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DEALING WITH A STUDENT WITH TOURETTE SYNDROME

Tourette THE PATH FOR INCLUSION

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Tourette Syndrome in Educational Settings: University and Secondary School

This resource is designed to assist and guide teachers of students with Tourette Syndrome. Dealing with a student with Tourette Syndrome involves empathy and understanding the challenges in learning.

When the educational environment is informed about Tourette Syndrome (TS), students have better opportunities to succeed. Although not exhaustive, this resource offers strategies to help you create compassionate and effective support systems.

Learning difficulties in most situations become more evident in secondary school and university life. It is expected that the cognitive profile in childhood may camouflage the difficulties and as the demands of the context evolve, the symptoms begin to interfere with the ability to demonstrate one's learning skills and abilities. In addition, young adults focus more on their availability and effort to suppress or masking the symptoms in order to gain social acceptance.

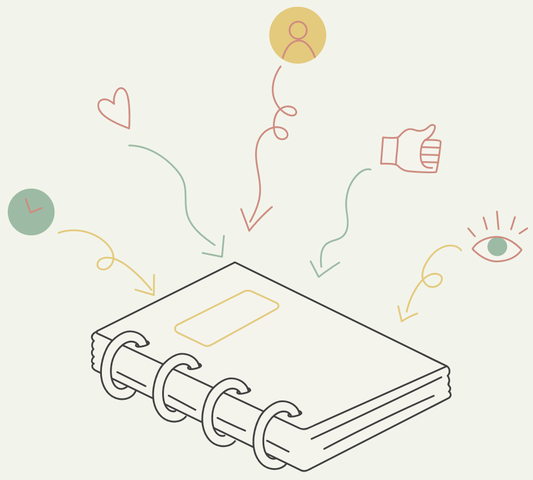
TOURETTE SYNDROME

Tourette Syndrome (TS) is a neurodevelopmental condition that typically emerges in early childhood or adolescence. It belongs to a broader group of conditions known as Tic Disorders. The presence of motor and vocal tics is a key feature in the diagnosis of TS.

Motor tics involve *involuntary movements*, such as eye blinking, shoulder shrugging, or jumping. Vocal tics consist of repetitive, involuntary sounds, words, or phrases, including sniffing, grunting, or echoing others' words.

TS and other Tic Disorders are more common than often assumed. However, they frequently go unrecognized and, as a result, undiagnosed.

Some Tic Disorders may be transient, while others may persist into adolescence and adulthood.



Tics may fluctuate in frequency and intensity due to stress, fatigue, or anxiety. Stress will almost always increase tics.

Co-Occurring Conditions

TS is often accompanied by various neurodevelopmental and neuropsychiatric conditions, some of which may emerge earlier and have a greater impact than the tics themselves. These are known as co-occurring conditions. <u>The most common co-occurring conditions include the following</u>:

- ***Attention-Deficit/Hyperactivity Disorder (ADHD)***
- ***Obsessive-Compulsive Disorder [or Behaviors] (OCD/OCB)***
- ***Learning difficulties — Difficulties related to reading, writing (dysgraphia), mathematics, executive function challenges, and/or processing information that are not related to general intelligence***
- ***Autism Spectrum Disorder***
- ***Behavioral problems***
- ***Anxiety***
- ***Mood problems***
- ***Deficits in social skills and/or social functioning***
- ***Sleeping problems***

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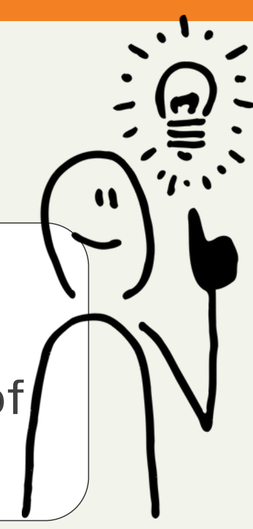
Managing Tourette Syndrome or a Tic Disorder in the classroom requires knowledge and understanding.



IDENTIFYING COMMON EDUCATION CHALLENGES WITH TOURETTE SYNDROME

Sometimes these challenges are misunderstood or thought of as "purposeful behaviors" instead of complications due to a complex neurodevelopmental disorder.

The following is a list of common education-related difficulties that students with TS and related conditions may exhibit:

Paying attention: Tics, ADHD or OCD can interfere with concentration, although the student may appear to be focused. Being able to use technological means to record, rewrite notes or carry out academic tasks and tests can help.However, the opposite may also be true. Some students can execute activities while experiencing tics, even if it may appear otherwise. Modeling acceptance can reduce both bullying and stress and allows students with TS to focus their energy and attention on academics rather than tic suppression.

Dysgraphia (handwriting issues): Sloppiness, frequent erasing, being consumed with writing neatly, reduced output, slowness of handwriting because of tics, or refusal to write. Accommodations can include the use of a computer, tablet, smart pen, or a scribe.

Difficulty completing tasks or projects: Failure to understand the assignment, inconsistency in copying down assignments, not completing assignments on time, or refusal to begin tasks or projects. They may also be embarrassed to join group work or presentations. It will be important to assign a tutor and/or provide extended delivery deadlines.

Challenges with transitioning or dealing with uncertainty: Problems with transitioning between tasks and classes, meeting new colleagues or teachers, and resistance to changes in schedule and/or routine.

Difficulty following instructions: Slowness to respond, inability to complete tasks that have complex or multiple instructions, or repeated requests for instructions.

Disorganization and executive function deficits: Problems managing time, tasks, and belongings, difficulty beginning and/or following through on tasks, which may fail to produce a product. It will be important to assign a tutor and monitor the student.

Disinhibition: Behaviors that the student recognizes as inappropriate or prohibited, but has difficulty inhibiting. Some examples include touching certain objects, making inappropriate yet contextual statements or reactions, and shouting out answers.

Impulsivity: It refers to difficulties in inhibiting responses, leading to actions that are performed without adequate forethought or consideration of consequences. Individuals with TS may exhibit impulsivity in various ways, including Motor impulsivity (Sudden, involuntary movements or tics that are difficult to suppress) or/and Verbal impulsivity (Blurting out words or phrases, sometimes inappropriate such as in coprolalia, though this is relatively rare).

Difficulties in Emotional Regulation: Significant and disruptive behaviors, which appear to be overly reactive to a situation, may be the result of symptom suppression. Other behaviors include being overwhelmed due to anxiety, feelings of failure, sensory issues, interfering symptoms, or skills deficits.

Stress, Mood, and Anxiety: Difficulties in emotional management, especially anxiety and dealing with TS. These include, but are not limited to social or academic avoidance, shutting down when overwhelmed, emotional outbursts or absences from classes and academic commitments, being unable to take exams or present for the entire class, and instead needing to do that alone or in front of the teacher only.

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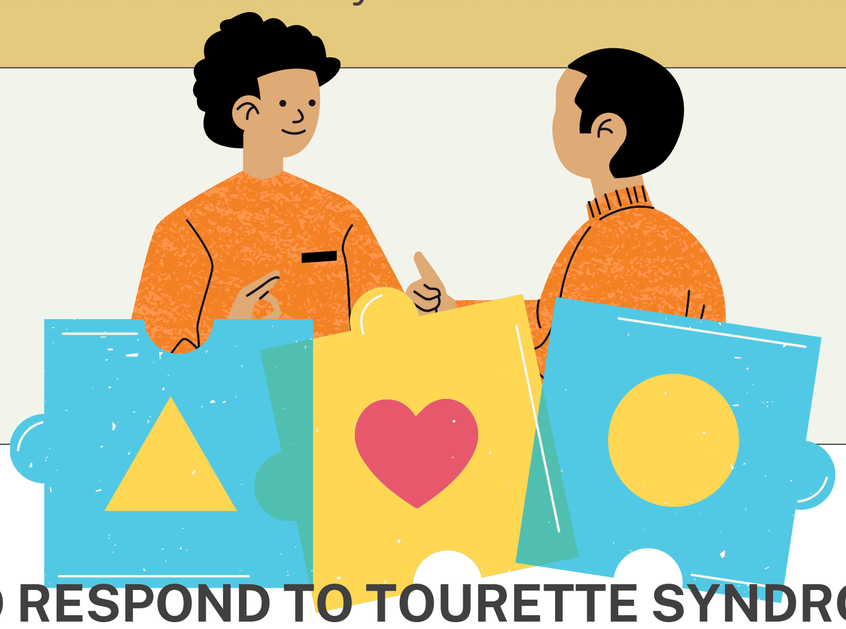
IDENTIFYING COMMON EDUCATION CHALLENGES WITH TOURETTE SYNDROME

Oppositional behaviors and/or task avoidance: Inconsistent refusal to follow directions or engage in a task, group work, presentations or following instructions. It is important to consider oppositional behavior as an attempt to communicate a skills deficit, or an obsessive-compulsive, anxiety-driven or sensory need. This viewpoint will encourage positive communication, and proactive and understanding teaching strategies instead of ineffective punishment.

Perfectionism: A strong urge to repeat or adjust actions, speech, or writing until they feel perfect or complete. A tendency to be excessively self-critical, often feeling that their efforts are never good enough. Avoiding tasks or procrastination due to fear of failure or not meeting personal standards. Engaging in repetitive or compulsive behaviors to achieve a sense of correctness, which can be linked to obsessive-compulsive tendencies. Emotional distress, for example, increased frustration, anxiety, or stress when things do not go as expected.

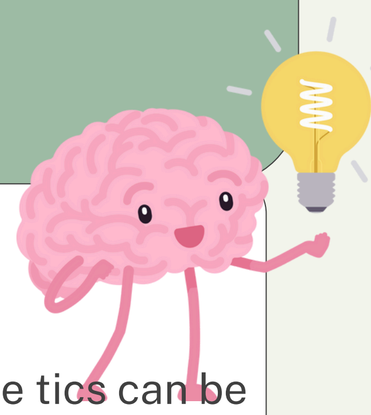
Comorbid sensory issues: Sensitivity to light, sound, touch, smells or tastes. Requirement for increased sensory stimulation. The urge to satisfy a specific sensory need, such as by excessively chewing on objects, or intense hugging, for example.

Social communication deficits: Immature actions, inflexible reactions, socially unsuitable conduct, and difficulty in maintaining positive relationships with peers. It may be relevant to have support from the school's technical team, and introduction to university clubs of interest to facilitate socialization and integration.



Supporting Students with TS

1. **Understand TS: Educate Yourself and Your Students**
2. **Create an Inclusive Environment**
3. **Provide Academic Accommodations**
4. **Manage Classroom Dynamics**



HOW TO RESPOND TO TOURETTE SYNDROME AND TICS IN THE CLASSROOM

A general guideline for managing most tics is to minimize attention to them as much as possible. While these tics can be disruptive, they are not within the individual's control. Here are practical strategies to manage and support students with Tourette Syndrome in the classroom:

- **Maintain a Supportive and Non-Judgmental Environment** (Recognize that tics are involuntary and not a sign of misbehavior). Tics can wax and wane in severity and evolve unpredictably. In many cases, students with TS will attempt to suppress tics to avoid negative attention from others. Although tics may appear to be intentional and within the student's control, this is not true. Foster a culture of respect and acceptance among students.
- **Avoid drawing unnecessary attention to the tics.** This should help to lower stress and anxiety for the student, who might feel self-conscious or worried about potential consequences.
- **Creating a calmer environment** for the student may contribute to a decrease in symptom frequency and/or severity.
- **Promoting an atmosphere of acceptance and normalization of tics.** *If necessary,* with the student's consent, provide general awareness to classmates to reduce stigma. Normalize tics by explaining that they are not intentional or disruptive by choice.
- **Modify Classroom Policies When Needed:** Allow students to step outside briefly if they need a break due to tics or provide flexible seating arrangements to help with comfort.
- **Communicate and Collaborate with the Student:** Discuss with the student privately about their needs and preferences. Encourage open communication and ensure the student feels supported.
- **Adapt Teaching Strategies:** Offer alternative methods for participation, such as written responses instead of verbal ones. Provide lecture recordings or notes to accommodate missed information during tic episodes. Reduce high-pressure situations, as stress can exacerbate tics.

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