

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 two million to some degree. Boys identified with Tourette's disorder outnumber girls three to one; 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 neurotransmitters 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 reaching adulthood.

Symptoms 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 US 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 – eye blinking, head jerking, coughing, snorting – or complex – 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 (ADHD), 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 hard 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 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.
- Do not urge the student to "stop that" or "stay quiet".
- Provide adult supervision in high-stress situations such as hallways.
- Refer to the school occupational therapist for an evaluation of sensory difficulties and modify the environment to control light, noise, unexpected touch, etc.
- Help the student to recognize fatigue and the internal and external stimuli that signal the onset of tics.
- Provide a private, quiet place for test taking. Remove time limits when possible.
- Reduce handwriting tasks and note taking. Encourage computer use for composition tasks.
- Give student 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.

For additional suggestions on classroom strategies and modifications see "A Teacher's Guide to Children's Mental Health" available from MACMH.

RESOURCES

Tourettes Syndrome Association of Minnesota
7317 Cahill Road, Suite 233
Edina, MN 55439
952-918-0350
www.tsa-mn.com
Provides family support, Family Learning Camp, newsletter, in-service training for schools

Tourettes Syndrome Association, Inc
National office:
42-40 Bell Blvd., Suite 205
Bayside, NY 11361-2874
718-224-2999
www.tsa-usa.org

Publications:

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

Dornbush, Marilyn P., Ph.D. & Pruitt, Sheryl K. *Teaching the Tiger: a Handbook for Individuals Involved in the Education of Students with ADD, Tourette's Syndrome or Obsessive-Compulsive Disorder*. Hope Press, 1995.

Buehrens, Adam. *Hi, I'm Adam: A Child's Story of TS*. Hope Press.

Video:

Be My Friend. Designed for young children. Available from MN-TSA, see contact information above.