

Tourette's Disorder



Symptoms or Behaviors

- Throat clearing
- Barking
- Snorting
- Hopping
- Vocal outbursts
- Mimicking of other people
- Shoulder shrugging
- Facial grimaces
- Facial twitches
- Blinking
- Arm or leg jerking
- Finger flexing
- Fist clenching
- Lip licking
- Easily frustrated
- Sudden rage attacks

About the Disorder

Tourette's disorder is a neurological disorder that has dramatic consequences for some 200,000 Americans and affects an approximate additional 2 million to some degree. Boys identified with Tourette's disorder outnumber girls 3 to 1; the disorder affects all races and ethnic groups. Researchers have traced the condition to a single abnormal gene that predisposes the individual to abnormal production or function of dopamine and other neurotransmitter in the brain. Although Tourette's disorder is classified as a mental health disorder, it is usually treated by a neurologist as well as a psychiatrist.

The disorder is still poorly recognized by health professionals. About 80 percent of people with Tourette's disorder diagnose themselves or are diagnosed by family members after learning about the disorder in the media. Many people have symptoms mild enough that they never seek help; many others find their symptoms subside after they reach adulthood.

Indicators of Tourette's disorder include:

- The presence of multiple motor and vocal tics, although not necessarily simultaneously
- Multiple bouts of tics every day or intermittently for more than a year
- Changes in the frequency, number, and kind of tics and in their severity
- Marked distress or significant impairment in social, occupational, or other areas of functioning, especially under stressful conditions
- Onset before age 18

An estimated 25 percent of students in the U. S. have a tic at some time in their life. Not all students with tics have Tourette's disorder, although they may have a related "tic disorder." Tics may be simple (for example, eye blinking, head jerking, coughing, snorting) or complex (for example, jumping, swinging objects, mimicking other people's gestures or speech, rapid repetitions of a word or phrase). In fact, the range of tics exhibited by people with Tourette's disorder is so broad that family members, teachers, and friends may find it hard to believe that these actions or vocalizations are not deliberate.

Like someone compelled to cough or sneeze, people with Tourette's disorder may feel an irresistible urge to carry out their tics. Others may not be aware of the fact they are ticing. Some people can suppress their tics for hours at a time, but this leads to stronger outbursts of tics later on. Often, children "save up" their tics during school hours and release them when they return home and feel safe from harassment or teasing.

Somewhere between 50 to 70 percent of students with Tourette's disorder have related learning disabilities, attention-deficit/hyperactivity disorder (AD/HD), obsessive-compulsive disorder, or difficulties with impulse control. Sensory integration problems may explain some behaviors. Depression and anxiety may underlie more visible symptoms.

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Educational Implications

Tics, such as eye blinking or shoulder shrugging, can make it difficult for students to concentrate. But suppressing tics is exhausting and takes energy away from learning.

Tics may also be disruptive or offensive to teachers and classmates. Peers may ridicule the child with Tourette's disorder or repeatedly "trigger" an outburst of tics to harass. Tension and fatigue generally increase tics.

Please note: Most students with Tourette's disorder do not qualify for special education services under the emotional or behavioral disorders (EBD) classification, unless the coexisting conditions are severe. Some may qualify for services under the category of Other Health Disability (OHD) or Specific Learning Disability (SLD). Others who do not qualify under either the EBD, OHD, or SLD categories may do well in a general education classroom with accommodations (504 plans).

Instructional Strategies and Classroom Accommodations

- Educate other students about Tourette's disorder, encourage the student to provide his own explanations, and encourage peers to ignore tics whenever possible.
- Be careful not to urge the student to "stop that" or "stay quiet." Remember, it's not that your student "won't stop," they simply can't stop.
- Do not impose disciplinary action for tic behaviors.
- To promote order and provide a diversion for escalating behavior, provide adult supervision in the hallways, during assemblies, in the cafeteria, when returning from recess, and at other high-stress times.
- Refer to the school occupational therapist for an evaluation of sensory difficulties and modify the environment to control stimuli such as light, noise, or unexpected touch.
- Help the student to recognize fatigue and the internal and external stimuli that signal the onset of tics. Pre-arrange a signal and a safe place for the student to go to relax or rest.
- Provide a private, quiet place for test taking. Remove time limits when possible.
- Reduce handwriting tasks and note taking. Provide note takers or photocopies of overheads during lectures and encourage computer use for composition tasks.
- Give students with Tourette's disorder special responsibilities that they can do well. Encourage them to show their skills in sports, music, art, or other areas.
- Provide structured, predictable scheduling to reduce stress and ensure adult supervision in group settings.

Resources

Tourette's Syndrome Association, Inc.
42-40 Bell Boulevard., Suite 205
Bayside, NY 11361-2874
718-224-2999
www.tsa-usa.org

www.tourettesyndrome.net Developed by Dr. Leslie E. Packer *This website covers Tourette's Syndrome and related disorders*

Publications

Children with Tourette Syndrome: A Parent's Guide, edited by Tracy Haerle, Woodbine House, 1992.

An Educator's Guide to Tourette Syndrome, by S. Bronheim. Available from www.tsa-usa.org

Teaching the Tiger: A Handbook for Individuals Involved in the Education of Students with Attention Deficit Disorder, Tourette's Syndrome, or Obsessive-Compulsive Disorder, by Marilyn P. Dornbush and Sheryl K. Pruitt, Hope Press, 1995.

Video

Be My Friend. Designed for young children. Available from TSA-MN, by calling 952-918-0305.

While it is important to respect a child's need for confidentiality, if you work with children or families, you are legally required to report suspected child abuse or neglect. For more information, consult "Reporting Child Abuse and Neglect: A Resource Guide for Mandated Reporters," available from the Minnesota Department of Human Services.

This fact sheet must not be used for the purpose of making a diagnosis. It is to be used only as a reference for your own understanding and to provide information about the different kinds of behaviors and mental health issues you may encounter in your classroom.