

TOURETTE'S SYNDROME: RECOMMENDATIONS FOR TEACHERS

Set and communicate behavioral and academic expectations to students. (Remember that flexibility is required.)

Provide positive feedback and encouragement on an on-going basis to help build positive self-concept.

Provide for many social opportunities to function with other children as social maturity tends to be delayed. Remember the power and responsibility of the teacher as an acceptance model.

Communicate and work closely with parents to allow for adequate social and emotional growth.

Teach use of relaxation techniques, visual imagery, role-playing, and autosuggestion to improve sense of control and self-concept.

Redirect student's behaviors or thoughts by using his/her name or by keeping close eye contact.

Allow a place for time-out when symptoms become severe. If possible, allow the student to monitor his/her own need for removal from class.

Allow for ample space to move about freely. Remove extraneous focal points from the classroom.

Provide for non-academic psychomotor activities, such as artwork, video games, or gross motor play activities.

Plan for academics early in the day, as tics tend to worsen toward the end of the day.

Present general concepts or overview first, before presenting specific facts so students know where to use new information and to reduce impulsiveness.

Use concrete rather than abstract approaches to teaching concepts when possible. (Provide manipulative objects, models, pictures, or diagrams.) Present specific facts with demonstration, an audio-visual approach, or by providing experience.

Do not lecture about the behavior. Use bibliotherapy.

Help make classwork less frustrating. Photocopy materials rather than require student to copy tasks. Tape lectures for the student. Allow more time for written and copy work or reduce the length of the assignment if the student has demonstrated mastery.

Restrict and limit motor involvement with problems requiring pencil use as it will be slow and laborious due to involuntary pushing too hard, work-overs, and repetitive erasing. (Alternatives include dictation, word processing programs, and verbal responses.) Use interactive computer programs for drill and practice or tutorial programs.

Structure assignments delineating on paper what is expected using short lessons with assured completion.

Turned lined paper sideways for column alignment for long division and multiple digit multiplication work.

Understand that the child may need to be simultaneously involved in some type of motor behavior when engaged in an academic task, such as foot tapping (no shoes). Allow student to work at his/her own pace if he/she can stay on task.

Understand that the student will dwell for an unnecessary length of time on a math problem or on particular sentences in a paragraph in reading tasks.

Teach basic study skills and organizational strategies (how to remember, sequence tasks, and study).

Make testing accommodations. Eliminate stress-provoking situations such as timed tests. Provide alternatives to machine-scored answer sheets. Provide separate area for testing to allow student to express tics without fear of disruption.

When needed, consult with school specialists, such as psychologists, counselors, and school nurses, about additional interventions including changes in medication by the student's physician.

Additional Resources:

Power, T. & Mercugliano, M. (1997). Tic disorders. In G.G. Bear & K.M. Minke, Children's needs II: Development, problems, and alternatives. Bethesda, MD: National Association of School Psychologists.

Robertson, M. (1998). *Tourette's syndrome*. New York, NY: Oxford University Press.
Tourette's syndrome: Tics, obsessions, and compulsions. (2002). New York, NY: Wiley.

www.macmh.org/disorder_fact_sheets/Tourettes.pdf: Fact Sheet for the Classroom.

www.tourettes.com: FAQ for Parents and Educators.