

# Secondary Tourette's

**Seonaid Anderson** looks at how to help children with Tourette's handle the difficult transition to secondary school

**W**hile any transition for a young person with special needs is likely to raise concerns, the move from mainstream primary to secondary school can be one of the most challenging experiences they will face during their schooling. In this article, I will consider the particular issues faced by children with Tourette's syndrome as they start secondary education and how we can plan to help make this transition as smooth and painless as possible.

Tourette's syndrome is an inherited neurological condition which covers a wide range of symptoms, including involuntary movements and sounds. These "tics" have to present for a year or more for a diagnosis to be reached. Tourette's is more common amongst boys than girls. Some children can have mild symptoms which are often just a little bothersome and may not be severe enough to reach a diagnosis. Others can be greatly affected by the severity of their tics, which can impact on every aspect of their lives, especially education. IQ is not affected by Tourette's, which is not a learning disability although it can present obstacles to learning.

One of the most common myths surrounding Tourette's is that all people with Tourette's swear uncontrollably. The media has done little to dispel this stereotype, even though it is thought that only about ten per cent of people with Tourette's have a swearing tic, known as coprolalia.

One of the main difficulties for people with Tourette's is that they can have a multitude of different tics which can come and go in intensity and change in their form over time.



The understanding of staff and students will help pupils with Tourette's to adapt and thrive.

Often, coughing and blinking tics are first to appear. The effects of tics can include fatigue, pain and injury, making it difficult to follow what is going on in class, to concentrate or to carry out tasks such as writing. Socially, it can lead to bullying and social exclusion, especially during adolescence when tics can reach their most severe.

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Another myth to be dispelled is that it is the tics alone that cause the most difficulties. Unfortunately, Tourette's commonly has associated conditions (comorbidities) and young people report that they can often cause more difficulties than the tics themselves. Most often, obsessive compulsive disorder (OCD) and attention deficit hyperactivity disorder (ADHD) are found with Tourette's. It is important, therefore, that the treatment

of Tourette's should be specific to each individual and should be discussed with a Tourette's specialist. This also applies to the educational life of someone with Tourette's; their strengths and difficulties are unique to them and any support should be individually tailored to the particular child.

## Planning

Meetings between primary staff, secondary staff and parents can be used to create a transition plan for the individual pupil. Such meetings provide an opportunity to transfer expertise about Tourette's, the waxing and waning of tics and any comorbidities the child has. Suggestions can be made about how to recognise and understand which behaviours are involuntary tics and which may be more purposeful behaviours, and to treat them separately. Some vocal tics can be seen as loud and disruptive. However, it will not help the pupil if they are told off or asked to stop these involuntary tics. In fact, it may make them worse.

There are many other activities which the relentless presence of

## What helps pupils with Tourette's in the classroom?

There are a number of strategies utilised by experienced teachers that are known to be particularly helpful for children with Tourette syndrome:

- seating children with Tourette's at the front of the classroom can enhance attention
- refraining from commenting on or responding visibly to tics whenever practical
- making sure you do not ask a pupil with Tourette's not to tic
- considering appropriate behaviour management in light of the extent to which certain behaviours are not in the student's control
- being alert to potential mimicking, teasing and bullying
- being aware of any behavioural treatments or medication the pupil receives so that you can take account of any side effects and support the management strategies they have been taught
- providing "time-out" passes, as breaks can relieve tension and ensure time for movement
- the provision of designated areas where tics are "allowed"
- breaking down longer assignments into shorter tasks
- removing unnecessary objects from desks
- permitting pupils to "fiddle" with specified objects
- the use of scribes, rulers, laptops, visual timers, grid paper, calculators, organisers and visual diaries
- placing greater emphasis on effort rather than presentation to reduce anxiety
- the use of worksheets that require a minimum of handwriting
- pairing students with supportive and understanding "buddies"
- work contracts between teachers and the pupil which outline expectations and provide clear goals.

Tourette's may affect, including communication, planning, time management, organisation and initiating tasks. Pupils' classwork, homework and examinations can also be adversely affected by tics. Hand or eye tics can impede writing, making it hard to complete work on time or to an expected standard.

## Support

The simple step of improving awareness in school of the condition and its associated support needs can greatly help a student with Tourette's to cope. There are few, if any, resources designed specifically for pupils with Tourette's, but some of the written interventions for students with autism can have useful suggestions for children with planning and organisation problems, anxiety or challenging behaviour. Shared resources which staff and students might find helpful include using an emotional thermometer and emotional toolbox with those with anger issues or challenging behaviour. For difficulties with planning and organisation, producing a personalised timetable and help with organising and prioritising homework can be useful. By agreement with parents and the child, prompt cards could be employed, which allow the pupil to leave the classroom or activity for a short time, for example if they feel they need to go and "release" some tics that they may have been suppressing. Similarly, a Tourette's information card may be useful for the child to carry and show to any new or temporary staff members.

Time invested in creating a well-planned transition is likely to have long-term benefits where a blend of general and specific strategies can be adapted to the students' strengths and difficulties. The most important things a mainstream school can do is to effectively provide structured support and encourage knowledge and understanding of Tourette's amongst pupils and staff. Good communication with the young person and the family is also crucial.

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## Understanding

Creating the right environment of understanding in the classroom is essential and can help pupils with Tourette's develop their confidence and flourish at school. If educational issues are not properly addressed, the potential for bullying can be great, and the student is more likely to develop poor social skills, under-achieve academically and suffer from low self-esteem.

A lack of awareness about Tourette's can lead to problems in the classroom and many children with Tourette's report getting into trouble at school. However, when there is understanding from school staff, students are often very appreciative. It is crucial that teachers recognise that behaviour engendered by Tourette's is involuntary and that they make suitable allowances.

When there are more pervasive problems with Tourette's, input from an educational psychologist is appropriate and can be very helpful, especially where an education, health and care plan is required. **SEN**

## Further information

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[www.tourettes-action.org.uk](http://www.tourettes-action.org.uk)