

Tourette's Disorder/Tics Resources



IN THIS DOCUMENT:

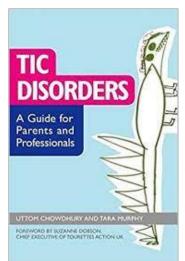
- 1. Resources for Caregivers p. 1
- 2. Resources for Children p. 17
- 3. Resources for Educators p. 23

CAREGIVERS

- Books
- Tourette Canada
- The Edmonton Chapter of Tourette Canada
- Neurology Centre of Toronto Pediatric Neurology
- Tourette Association of America
- Tourettes Action (UK)
- Great Ormond Street Hospital for Children (UK)
- Child Mind Institute
- Kelty Mental Health
- eMentalHealth.ca

^{*}Resources and links available under each of these headings in the following pages.

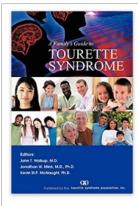
BOOKS



ABOU1

This is the essential one-stop guide for parents of children and young people with tic disorders and the professionals who work with them.

Drawing on current research and their own clinical experience, the authors provide up-to-date information on tic disorders and review the psychological, medical and alternative methods of managing symptoms. Written in clear, accessible language and with practical advice on how to support children with tics at home and in school, the book also includes essential information on the common co-occurring conditions and difficulties, such as ADHD, anxiety, OCD, autism, self-esteem issues and behavioural difficulties.





Follow the Author



Walkup

+ Follow

A Family's Guide to Tourette Syndrome Paperback – March 7 2012

by Dr John T Walkup (Author), Jonathan W Mink (Author), Dr Kevin McNaught (Author)

★★★☆ × 15 ratings

Get a \$6.50 promotional credit when you reload \$100 or more to your gift card balance (Restrictions apply).

See all formats and editions

Hardcover from \$103.97 Paperback \$11.87

2 New from \$103.97

16 Used from \$7.77 6 New from \$25.35

Providing authoritative and up-to-date medical and scientific information about Tourette syndrome, A Family's Guide to Tourette Syndrome speaks to patients, families, care providers, academic institutions, and medical centers in easy-to-understand language about this neurodevelopmental disorder that affects children, adolescents, and adults worldwide. Each chapter is authored by leading neurologists, psychiatrists, psychologists, scientists, and others with expertise and research interests in Tourette syndrome.

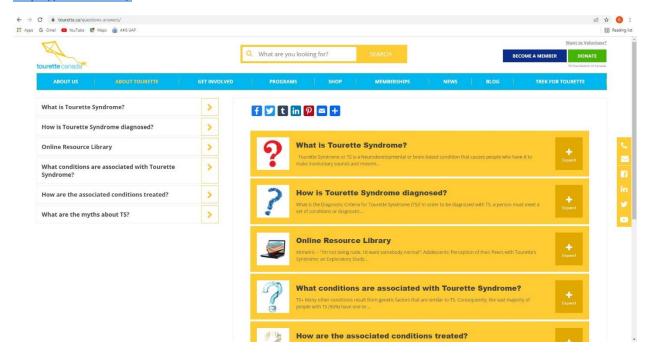
Praise for A Family's Guide to Tourette Syndrome

"I am delighted to see the breadth and wealth of valuable clinical and scientific findings that have been gathered together in this comprehensive resource for families. The information provided in this book is testimony to the talent, abiding intellectual curiosity, and dedication to compassionate care and sheer persistence of each of the professionals who have contributed chapters. Their common goal was clear and selfless-to uncover sound medical and scientific data that could provide much needed answers to the baffling complexities of Tourette syndrome. A mere two decades ago, it was clear to all in the field that the prospect of obtaining sufficient funding to explore more deeply the intriguing preliminary findings uncovered about the disorder was all but non-existent. Simply put-other research funding priorities prevailed at the time. And so we can appreciate that the decision by each of them to dedicate their professional efforts to the study of Tourette syndrome is especially laudable. And for this we all owe the contributing authors a profound debt of gratitude."

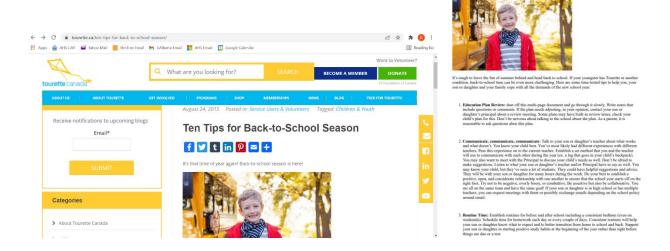
-Sue Levi-Pearl, Emeritus TSA Vice President, Medical and Scientific Programs

TOURETTE CANADA

https://tourette.ca/

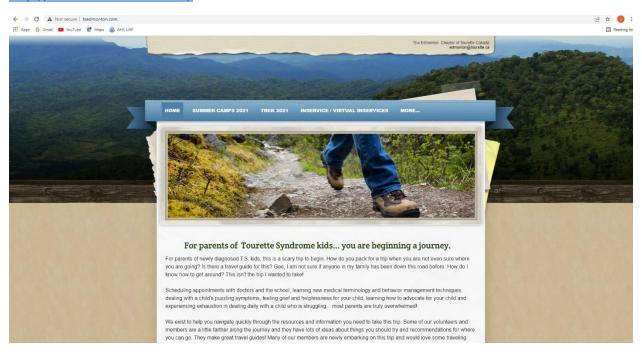


https://tourette.ca/ten-tips-for-back-to-school-season/



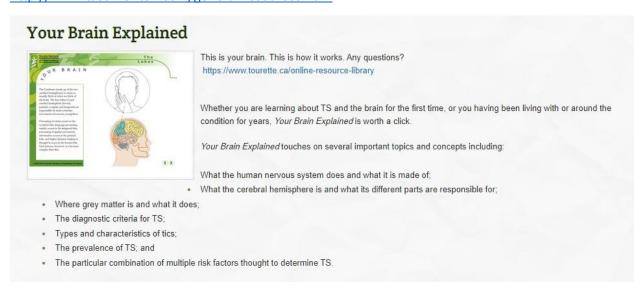
THE EDMONTON CHAPTER OF TOURETTE CANADA

http://www.tsedmonton.com/





http://www.tsedmonton.com/general-resources.html



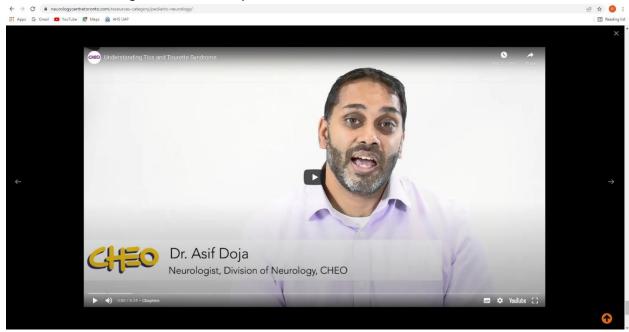
http://www.tsedmonton.com/inservice—virtual-inservices.html



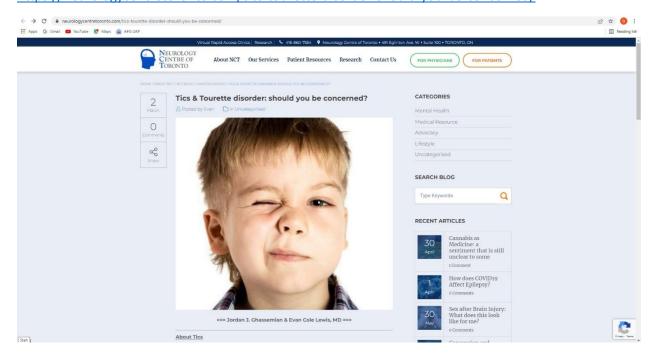
NEUROLOGY CENTRE OF TORONTO – PEDIATRIC NEUROLOGY

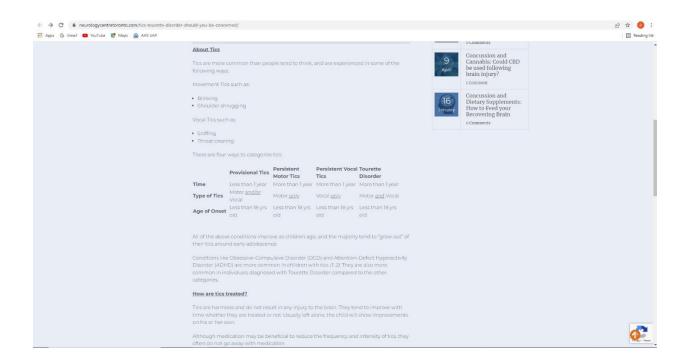
https://neurologycentretoronto.com/resources-category/pediatric-neurology/

Video: Understanding Tics & Tourette Syndrome



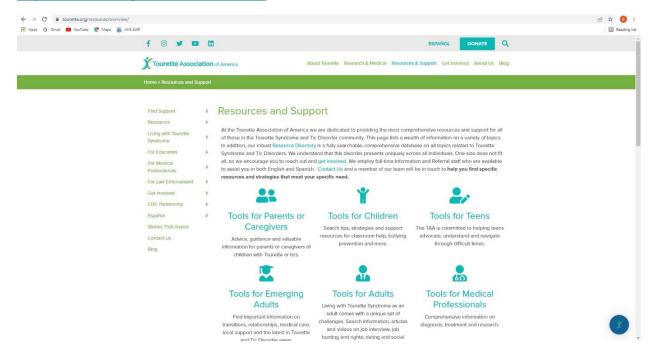
https://neurologycentretoronto.com/tics-tourette-disorder-should-you-be-concerned/

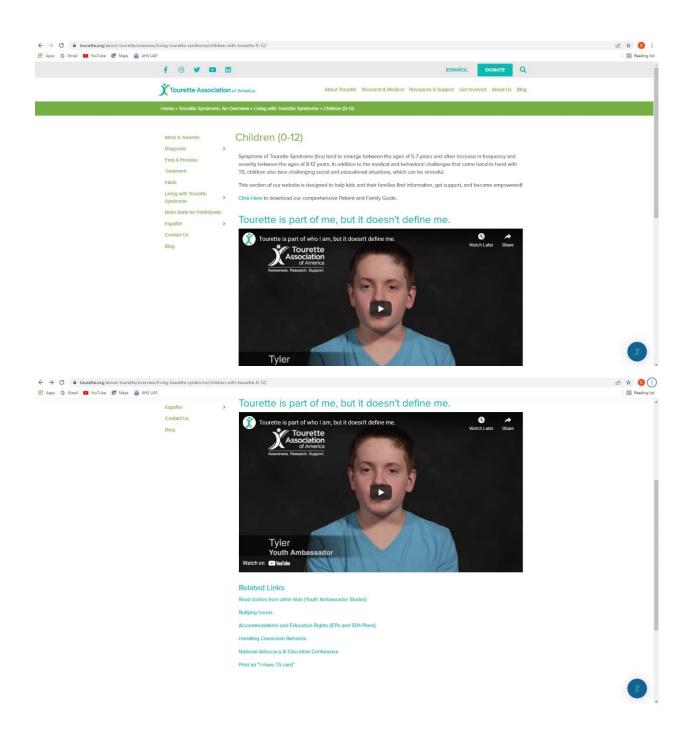


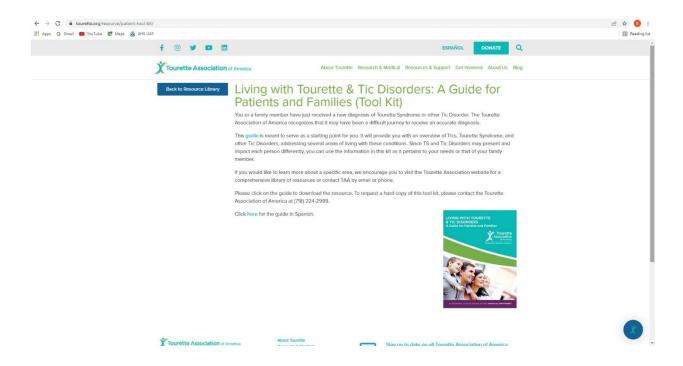


TOURETTE ASSOCIATION OF AMERICA

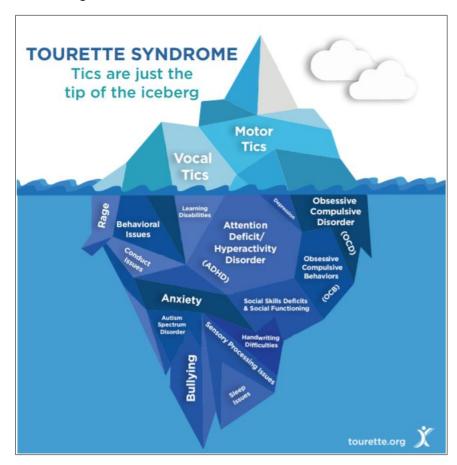
https://tourette.org/ https://tourette.org/resources/overview/

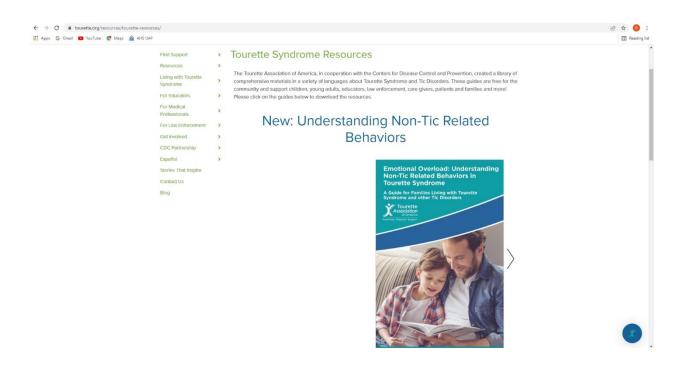


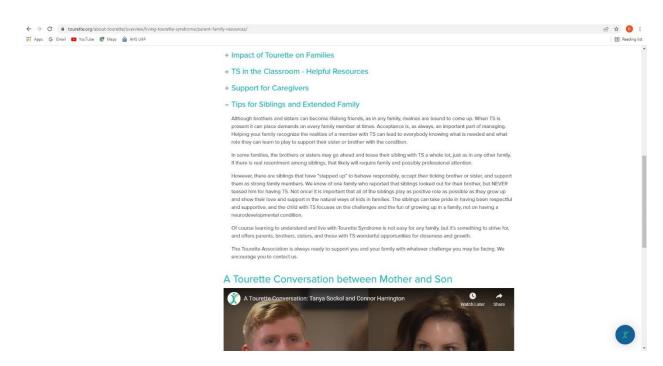


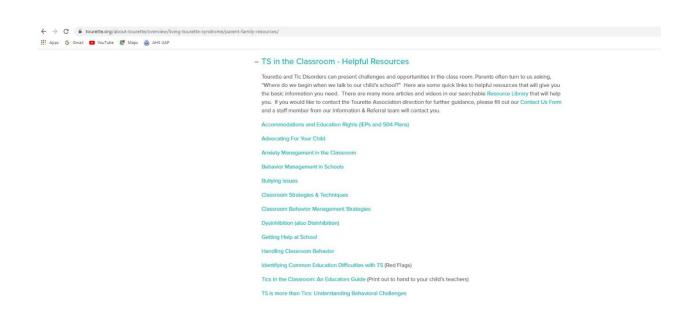


From 'Living with Tourette & Tic Disorders: A Guide for Patients and Families (Tool Kit)':



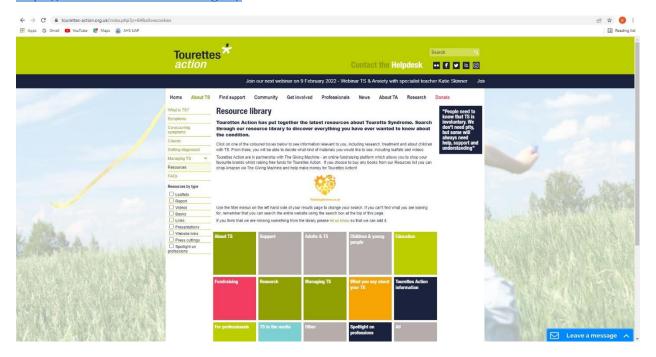






TOURETTES ACTION (UK)

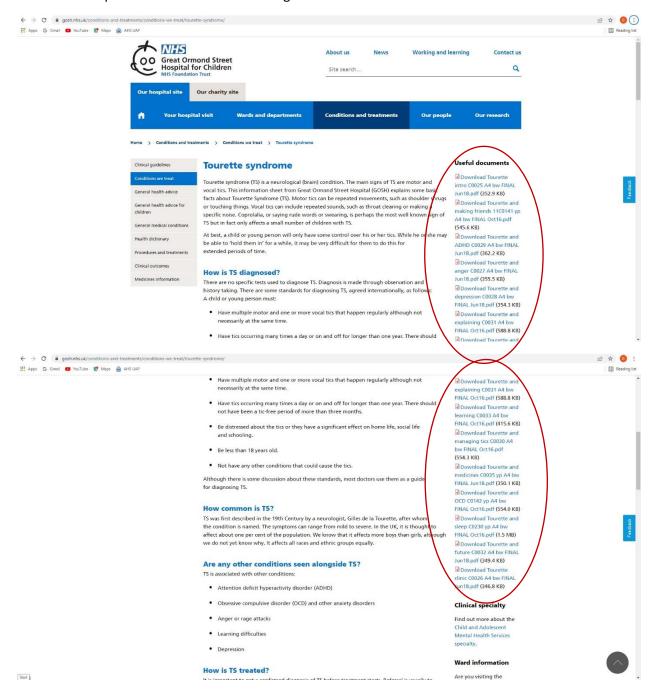
https://www.tourettes-action.org.uk/



GREAT ORMOND STREET HOSPITAL FOR CHILDREN (UK)

https://www.gosh.nhs.uk/conditions-and-treatments/conditions-we-treat/tourette-syndrome/

*Links to multiple further resources on the right of the screen.





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

Tourette syndrome and helping your child make friends

Making friends is an important part of growing up and an important skill to have. Some children find making friends harder than others children with Tourette syndrome (TS) may find it particularly difficult. This information sheet contains suggestions for how you can help your child with TS make friends. It forms part of our information pack about TS for young people and families.

Finding friends

Your child can start to make friends when they come into contact with other children their own age. School is the usual place to find friends initially - this is particularly helpful if your child is at a local school but not impossible if they attend one further away. Talk to your child about their classmates and approach their parents about getting the children together. Local activities, clubs and groups are also a

Getting ready to make friends

You may be worried that your child won't fit in or get on with other children - this is a normal worry for any parent, particularly if their child has TS. It can be helpful to talk to other children's parents or the group leader before introducing your child to the group. You could tell them the basics about TS and how you will be preparing your child for ioinina the aroup

https://media.gosh.nhs.uk/documents/Tourette and school F0264 A4 bw FINAL Oct16 1.pdf



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

Tourette syndrome and school

This information sheet provides some suggestions of strategies for dealing with the difficulties children with Tourette syndrome (TS) might face at school. In our experience, the earlier these strategies are put in place, the more benefit the child with TS will gain from them.

Children with TS at school

Most children with TS are of average intelligence. However, difficulties associated with TS may mean that attending school can present additional challenges. It is possible, through working in partnership with the school, to support your child and ensure that school years are as enjoyable and successful as possible. Later in this leaflet are some suggested steps to follow to ensure that your child gets the help that they need.

Steps to getting support for your child

Your child may already have completed several of these steps before you have a firm diagnosis of TS, but they serve as a useful reminder of the process to follow to get your child the support they need. At all stages, your child

SEN support

This is the first step in the special educational needs (SEN) process and happens when a child is identified as needing extra help of some sort. This could include help from an adult learning assistant, a different way of being taught or extra equipment, such as an adapted computer. The SEN support plan should be devised in collaboration with you, and you should be included in any decisions made Teachers may suggest getting input from other

specialists, such as an educational psychologist or another health professional.

Education, Health and Care needs assessment

This stage is reached if your child has not

https://media.gosh.nhs.uk/documents/TS and sleep F1910 A4 bw FINAL Jul18.pdf



Tourette syndrome and sleep

Many children with Tourette syndrome (TS) struggle with sleep. This information sheet from Great Ormond Street Hospital (GOSH) gives some suggestions for how you can improve your child's sleep as well as some self-help strategies that children can try for themselves.

> Sleep disturbances are disruptions in the normal sleep patterns which may be severe enough to interfere with a person's physical, mental and emotional functioning.

In the general population, sleep disturbances In the general population, sleep disturbances occur in around 10 per cent of children aged four to twelve years and 25 per cent of teenagers aged problems such as: 15 to 18 years. Children with TS are also affected 15 to 18 years. Children with TS are also affected by sleep disturbances, with 60 per cent of children reporting difficulties.

Tics are said to occur in all stages of sleep and it is well known that parents and adults find it more difficult to get to sleep when they are worried. Attention Deficit Hyperactivity Disorder (ADHD) has been found to be the most common disorder occurring alongside TS. Children with ADHD and TS are more likely to wake up.

What are the most common sleep disturbances in children with TS?

Why is sleep so important?

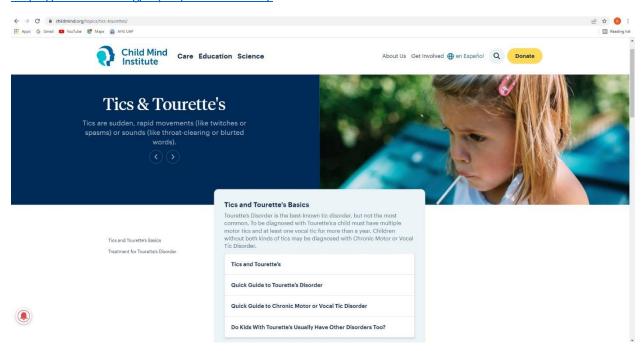
as sleep supports healthy growth and strengthens their immune system. Better sleep can also help children to regulate their emotions. Therefore

- Grogginess or lethargy
- Weight gain

The impact of these problems can affect daily life, such as how children function at school. Constant waking throughout the night can also be stressful for parents and other family members such as

CHILD MIND INSTITUTE

https://childmind.org/topics/tics-tourettes/

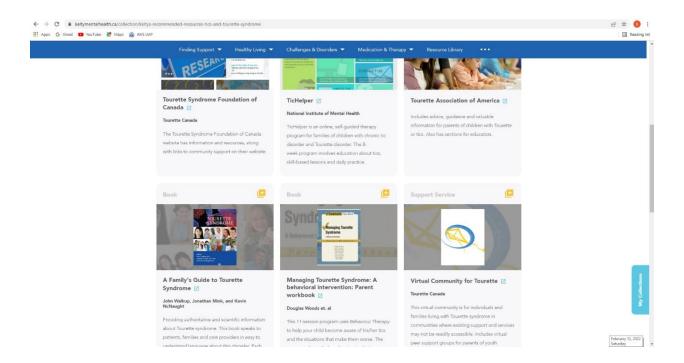




KELTY MENTAL HEALTH







EMENTALHEALTH.CA

https://www.ementalhealth.ca/index.php?m=headingInfoSheets&ID=92



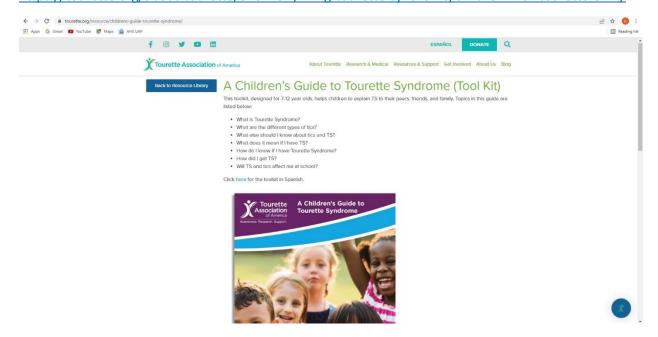
CHILDREN

- Tourette Association of America
- Books

*Note that many of these resources are more suitable for children a little older than the preschool population we see at ElmTree Clinic.

TOURETTE ASSOCIATION OF AMERICA

https://tourette.org/about-tourette/overview/living-tourette-syndrome/children-with-tourette-0-12/





Matthew & His Tics – A Story for Young Children:

https://tourette.org/resource/matthew-tics-story-young-children/

Matthew & His Tics – A Story for Young Children

For young children to take to school for his peers to read or have read to them by a teacher

Matthew had many tics. A tic is when a part of your face or body makes movements that you don't want it to make. At first, Matthew was just blinking his eyes a lot. His mother took him to an eye doctor, but the doctor couldn't find anything wrong with his eyes.

Then Matthew started jerking his head and shoulders and making little humming sounds. Sometimes, in school, the humming would get quite loud and the teacher would complain. Some of the children in his class began to tease him and call him mean names, like Matthew the jerk.

When Matthew's parents saw how unhappy all of this blinking and jerking was making him, and when he told them that he couldn't help what he was doing, they took him to another doctor called a pediatrician, who

takes care of young children. Even this doctor couldn't figure out why Matthew was doing all of those things, so his parents took him to still another doctor.

This doctor was called a neurologist and he knew a lot about the brain, and how it is the boss of what all people do with their eyes, their voice and all the muscles of their body.

After he had examined Matthew and done a lot of tests and talked to him and to his parents, he said, "Matthew has Tourette Syndrome." "What is that?" Matthew's parents asked, because they had never heard of it.

The doctor explained that Tourette Syndrome was named for a French doctor, Georges Gilles de la Tourette, who first described all the things Matthew had been doing, way back in 1885, after he had cared for a number of patients with the same problem.

He told them that a lot of doctors are studying to find out what causes Tourette Syndrome. They do know already that it always starts at a very young age. It is much more common among boys than girls. It usually doesn't go away as the child gets older, but there is medicine or behavioral therapy that can help most of the people who have Tourette Syndrome.

The doctors who know a lot about these medicines feel that they work because they block some of the chemicals that cause everyone to move and make sounds. Everyone has these chemicals in their bodies, but when you have Tourette Syndrome, maybe you have too much of them and that's why the medicine helps. You can't take too much medicine, however, because it can make you very sleepy, and then you can't pay attention in school and do your work well. Some patients even feel they have been helped by not eating or drinking certain things that may contain harmful chemicals or that they may be allergic to.

The doctor told Matthew and his parents that it was important for him not to be too anxious about his tics. When you are worried and upset, he said, it can make the tics worse. If people scold and tease you, that can get you very upset, so it is helpful if your parents, your brothers and sisters, your friends and teachers understand your problem.

Finally, the doctor told Matthew and his parents that there have been people with Tourette Syndrome who have become doctors, lawyers, teachers, musicians and scientists. Indeed one of the greatest names in English literature—Samuel Johnson, who wrote the first English dictionary—had Tourette Syndrome. "They didn't let those nasty tics get them down or discourage them, and you shouldn't either."

He explained that most peoples' brains tell them when to move their arms or legs or blink their eyes or use their voice. "But when you have Tourette Syndrome, it's as though the engine of your car has started when you haven't turned on the Ignition. We don't know for sure why this happens, but we do know that Matthew can't help what he's doing.



BOOKS







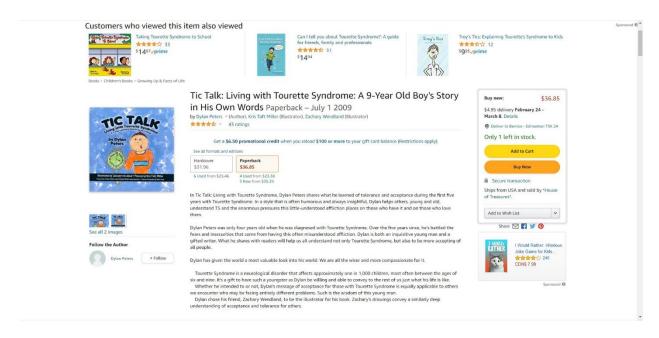


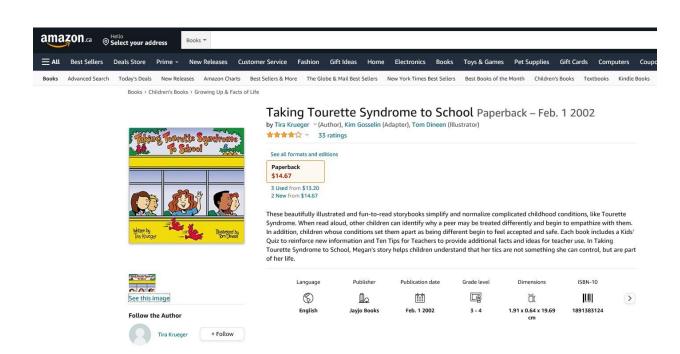


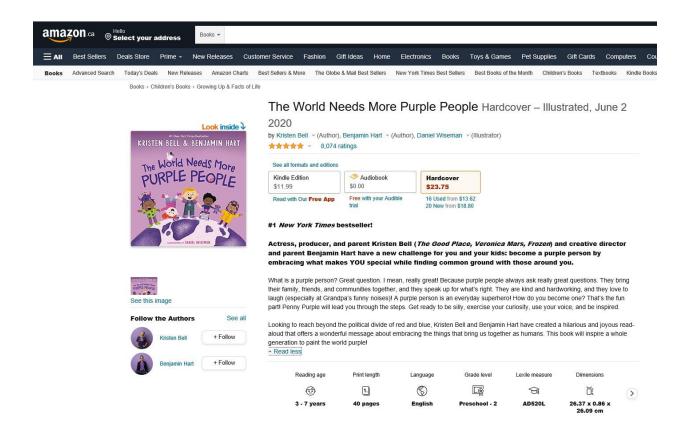










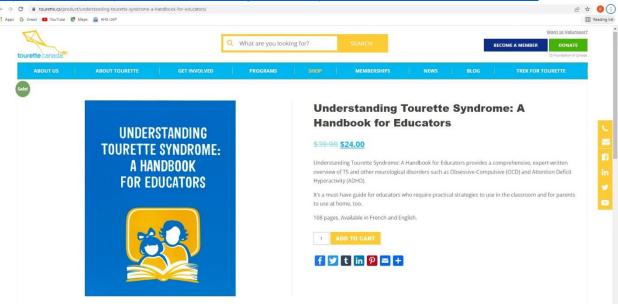


EDUCATORS

- Tourette Canada
- The Edmonton Chapter of Tourette Canada
- Tourette Association of America
- Tourettes Action (UK)
- Great Ormond Street Hospital for Children (UK)

TOURETTE CANADA

https://tourette.ca/product/understanding-tourette-syndrome-a-handbook-for-educators/



https://tourette.ca/wp-content/uploads/2016/09/10 Helpful Tips for Educators-1.pdf



THE EDMONTON CHAPTER OF TOURETTE CANADA

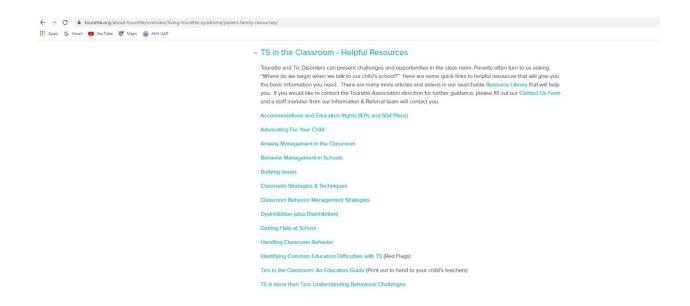
http://www.tsedmonton.com/inservice--virtual-inservices.html



TOURETTE ASSOCIATION OF AMERICA

https://tourette.org/resource/educators-guide-planning-support-tool-kit/

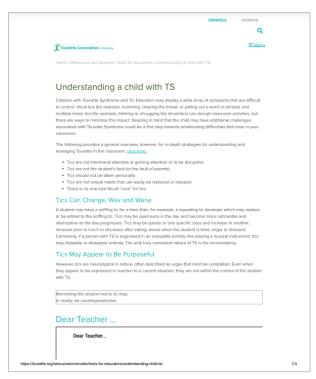




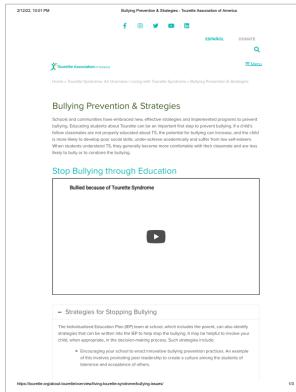
https://tourette.org/resources/overview/tools-for-educators/



https://tourette.org/resources/overview/tools-for-educators/understanding-child-ts/ https://tourette.org/resources/overview/tools-for-educators/classroom-strategies-techniques/ https://tourette.org/about-tourette/overview/living-tourette-syndrome/bullying-issues/ https://tourette.org/resources/overview/tools-for-educators/accommodations-education-rights/

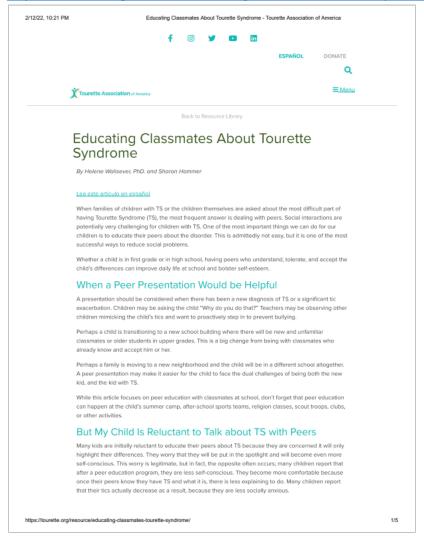








https://tourette.org/resource/educating-classmates-tourette-syndrome/



See full document. It includes the following sections:

▲ Elementary-School Age:

TS can be explained in a way that is developmentally appropriate for first graders. Once educated, classmates will likely be more understanding and accepting of a child's symptoms and behaviors. It is often best to arrange for a presentation at the start of the school year, so that the class starts off on the right foot.

A classroom discussion of TS can take several forms. The child, with parent support and the assistance of the teacher, might choose to play an active role if comfortable doing so. The child and parent might prepare a script to explain the tics. Describe what tics are (not the bug!), that they are not contagious and that he or she can't help ticcing, just like someone can't help a sneeze. Talk about it being a medical problem, just like asthma or allergies. Let classmates know that the child does not tic on purpose for attention or to be annoying. See Appendix A for a sample script with first through third graders.

Alternatively, or in addition, the parent, the teacher or Youth Ambassador may want to read a short story about TS to the class. The feedback we receive from Youth Ambassadors is that children, including the child with TS, find this type of presentation "fun" and the child with TS feels "special" in a good and positive way.

Whatever form the presentation takes, ensure it is geared toward the ability level and attention span of the class. Prepare the child in advance for common questions classmates may ask about tics, such as: "Do tics hurt?," "Do you take medicine for it?," "Will it ever go away?" These questions may come up during the presentation or at some later point. Practice with the child giving some prepared responses, and devise a signal in case he or she needs help responding to a question at the presentation.

- ▶ 1. Begin by exploring medical conditions other than TS
- 2. Matter-of-factly introduce TS as another medical condition, and concretely describe and discuss tics as symptoms, using analogies to make tics come alive
- ▶ 3. Explain that TS is hereditary/genetic.
- 4. It is critical to include some type of hands-on/experiential simulation exercise so that peers learn what it "feels like" to have TS.
- ▶ 5. Tell the audience that, despite their challenges, people with TS are just like everyone else smart, talented, creative, etc. and can be every bit as successful professionally as everyone else.
- ▶ 6. Leave time for Q&A, answering questions simply and honestly.
- ▶ 7. Conclude by simply distilling some of the key information provided to reinforce the presentation.

INTERACTIVE EXERCISE: Ask kids to not blink for as long as they can. When they have to blink, they should raise their hand. When all hands are raised, ask the kids "How did it feel to not blink?" "Could you not blink forever?" Tell them that the uncomfortable feeling they had when they were trying not to blink is similar to the feeling a child with Tourette Syndrome has when he or she tries not to do a tic. Just like blinking, you can stop it for a short time, but eventually you need to blink. Some tics can be movements like eye blinking, or some can be vocal tics like clearing your throat. If kids who have TS cannot control their tics, is it nice to make fun of them? What should you do if you see someone else making fun of a kid with TS?





See also 'Matthew & His Tics – A Story for Young Children: https://tourette.org/resource/matthew-tics-story-young-children/ under the Children's section (pp. 18/19).

TOURETTES ACTION (UK)

https://www.tourettes-action.org.uk/storage/downloads/1600243154_tourettes-action-key-facts-for-teachers_Feb2020.pdf



A guide to understanding Tourette Syndrome in a classroom setting





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 or old tics reassert themselves. These tics will increase with stress or anxiety but can often decrease when the student is engaged with some activity such as drumming, singing or playing 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 truthing of themselves or three 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% of people with TS have the swearing tic, coprolalia, but many people have tics like words, sentences and gestures that are at risk of fefending others. This is known as NOSI (non-obscene, socially inappropriate behaviour) and is perhaps one of the more difficult behaviours in the classroom setting.

It can be hard to believe that a child's tics that appear to be personally directed at the teacher or other students are indeed just tics and 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.

Up to 85% of students with TS will have additional conditions: ADHD, Autistic Spectrum Conditions and OCD. They may also suffer from low self-esteem and have behavioural issues such as rage attacks. This means that they may have a poor attention span, fall to complete tasks, be easily distracted, unable to listen, fidgety and impulsive. However, TS is not an inclusor of low [Q 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 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. Hidden tics can also inhibit auditory processing. Such tics may include, intrusive thought tics, visual tics etc. These tics are usually internal and not obvious to see. Encourage the child to feel comfortable to discuss these with you.

Because TS can be very suggestable, classmates having discovered the 'trigger' may use this to make the student with TS tic. Be aware of potential issues with teasing or bullying in this way as this can be very distressing for the child.

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 solation. 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.

- Educate all teachers and pupils to be fully supportive and understanding.
- * Have effective and clear communication between home and school, bearing in mind that its 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 tredness 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.

More than 300,000 children and adults in the UK have TS.

Call our Helpdesk: 0300 777 8427



www.tourettes-action.org.uk

https://www.tourettes-action.org.uk/resource-247-factsheet---executive-functioning.html









GREAT ORMOND STREET HOSPITAL FOR CHILDREN (UK)

https://www.gosh.nhs.uk/conditions-and-treatments/conditions-we-treat/tourette-syndrome/

Information for teachers:

https://media.gosh.nhs.uk/documents/Tourette and managing ADHD F0260 A4 bw FINAL Oct16 1. pdf



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

Tourette syndrome and ADHD in the classroom

About half of children with Tourette syndrome (TS) also have Attention Deficit Hyperactivity Disorder (ADHD). This information explains the condition and shares some tips for managing children with ADHD (with or without TS) in school. We realise that the child with ADHD may not be the only child in school with special needs, but hope that some or all of the following suggestions will be achievable.

What is ADHD?

Attention Deficit Hyperactivity Disorder (ADHD) is a condition where a child or young person has trouble paying attention, is a great Fidgeting when sitting down deal more energetic than others of a similar age and cannot control certain impulses.

Making a lot of noise, especially ir situations where quiet is preferred. In everyday life, these children often get labelled as 'difficult' or 'out of control' and We know that this is not the case as ADHD is

"Butting in' to give answers before question is finished" caused by a chemical imbalance in the brain and is not simply bad behaviour. However,

Hyperactivity

- Always 'on the go' and rarely able to sit quietly for more than a few minutes
- situations where quiet is preferred

- Having problems with waiting in line or taking turns with other students



Tourette syndrome and bullying at school

Bullying can be a problem for any child. Children and young people with Tourette syndrome (TS) may seem to be more of a target because they stand out. Their tics, obsessions, compulsions or hyperactivity might single them out from their peers. If bullying is not dealt with, it can lead to schooling problems, low self-esteem or even school avoidance. We realise that the child with TS may not be the only child in school with special needs, but hope that some or all of the following suggestions will be achievable.

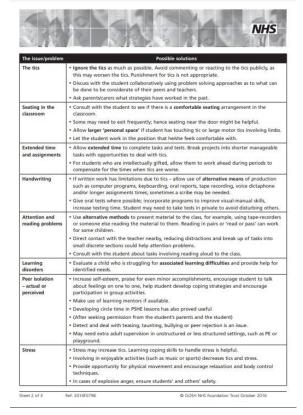
What is bullying?

Any type of unwanted attention that causes upset can be classified as bullying. Bullying can be mental, physical or verbal. Mental bullying

What should we do?

- You should have an anti-bullying policy in your school. Make sure that it is kept up to date and that all staff have read it and understand what to do if they discover bullying. All bullying incidents, regardless of how minor they might seem, should be investigated thoroughly.
- Ensure that all staff who come into contact with the pupil understand TS and the possible effects it could have on their schooling. For more information on various aspects of TS at school, see our other information sheets.

https://media.gosh.nhs.uk/documents/Tourette and managing tics F0798 A4 bw FINAL Oct16 1.pdf



| 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-recorder 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. Emure 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 if womens 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. 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.

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

Compiled by the Tourette syndrome clinic in collaboration with the Child and Family Information Group Great Ormond Street Hospital for Children NHS Foundation Trust, Great Ormond Street, London WC1N 38H

Sheet 3 of 3

Ref: 2016F0798

© GOSH NHS Foundation Trust October 2016

https://media.gosh.nhs.uk/documents/Tourette OCD F0263 A4 bw FINAL Oct16 1.pdf



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

Tourette syndrome and obsessivecompulsive disorder (OCD) in the classroom

Obsessive-compulsive disorder (OCD) occurs quite commonly in young people with Tourette syndrome. This information sheet explains how OCD can affect the pupil in school and also suggestions for how you can best support them in the classroom.

What is obsessive-compulsive disorder (OCD)?

Obsessive-compulsive disorder (OCD) is an anxiety disorder characterised by intrusive, distressing, unwanted thoughts (obsessions) and time-consuming, senseless rituals (compulsions). OCD occurs in about one per

examples are repeatedly checking belongings or light switches or making sure that the taps are turned off in the school toilets. Cleaning and washing rituals are common. Other obsessions and compulsions may affect schoolwork directly, in that the pupil with OCD may need to destroy written work or reread reading work, repeating it until they feel it is exactly perfect.

How does OCD affect them?

The young person who suffers from OCD will experience intrusive thoughts, images or

February 2022