

A Brief Overview of Tourette's

"Tourette's Syndrome (TS) is a result of neurodevelopmental conditions" (Tourette Association of America, 2013). The syndrome is characterized by tics. Tics are movements or sounds that are repeated over and over again (Hasan, 2016). Tics can either be vocal and/or motor and they are involuntary. The most important fact about tics is that they "are not intentional attempts at gaining attention or to be disruptive" (Giordano, 2013). Tics change, as well as come and go. "They may be quieter in one specific class and louder in another; tics may increase prior to lunch and decrease after eating; they may also be worse when the student is tired, angry or stressed" (Giordano, 2013). They are truly inconsistent (Giordano, 2013). While tics may appear to be purposeful, they are actually neurological (Giordano, 2013). Tics can be thought of as urges that must be completed (Giordano, 2013). For example, when we feel the urge to hiccup, we cannot stop it from coming. This is the same scenario for people with Tourette's (Center for Disease Control, 2018). People are often unaware of their tic if they are focused on a task. Tics can be temporarily suppressed, but the tic eventually comes out. For example, we can hold in a sneeze while driving until it is safe to sneeze. This is very similar for people with Tourette's. It can be delayed, but not forever. Tic's do not result in pleasure and holding in a tic is uncomfortable. Tics tend to get worse when a person is excited or stressed (Center for Disease Control, 2018). Usually, tics tend to decrease when one reaches adolescence and may even disappear in early adulthood (Center for Disease Control, 2018). Sometimes there are underlying conditions that are associated with Tourette's, such as Attention Deficit Hyperactivity Disorder (ADHD), Obsessive-Compulsive Disorder (OCD), or trouble learning (Hasan, 2016). There is no medicinal treatment for Tourette's, but relaxation, self-monitoring and habit reversal can help (Barlow, Durand, & Hofmann, 2018). Habit reversal, in particular, can help in many ways from helping the child "notice the signs that a tic is starting, become more aware of the settings in which tics are most likely to occur, and learn different ways to express their tic" (Healthwise staff, 2017). Through habit reversal older kids and adults with tics often can learn to substitute something that is more acceptable for their tic.

Common Signs of Tourette's May Include:

Keep in mind that people with Tourette's sometimes have more than one type of tic happening at once

(Tourette Association of America, 2013)

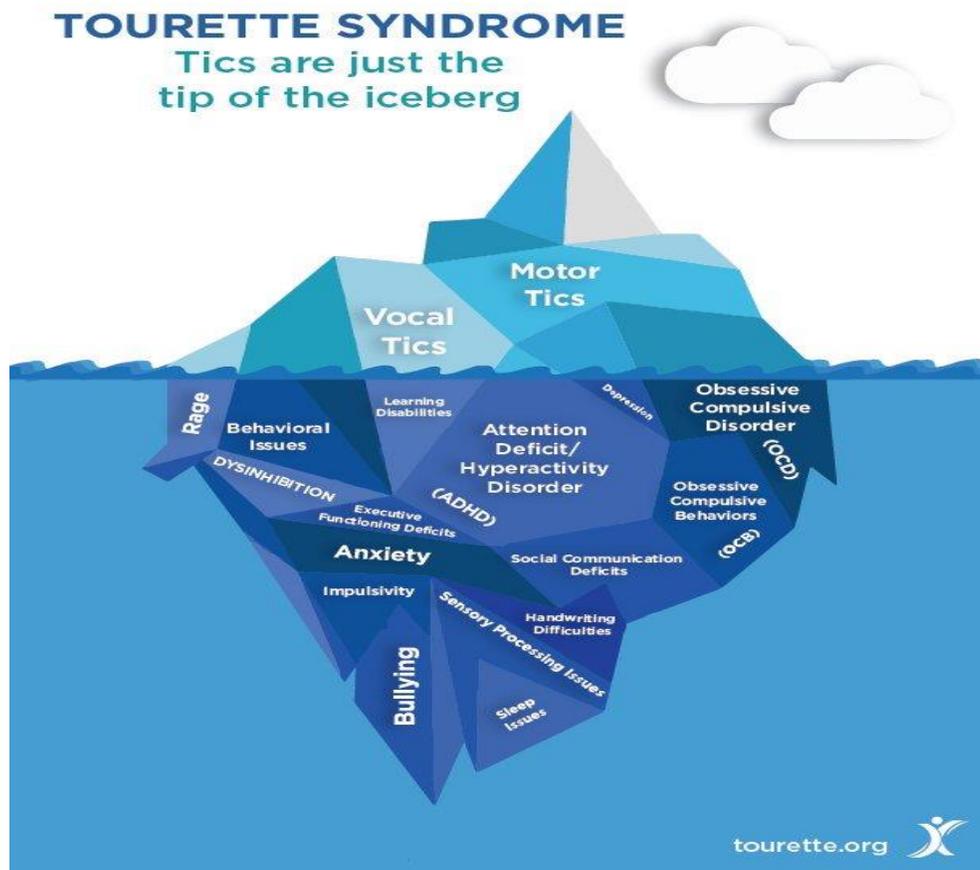
Motor Tics: sudden brief movements such as,

- Eye blinking
- Head shaking
- Face grimacing
- Shoulder shrugging
- Abdominal tensing
- Arm jerking
- Complex tics: a noise followed by a movement or vice versa. (e.g., sniff plus shoulder shrug and eye roll).

Vocal Tics: sudden sounds or noises such as,

- Sniffing
- Coughing
- Spitting
- Grunting
- Throat clearing
- Snoring
- Squeaking
- Shouting
- Animal noises
- Words or phrases usually out of context (e.g., “shut up,” “stop that”)

An Illustration of the Symptoms and Possible Underlying Conditions



Students with Tourette's may:

(Giordano & Edelman, 2013)

- Have difficulty inhibiting (i.e., controlling) thoughts and/or actions
- Have comorbid conditions like learning disabilities, fine motor skills deficits, ADHD, anxiety, or autism spectrum disorder.
- Appear disrespectful because their tic is misinterpreted as communication
- Avoid stressful situations that exacerbate their tic (e.g., answering in class, reading aloud, presenting to the class)
- Tic more if their tic is pointed out
- Tic more if in trouble

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Classroom Strategies

(Giordano & Edelman, 2013)

- Ignore symptoms
- Remember that forcing a child to leave the room to tic is placing them in a much more restrictive environment
- After the teacher asks the child a question, have the teacher then say “I’ll give you a minute and then I’ll come back to you.”
- Stress reduction of any kind, such as letting the child sit by the door, or giving them more time on a test
- Facilitate strategies that allow a tic to be more discrete like seating the student in the back of the classroom
- Give the child encouragement
- Offer to let the child take the test in another room or near the door, and for an extended amount of time, to reduce anxiety
- Ask the child what can be done to help them succeed, instead of why they aren’t successful
- If the child struggles with transitions, choose a teacher that is more structured.
- Teachers can look on the Tourette Association of America website to look at a sample IEP for Tourette’s in the teacher’s resources tab

Free Resources on Tourette’s

<https://www.tourette.org/about-tourette/overview/living-tourette-syndrome/parent-family-resources/>

<https://www.tourette.org/resource/patient-tool-kit/>

<https://kidshealth.org/en/parents/tourette-factsheet.html?ref=search>

References

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- Tourette Association of America. (2013). *Navigating Tourette Syndrome: A Care Provider’s Guide to Diagnosis, Treatment and Support* [Pamphlet]. Centers for Disease Control and Prevention.

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Your student _____ has Tourette Syndrome. The information below has been provided by the student's family. Please share this information with all of this student's teachers including PE, art, and music and the bus driver.

Tics may be triggered by: _____

Differences in sensory perception: _____

Common impulsive behaviors: _____

Possible tic substitutions: _____

Tasks/Activities that may be difficult for the student to manage: _____

Passions Include: _____

Special talents include: _____

Ways to reduce anxiety/stress: _____

General tips: _____

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Don't Give this Paper to Your Child's Teacher

Tourette's Parent Instructions

Fill out the form to help your child's teacher better understand your child's Tourette Syndrome. It is important that you give all of these pages to your child's teacher on the first day of school.

Examples are provided below to make the form easier to complete. Please call or send a portal message if you have questions.

Tics may be triggered by: overstimulation, excitement, stress, experience of strong emotion, or for no reason at all. They may just happen out of no where; this is normal.

Differences in sensory perception: unable to tolerate dirty or sticky hands, hates skin to feel wet, noises seem extra loud to child, lights may be too bright

Common Impulsive Behaviors: touching things, interrupting, squirming, silliness, sassiness, emotional outbursts, explosive anger, oppositional defiance, non- contextual swearing

Possible tic substitutions: instead of doing an eye blink tic, remind them to gently close his or her eyelids and hold them closed for several seconds., instead of a shoulder shrug, lengthen the neck and push the shoulder downward.

Tasks/Activities that may be difficult for the student to manage: writing, group work, watching videos for learning purposes

Passions Include: Paw Patrol, dinosaurs, trains, dolls, etc.

Special Talents Include: Typing, art, sports, etc.

Ways to reduce anxiety/stress: Have a very structured schedule, give the student more time on anything that involves writing, give student a way to signal the teacher that they feel overwhelmed.

General tips: Examples of things your child likes and dislikes, anything that calms your child, inform your teacher how you keep a structured schedule at home, anything else you want to tell the teacher