

**Try not to respond too much to tics** as this can normalise them. However, often tics are humorous and it would be un-natural not to recognise this.

**TS is not caused by bad parenting or abuse.** When children are able to suppress their tics at school this may well lead to increased tics and behaviours at home. It does not mean that school is OK and something is wrong at home. Home is where it is safe to let all your tics out. However, this does mean that often homework is especially hard.

It may be helpful to **provide time and space for tics to be let out in a private**, thus lessening the build-up of tension. Perhaps a 'time out' card would allow the student to go to the designated place without causing too much disruption if it becomes unbearable for them.

Try to **avoid seating arrangements where tics will cause the greatest disruption**, for example the middle of rows or near something breakable. Sometimes sitting at the front of the class can improve attention but sometimes this makes the tics visible to everyone and so should be avoided.

**Modify tasks or requirement where possible** as some activities are much harder for students with TS. Especially handwriting and other activities requiring fine motor skills. Distribute instructions rather than asking students to copy long instructions or homework.

Tics may make handwriting difficult so **try not to mark the student down for poor handwriting.**

Exams are stressful for all students and especially so for a child with TS. **Consider special arrangements such as separate rooms or allowing rest breaks for exams.**

As TS often worsens at the age of transition this can be especially difficult and may well require extra planning and support.

## Resources

Tourettes Action can provide information and PowerPoint presentations for schools. It may be possible for us to offer some whole school training.

Please note that this leaflet is designed to offer support to teachers in classroom setting and explain how Tourette Syndrome affects students.

It does not cover the legal requirements surrounding the implementation of the disabilities discrimination act, the proposed new code of practice or obtaining statements

## Contact us

**Call** our Helpdesk to speak to us between 9am and 5pm, Monday to Friday on **0300 777 8427**.

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We are a registered charity, no 1003317. We are also a company registered in England and Wales, no 2613993.

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Tourette Syndrome (UK) Association, trading as Tourettes Action.



# Tourette Syndrome

## Key facts for teachers



**A guide to understanding Tourette Syndrome in a classroom setting**

## What is Tourette Syndrome?

Tourette Syndrome (TS) is a neurological condition. It affects one schoolchild in every hundred; although as TS is a spectrum condition some children are either not aware of it or have symptoms which are so mild that they do not require any intervention.

**More than 300,000 children and adults in the UK have TS** to a level at which it has a significant impact on their lives. Medical symptoms are extreme and the social, educational and economic effects are serious. The key feature is tics – involuntary and uncontrollable sounds and movements.

**Tics wax and wane in number, frequency, complexity and severity**, they can change and even disappear completely for a while before new tics take their place and old tics reassert themselves. They will increase with stress or anxiety but can often decrease when the student is engaged with some activity such as drumming, singing or paying sport.

**Common motor tics** are: eye blinking (excessively or in an unusual pattern), *echopraxia* (imitating others actions) self-injurious behaviours involving touching, biting, hitting, pulling out eyelashes or hair, smelling or sniffing things. Occasionally inappropriate sexual touching of themselves or others is part of TS.

**Common vocal tics** are: coughing, grunting, sniffing, throat clearing, shrieking, whistling, spitting, animal sounds and echolalia (repeating others words or phrases). **Only 10 per cent of people with TS have the swearing tic – coprolalia**, but many people have as tics, words, sentences and gestures that are at risk of offending others. This is known as *NOSI* (non obscene, socially inappropriate behaviour) and is perhaps one of the more difficult concepts in the classroom setting.

It can be hard to believe that a child ticing something which appears to be personally directed at the teacher or other students is indeed just a tic and is not at all what the child is thinking or believes. Usually they are as embarrassed and upset as the other person – if not more so.

**80 per cent of students with TS will have additional conditions;** ADHD, Autistic Spectrum Conditions and OCD. They may also suffer from low self-esteem and may also have behavioural issues such as rage attacks. This means that they may well have a poor attention span, fail to complete tasks, be easily distracted, unable to listen, fidgety and impulsive. However, TS is not an indicator of low IQ and given the right support and encouragement students can reach their full potential.

## Barriers to learning

Some students try to suppress their tics in the classroom or school setting. For some this may be possible for short periods of time but often the energy and concentration required suppressing a tic means that the student is unable to engage with what is going on around them.

Motor tics of the eyes, head or neck may interfere with reading and motor tics may also affect handwriting or the ability to write for prolonged periods of time.



Motor and vocal tics may make a student reluctant to read aloud, ask or answer questions and even sometimes to ask for help.

Thought tics or ‘internal voices’ can also inhibit auditory processing. Because TS can be suggestible, classmates having discovered ‘the trigger’ may use this to make the student with TS tic.

There are many other activities which the relentless presence of TS may affect: communication, planning, time management, organisation and initiating tasks.

All of these can lead to other emotions which can lead to difficulties, both in the classroom and in the school population in general. Low self-esteem, poor relationships with peers and adults, depression, fatigue and social isolation. Perhaps the most complex and difficult to manage is anger and rage.

## Strategies for teachers

Firstly it is helpful for everyone interacting with the child to have a working knowledge of TS. Whole school and peer awareness activities can be very helpful in reducing anxiety, and helping to form a supportive network .

**Pair students** with supportive and understanding ‘buddies’.

Have effective and **clear communication between home and school**, bearing in mind that tic severity will vary between the two and tics may well change quickly. Understanding what medication if any the child is on is important as many of the medications cause tiredness and lack of attention.

Try not to ask a student with TS NOT to do something. It will instantly become the very thing that they have to do and turn into a compulsion. **Neither rewards nor punishment will enable a student to control tics.** However, there maybe things which make it easier to tics to be minimised and this can usually be discovered in discussion with the student and their family.