Great Ormond Street Hospital for Children NHS Foundation Trust: Information for Teachers

Tourette syndrome and managing tics in the classroom

Tourette sydrome (TS) is a multiple tic disorder that presents as motor and vocal tics. TS begins in childhood and waxes and wanes in its intensity and manifestations. In some, the tics may not be noticed, while in others, the tics can be quite disturbing and embarrassing for the young person and can be disruptive for normal classroom activities. Many patients with TS can have a considerable decrease in their symptoms and even remission during adulthood.

What is a tic?

A 'tic' can be described as a brief repetitive, involuntary (although can sometimes be suppressed or triggered) purposeless movement or sound. Tics tend to occur in bouts. Those that produce movement are called 'motor tics' and those that produce sounds are called 'vocal (phonic) tics'.

Tics can be either 'simple' involving one muscle or one simple sound, or 'complex' involving a coordinated movement of a number of muscles or an utterance of a meaningful phrase.

Some examples of tics:

- Simple motor tics – eye blinking, head jerks, facial grimacing, nose twitching, shoulder shrugs, etc.
- Simple vocal tics – grunting, squeaking, coughing, whistling, humming, spitting, etc.
- Complex motor tics – pulling at clothes, touching people/objects, twirling around, self-injurious behaviour, etc.
- Complex vocal tics – making animal like sounds, unusual changing in pitch or volume, swearing etc.

Tics may appear suddenly and last for a few weeks at a time, may disappear, only to be replaced by a different tic a few weeks or months later. The location of the tic in the body may vary and so would the frequency and severity, which is best described as 'waxing and waning' of tics. The variability in the severity and frequency of the tics may lead parents and teachers to mistakenly conclude that the tics can be controlled, as individuals with tics can have bouts of severe and frequent tics alternating with periods of total or relative remission. Interestingly, tics seem to be 'suggestable', that is, the child can acquire a tic after seeing it in another person. This is not 'copying' but an involuntary action.

A common view of Tourette Syndrome is that people have swearing outbursts, but this only affects about 15 per cent of children; most children have a combination of vocal and motor tics, which are often noticed when the child is between five and nine years.

Managing tics in the classroom

Children and young people with tic disorders, Tourette Syndrome, and a range of associated behavioural disorders and leaning disabilities present many challenges to school staff. These students may need some help in the classroom to provide them with a safe and nurturing school environment. It is important to be alert and sensitive to tic interference with the activities of the child (especially reading writing and maths work) and any associated peer teasing.

The child's behaviour and functioning should be a guide to making decisions about what could be the necessary and helpful accommodations. Literature and research on children with tics have suggested the following strategies, but we realise that not all of them may be possible or achievable:

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The issue/problem	Possible solutions
The tics	• **Ignore the tics** as much as possible. Avoid commenting or reacting to the tics publicly, as this may worsen the tics. Punishment for tics is not appropriate. • Discuss with the student collaboratively using problem solving approaches as to what can be done to be considerate of their peers and teachers. • Ask parents/carers what strategies have worked in the past.
Seating in the classroom	• Consult with the student to see if there is a **comfortable seating** arrangement in the classroom. • Some may need to exit frequently; hence seating near the door might be helpful. • Allow **larger 'personal space'** if student has touching tic or large motor tics involving limbs. • Let the student work in the position that he/she feels comfortable with.
Extended time and assignments	• Allow **extended time** to complete tasks and tests. Break projects into shorter manageable tasks with opportunities to deal with tics. • For students who are intellectually gifted, allow them to work ahead during periods to compensate for the times when tics are worse.
Handwriting	• If written work has limitations due to tics – allow use of **alternative means** of production such as computer programs, keyboarding, oral reports, tape recording, voice dictaphone and/or longer assignments times; sometimes a scribe may be needed. • Give oral tests where possible; incorporate programs to improve visual-manual skills, increase testing time. Student may need to take tests in private to avoid disturbing others.
Attention and reading problems	• Use **alternative methods** to present material to the class, for example, using tape-recorders or someone else reading the material to them. Reading in pairs or 'read or pass' can work for some children. • Direct contact with the teacher nearby, reducing distractions and break up of tasks into small discrete sections could help attention problems. • Consult with the student about tasks involving reading aloud to the class.
Learning disorders	• Evaluate a child who is struggling for **associated learning difficulties** and provide help for identified needs.
Peer isolation – actual or perceived	• Increase self-esteem, praise for even minor accomplishments, encourage student to talk about feelings on one to one, help student develop coping strategies and encourage participation in group activities. • Make use of learning mentors if available. • Developing circle time in PSHE lessons has also proved useful • (After seeking permission from the student's parents and the student) • Detect and deal with teasing, taunting, bullying or peer rejection is an issue. • May need extra adult supervision in unstructured or less structured settings, such as PE or playground.
Stress	• Stress may increase tics. Learning coping skills to handle stress is helpful. • Involving in enjoyable activities (such as music or sports) decreases tics and stress. • Provide opportunity for physical movement and encourage relaxation and body control techniques. • In cases of explosive anger, ensure students' and others' safety.

The issue/problem	Possible solutions
Behaviour changes	• Explain to other colleagues that the student has very limited control over his or her disorder and that the tics are associated with symptoms that are involuntary as well as ever changing. • Induct new staff to tic management techniques. Ensuring that the Individual Education Plan is up to date is vital.
Discipline issues	• Establish consistent behavioural management plan for both school and home and set reasonable expectations. Homework diaries or home-school books can be a useful way of communicating with parents. • Ensure that consequences for inappropriate behaviours are appropriate. • Reward schemes have proved useful.
Compulsive behaviours/ Obsessive Compulsive Disorder (OCD)	• Liaise with the mental health team for further advice. Try not to get involved with a child's compulsions, but understand that the child will be anxious. • Small group instruction with individualised attention could be helpful.
Fatigue	• Repetitive large muscle tics and attempts to suppress tics causes fatigue, which may need an increase in calorie intake (allow for snacks between meals).
Medication effects	• Seek information about the medication and any possible side effects. • Cognitive dulling, lethargy, seeming lack of interest, decrease in co-ordination, could be due to medication and/or depression. • Allow extra time and attention for testing and tutoring. • Give allowance to medication effects while planning the student's academic sessions. • If it worsens or is severe, report to the parents and/or contact mental health professionals or GP.

Having open channels of communication between child's parents, treating professionals, colleagues and the child, about what might be helpful for the child can considerably reduce some of the frustrations associated with Tourette syndrome.

Recognition and acknowledgement of the student's struggle with their condition and encouraging him/her to discuss with you the support and help that is needed to work around the tics will make a world of a difference to the student.

Further reading

The following book has particularly helpful suggestions for support a pupil with tics at school.

Packer LE and Pruitt SK (2010)
Challenging Kids, Challenged Teachers: Teaching Students with Tourette's, Bipolar Disorder, Executive Dysfunction, OCD, AD/HD and More
Woodbine House Inc, ISBN 1 890 627 828

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