

SYMPTOMS/BEHAVIOURS









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

EDUCATIONAL IMPLICATIONS

Tics, such as eye blinking and shoulder shrugging, can make it difficult for students to concentrate. Tics may also be disruptive or offensive to teachers and classmates. Peers may ridicule the child with Tourette Syndrome or repeatedly “trigger” an outburst of tics to harass. Tension and fatigue generally increase tics. Suppressing tics is exhausting for those with Tourette Syndrome and takes energy away from learning.

Please note: Most students with Tourette Syndrome do not qualify for special education services under the Emotional or Behavioral Disorders (EBD) classification, unless the co-existing conditions are severe.

SERIES ON MENTAL HEALTH AND WELL-BEING

-  Anxiety
-  Attention Deficit Hyperactivity Disorder
-  Asperger's Syndrome
-  Autism Spectrum Disorder
-  Conduct Disorder
-  Depression
-  Eating Disorders
-  Fetal Alcohol Spectrum Disorder
-  Obsessive Compulsive Disorder
-  Oppositional Defiant Disorder
-  Reactive Attachment Disorder
-  Tourette Syndrome

TO LEARN MORE, PLEASE CONTACT:

Rainbow District School Board
Gord Ewin Centre for Education
275 Loach's Road
Sudbury, ON P3E 2P8
Phone: 705.523.3308
rainbowschools.ca

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TOURETTE SYNDROME

ABOUT TOURETTE SYNDROME

Tourette Syndrome is a condition where people make repeated and sudden movements or sounds in response to a strong urge to do so. This is called a tic. The urge they feel is much like the need to sneeze, and producing the tic relieves their discomfort. Tics can often be suppressed with effort. Concentrating on something else can reduce the need to produce a tic.

Tics tend to start in the head and face area first. Children with Tourette Syndrome often blink their eyes, frown or sneer. Some children repeatedly clear their throat, yelp or yell, or make noises such as tongue clicking and vocal tics. They may imitate sounds or the speech and actions of others. A small group of individuals with Tourette Syndrome may use obscene words or gestures, while others may say rude or inappropriate comments to people. Children or teenagers with more complex tics may feel a need to smell or touch objects. Sometimes they experience motor tics such as jumping or twirling around, jerking their head or shrugging their shoulders.

Approximately 90 per cent of individuals with Tourette Syndrome have another disorder such as Attention Deficit Hyperactivity Disorder (ADHD), Obsessive Compulsive Disorder (OCD) or anxiety. Some children, teenagers and adults with Tourette Syndrome have depression as a result of difficulties making friends, and feeling rejected because of their tics. Many children with Tourette Syndrome also have learning difficulties, particularly with reading, writing and math.

Tourette Syndrome is still poorly recognized by health professionals. Some 80 per cent of people diagnose themselves or are diagnosed by family members. Many have symptoms mild enough that they never seek help while others find their symptoms subside after they reach adulthood.

Indicators of Tourette Syndrome include:

- The presence of multiple motor and vocal tics, although not necessarily simultaneous.
- 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.

INSTRUCTIONAL ACCOMMODATIONS AND CLASSROOM STRATEGIES

- Educate other students about Tourette Syndrome. Encourage the student to provide his own explanations and encourage peers to ignore tics whenever possible.
- Be mindful not to urge the student to stop or stay quiet. Remember, it's not that the student won't stop, it's that he/she simply can't stop.
- Do not impose disciplinary action for tic behaviours.
- To promote order and divert escalating behaviour, 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. Modify the environment to control stimuli such as light, noise or unexpected touch.
- Provide a private, quiet place for test taking. Remove time limits when possible.
- Help the student 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.
- 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 Syndrome special responsibilities they are comfortable with.
- 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.

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



Resources:

Children's Mental Health Ontario
<http://www.kidsmentalhealth.ca>