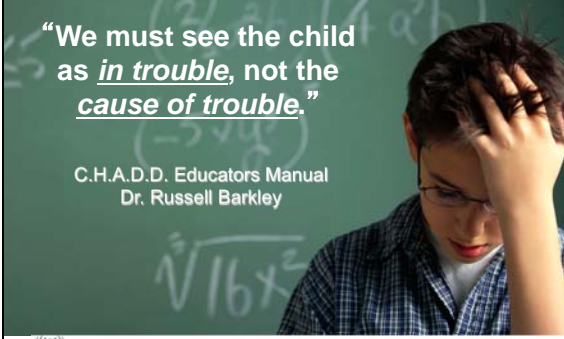
- Always include information about a student with TS in your substitute teacher folder.
- One-to-one, quiet intervention prevents escalation
- Do not take behaviors personally
- Students with TS are more successful when they have clear, consistent expectations
- As with all children, praise is important
- Students with TS often have a unique talent, interest or strength. Look for ways to capitalize on that or to incorporate it in the student's academic life
- Ask the student what can be done to help make him be successful instead of asking why he or she isn't successful

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Perspective

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


C.H.A.D.D. Educators Manual
Dr. Russell Barkley



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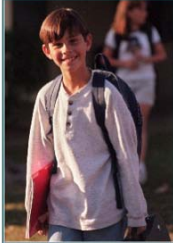
Kids with TS Are Regular People Like You & Me

- All walks of life & all professions
- TS is an Equal Opportunity Disorder
- Kids with TS are kids first
- TS is life long and at this time, there is no cure
- Symptoms can look controllable
 - But they are not!!



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I *want* to learn and do well in school!




Will you help me?

Thanks!

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About TSA
www.tsa-usa.org

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Our Mission Is To Identify The Cause Of, Find The Cure For And Control The Effects Of Tourette Syndrome

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Contact TSA for More Information and Resources

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