

TS...

- does not of itself affect IQ.
- typically starts in childhood around the age 5-7 years old but is usually undiagnosed until 9 or 10
- affects 1% of school children, however most of those who have TS are undiagnosed and many are unaware of that their issues might be TS
- is typically diagnosed by a psychiatrist or a neurologist – TA can provide a consultants list on request
- the course, duration and severity of the disorder vary from individual to individual
- is a neurological disorder characterised by tics, which affects all ethnic and social groups
- only 10% of those with TS will have coprolalia (swearing)

The nature of tics:

- Tics wax and wane in number, frequency, complexity and severity
- Tics are involuntary movements and sounds and are NOT attention seeking behaviours
- They change and can disappear completely for a while and then are replaced by new ones
- They can be suggestible
- They can increase under stress and anxiety or excitement; they often decrease with relaxation or concentration
- They are often preceded by a premonitory urge (how easy is it to suppress an itch, sneeze or urge to clear the throat?)

Example of tics:

Motor: Eye blinking (excessively or in an unusual pattern), touching, biting, hitting, echopraxia (imitating others actions), self injurious behaviours (picking scabs/hitting oneself, biting oneself, picking out eyelashes), smelling things. Occasionally inappropriate sexual touching of self or others

Vocal: Coughing, grunting, sniffing, throat-clearing, shrieking, whistling, spitting, animal sounds, echolalia (repeating other people's words or phrases), repeating words/phrases out of context, coprolalia (using obscene/inappropriate words – affects only 10% of all TS cases)

" I was in assembly and one of the teachers told me to stop flicking my shoe. When I looked at him, my eyes rolled up in a tic and he kept me in at break for being rude. I was too embarrassed to tell him it was a tic."



Tourette Syndrome

Key facts for teachers

help@tourettes-action.org.uk

or to download Education Issues and Tourette Syndrome www.tourettes-action.org.uk

Reg Charity no: 1003317

Tourettes
action ✱

Attention problems

- Poor attention
- Failing to complete things
- Easily distracted
- Unable to listen
- Fidgety
- Impulsive

Barriers to learning

- Emotional self regulation – concentrating so hard on not ticking that no learning can take place
- Sustained Attention
- Working memory
- Response inhibition
- Planning
- Time management
- Organisation
- Task initiation
- Motor tics of the eyes, head and neck may interfere with reading
- Motor tics may also affect handwriting
- Children with motor/vocal tics may be reluctant to read aloud, to ask questions and ask for help
- Thought tics may inhibit auditory processing

Barriers to learning – secondary effect

- Low self esteem
- Communication difficulties
- Poor relationship skills, peers/adults
- Social isolation
- Depression
- Fatigue
- Anger/rage

TS Strategies for teachers

- Whole school and peer awareness training – Tourettes Action can provide PowerPoint presentations
- Tics cannot be controlled by restraining, instructing to stop or promising rewards which may make tics worse
- Avoid responding to tics. This encourages increased normalisation
- Tourettes is not caused by abuse or bad parenting. Tics are biological
- If children are not using their energy to suppress tics they may be more focussed. The suppression of tics increases anxiety and sub-optimal educational performance
- Provide access to a private space for tension and tic release or times when tics are ‘allowed’
- Avoid seating arrangements which are prone to disruption such as by a window, or where tics will cause greatest problems such as in the middle of a row
- Seating children with Tourettes at the front of the classroom can enhance attention
- Offer short breaks
- Modify or simplify task requirements because some things take a lot longer for children with TS– extend time on reading and hand written work where necessary
- Do not discriminate work on the basis of handwriting, tics may make writing difficult.
- Distribute instructions rather than requiring children to copy long instructions
- Ask parents if their child is on medication, as this may cause side effects like sleepiness and lack of energy
- Allow longer time to complete timed tests and exams
- The transition from Year 6 to Year 7 can be particularly challenging and may require additional planning and support
- Provide a private area in stressful situations like examinations

- Pair students with supportive and understanding “buddies”
- Have effective and clear communication between school and home bearing in mind that symptom severity may vary in different environments
- Schools should ensure that Individual Education Plans take full account of a pupil’s Tourettes
- Eliminate unnecessary materials from desks to avoid distractions, but permit students to “fiddle” with specified objects
- Aids such as scribes, rulers, laptops, visual timers, grid paper, calculators, organisers and visual diaries can be very helpful
- Allow the use of worksheets that require a minimum of handwriting
- Set up ‘work contracts’ between teachers and student. These can outline particular expectations and provide clearer goals
- Tics can typically be worse at home than school and completing homework can be especially hard as they are often exhausted from having suppressed/disguised their tics all day at school



Tourettes affects the person with the condition much more than it affects those around them
Children with TS appreciate teachers who try to understand what the condition is like for them