TEACHER/ PARENT & CHILD

TICTOCK THERAPY

BACK TO SCHOOL WITH TICS/TOURETTE'S

BACK TO SCHOOL WITH TICS/ TOURETTE'S

WHAT IS A TIC DISORDER/ TOURETTE SYNDROME?

Teacher/Parent/Child

Whether you're the parent/ teacher or person with tics, understanding what tic conditions are, is paramount.
You would be surprised how many young people I meet who know they have tics BUT have no idea what this actually means other then thats what they call their movements and/or vocalisations.
So with this in mind, the first few pages are focussed on educating you on what these conditions are/ involve.

Tourette syndrome (TS) is a neurological, genetic condition that causes individuals to make involuntary sounds and movements called tics. These tics usually start in childhood and are often linked to other co-morbid conditions which individuals have alongside their tics.

More often than not the co-morbid conditions present themselves as/ but not limited to, obsessive compulsive disorder (OCD), attention deficit hyperactivity disorder (ADHD), Anxiety Disorder and/ or learning difficulties. These and other co-morbid conditions are discussed more in the 'co-morbid' section below.

'Tics' really are just the tip of an iceberg of a very complex and misunderstood condition, the co-morbidities that exist with Tourettes are often more complex for the individual then the tics themselves.

FACT: 90% of people with Tourettes are NOT compelled to swear.

There's no cure for Tourette syndrome, but there is treatment that can help manage symptoms.

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Tourette Syndrome is part of a spectrum of Tic Disorders, within this spectrum you will hear of:

*Tourette Syndrome: Is the most severe tic disorder, it is a neurological movement syndrome, due to a chemical imbalance in the brain.
Tourette Syndrome is characterised by multiple motor and one or more vocal tics present for a minimum of one year.
*Transient tic disorder: (Also known as provisional tic disorder) ~ is the most common tic disorder, affecting around 18% of under 10's.
Transient tic disorder is where your tics are restricted either motor OR vocal tics and are usually confined to the face and neck; however it has been known to affect other body parts. These types of tics usually last a few weeks or months but can come back several times, this tic disorder is often confused with Tourette Syndrom
*Chronic motor or vocal tic disorder ~(Also known as a provisional tic disorder) is when your tics commonly manifests as one or two tics, these may be blinking, sniffing of neck movements, the tics tend to persist instead of being transitory. These types of tics last more than a year just like Tourette's Syndrome but do not change.

Click here to watch

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The truth is, it is not known exactly what causes Tourette's, however, it is believed that it's a result of a dysfunction in the central nervous system specifically in the cortical and subcortical regions known as the thalamus, basal ganglia, and frontal cortex of the brain.

The basil ganglia are made up of several components. Some of these components are especially relevant to Tourette syndrome for their hypothesised role in preventing unwanted movements and sounds. One function within the basal ganglia, is to inhibit neurons in the thalamus and prevent them from sending undesired movement related signals to the motor cortex. In Tourette's syndrome it is thought there is a fault that results in the failure to stop unwanted signals from reaching the cortex, this causes the unwanted movements or sounds. I often describe this to children as having squeaky brakes.
Research suggests, with considerable evidence, that the abnormal activity in the basal ganglia is down to having an excess in the chemical dopamine.

Dopamine has a lot to answer for when it comes to Tourette's and even more so if you have a co-occurring condition such as ADHD.

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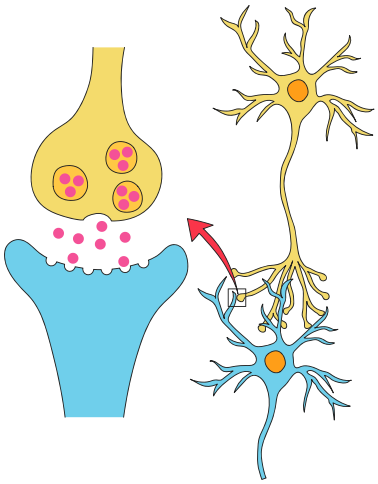

The image shows the end of one of our dopaminergic neurons, there is a gap, then another neuron.
The gap between these neurons is called a synapse.
These neurons pass messages around our brains.
Dopamine is one of our reward chemicals, it makes us feel good, but it also transmits our messages around our brains, like when to stop, focus and concentrate.
Dopamine travels along the neuron and out of the bottom, it then travels across the gap (the synapse) and into the receptor neuron, this then travels onto the next one and so on. This is how messages travel around our brains. However, in those with Tourette's, their "issue" in Dopamine can affect this from happening smoothly.
It is believed that there is either an excess of dopamine or a super sensitivity of the dopamine receptors.
It is known that Dopamine opposing drugs reduce tics associated with Tourettes for many individuals, however these medications often come with side effects.
It's important to remember that other chemicals are also hypothesised for being involved, such as serotonin and GABA.

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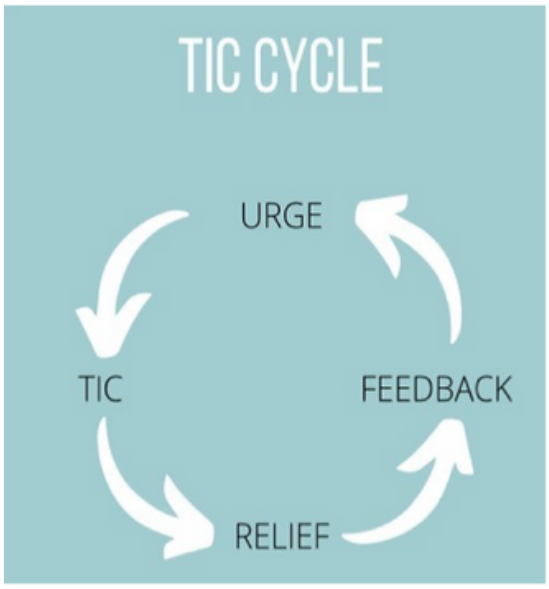
Tic Cycle

In short, there is a malfunction or glitch in our brains that causes a "tic alert" (premonitory urge). This alert is sent to our bodies to let us know something is going to/ needs to happen.

After we get the tic alert, we "tic"!

Once the tic happens, we get a relief from the urge, this then causes our happy hormone (dopamine) to be released and this sends feedback to our brain resulting in it knowing to do it again. This is called the tic cycle!!



Tourette's is often portrayed by the media as a condition of involuntary swearing but as mentioned above, this tic type only affects a small percentage of those with tics. Tourette's is more commonly known as having motor and vocal tics however Tourette's is very much a spectrum. The reason Tourette's is a spectrum is due to the fact that is manifests differently in everyone. Some people have mild tics as part of their Tourette's diagnosis, yet others have severe tics. Tic severity can also change overtime for individuals.

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Are tics always visible?

Absolutely not! And this is so very important to know, especially for people around the person with tics such as parents and/or teachers. The reason it's so important is that an outsider may think the person with tics isn't "ticcing" much, if at all, therefore won't know they're struggling.
Examples of invisible tics are visual tics, mental tics and internal tics.

Tics change all the time, this is the natural pathway of tics, this phenomenon is called waxing and waning. When tics are increasing, they're waxing. When tics are decreasing, they're waning. I like to describe it as your tics being on a rollercoaster! Sometimes they chug along on a nice predictable track, but they may take a sharp increase or even do a loop the loop at times.

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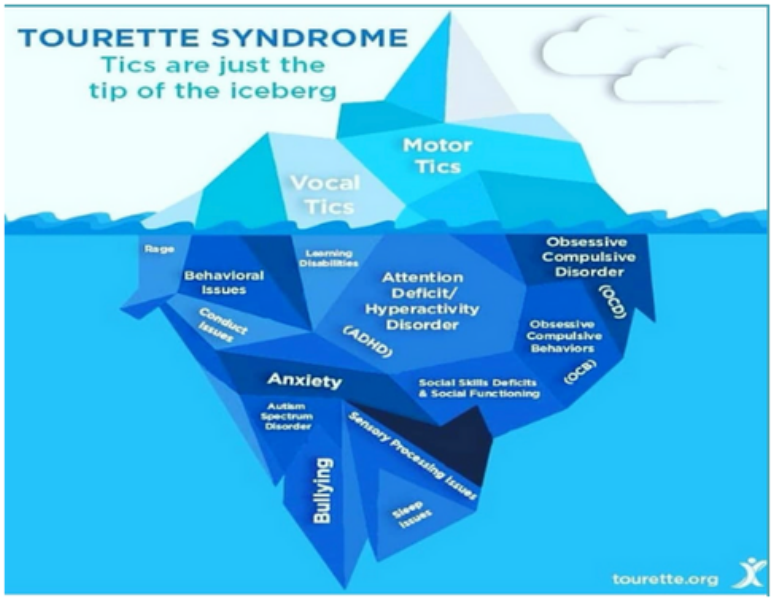
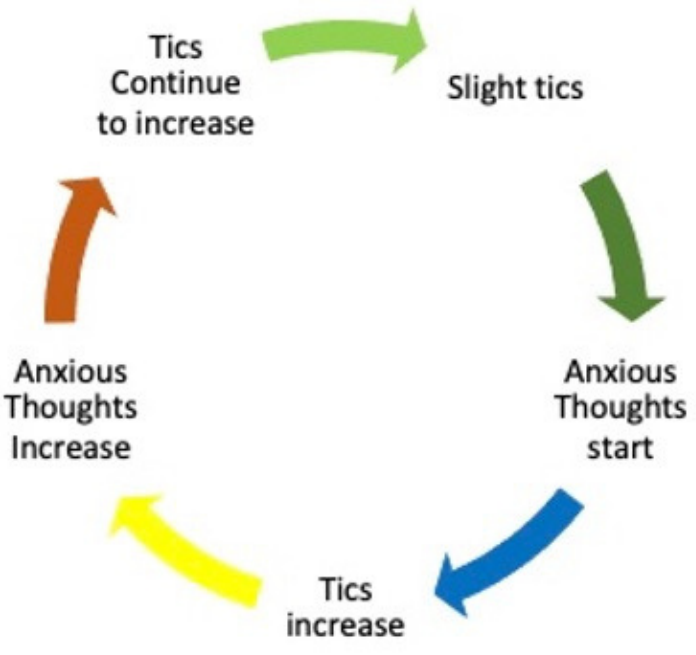


Tourettes is a disorder in its own entity however in a very high proportion of Tourettes sufferers they will also suffer with at least one co-morbid condition.

Attention-deficit/hyperactivity disorder (ADHD), obsessive-compulsive disorder (OCD) ,Anxiety, Disgraphia, and Disinhibition are the most common but not limited to comorbidities that go with Tourette syndrome (TS).

Anxiety can exacerbate tics, and often social anxiety may develop due to unwanted attention of tics. This can cause a tic / anxiety cycle as seen here



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Tic Subtypes

Tics are usually referred to as quite simply 'Tics' BUT did you know there are lots of fancy names for the different tics you do?

- Coprolalia- Involuntary repetition of obscene words.
- Copropraxia- Involuntary repetition of obscene gestures
- Coprographia - involuntary repetition of vulgar writing/ drawing
- Echolalia- Involuntary repetition of others words & phrases
- Echopraxia- Involuntary repetition of others actions
- Palilalia-Involuntary repetition of own words & phrases
- Palipraxia- Involuntary repetition of own actions

Motor Subtypes

- Dystonic- slow & continuous for an extended period of time, present as abnormal posture.
- Clonic - Quick movements like cracking or jerking, present as blinking, shrugging.
- Tonic- intense tensing of muscles, presents as stretching out or tensing in.

Teachers

Despite Tourette's and Autism having the same prevalence, many schools and teachers are not aware of the impact Tourettes can have on a child with Tourette Syndrome. Some basic information on Autism is usally learnt within the core foundations of teaching, however many teachers will know absolutely nothing about Tourette's until the day they end up with a child with tics in their class.

Before we look at different strategies you can use to help your student, I would like you to engage in an exercise.
This exercise is to help you get an idea on what is is like to engage in the classroom with tics.

Please remember though that this is purely looking at tics, and many of these children also have co occurring conditions to contend with too.

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TEACHER EXERCISE

Needed: pen or pencil, paper, patience.

Objective, to understand that despite their intelligence, expecting the same quantity of work as their peers is a very high expectation.

Instruction: "I'm going to get you to copy the following passage down from the next slide. Whilst you copy this down, I want you to remember capital letters, punctuation, finger spaces etc. I also want this work to be carried out in silence. You have only 2 minutes to do this.
If you finish before the 2 minutes is up, remain silent and sit still.
BUT
I want you to also 'tic' at the same time!!

Watch the video and follow the instructions and see how you manage.

Click here to play

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After the exercise

- Think about how much work you achieved
- How frustrated you feel
- How were your anxiety levels?
- Do you feel empowered and like you have learnt something or do you feel down, stressed, anxious and like you're failing the lesson objective?

Now you have done this exercise, hopefully you now have a better understanding of how a child with tics may function in lesson and why they may need reasonable adjustments made at school.

Firstly, the expectation of the amount of work should be reduced. Remember though, reducing the expectations of the amount of work is very different to reducing the level of work. The level of work should not be reduced due to their tics. I.e.: if you're teaching grade 5 math's and the expectation is to work through 25 questions. The child should still be given grade 5 math's, but the expectation of the number of questions should be reduced.

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Classroom Strategies

Children with Tourette's often struggle with accessing the curriculum. However, it's important to be aware that Tourette Syndrome does not affect a person's IQ and the barriers to learning come from anxiety around tics, the tics themselves and/ or co-occurring condition.

Even if you feel tics are mild or not present, it is likely that the child is suppressing them. If you can't see them, still be mindful of the challenges they are facing as whether tics are mild or they're suppressing them, this is exhausting and very distracting for them.

Vocal and motor tics can affect reading, writing and focus to name a few.

That said, tics are so much more then motor movements and vocal sounds; other forms of tics include:

- Contextual/ conversational tics, these tics can be relevant, appropriate and in context. These can appear to look and sound as though the child is 'calling out', or 'answering back'.
- Visual tics, these can involve looking at objects differently (squinted eyes, holding object at an angle), counting patterns, lines on walls, windows and floors.
- Intrusive thought tics, these although not visible are a very common tic form where thoughts are on repeat and can often have a negative or inappropriate vibe to them.
- Blocking tics, this is where a person cannot either speak or move (or both) these are due to prolonged tonic or dystonic tics that interrupt motor activity.

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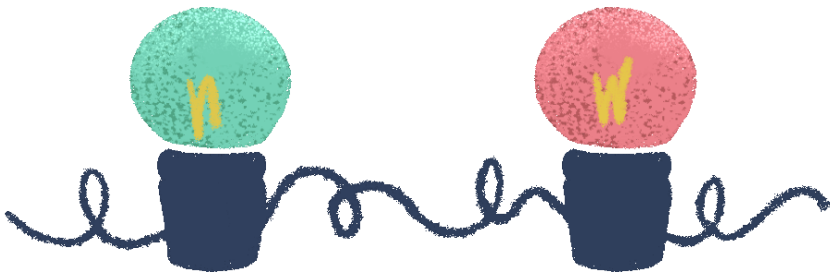
Classroom Strategies

1. Where possible have the child sat at the back or side of the class, where they are not in the direct view of their peers, however I always recommend you reach out to your student and ask them where they feel most comfortable. (this may be different places for different subjects).
2. Set regular movement breaks throughout the school day, where the child can go run an errand, or go to a specific room to allow his tics out. This room should be staffed ideally, so they can remind the child to release their tics for a few minutes before returning to class. If there isn't a staffed room, please make a laminated prompt sheet that reminds them of the purpose of being there. Tic release can also be done whilst running errands such as walking to the reception office.
3. Assembly- these can be extremely stressful, thus causing a tic increase. Triggers can include but are not limited to, having to sit still, in silence, amongst peers, florescent lighting, and anxiety. Where possible, children with tics should be exempt from assembly. If they do need to attend assembly, have them seated near a door so they can leave if needed.
4. Use a traffic light system. This can be done using red and green laminated square card. Work out a system between you, where the child has the green card showing on their desk when they're feeling good, then they can turn it over to red if they're struggling at all. Have an agreement between you both where the child knows that if they show red, you will support them. (discuss with them, what 'supporting them' will entail) this maybe sending them out to run an errand, having a chat after lesson etc.



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As already stated, Tourette's itself doesn't affect your intelligence however the tics can be very detrimental to learning. With this in mind your expectations should be altered. This does not mean the level of work should be reduced but instead the quantity of work. Both reading and writing can be hindered dramatically so this can make it almost impossible for some children to get their thoughts on paper.

Exam Arrangement's

Ideally children will be given their own room for exams, with extra time allocated, there should also be a 'stop the clock' option. Computers and scribes are also a great aid, these can be used for all areas of work.

Why do parents often report worse tics/ behaviours at home?

WHY DO OUR KIDS GO BOOM AFTER SCHOOL?

I hear weekly from parents who have children, who come home from school and RAGE.
How the rage is often aimed at the parents, siblings or other close family members.
How schools often report back with "we don't see any of this behaviour at school" usually followed by "we don't even see the tics"
I even read on a forum this week of a poor parent who was told from school "he just saves this behaviour for you"
What is often not realised is that these kids are masking their disorders to "fit in" and then exploding once in the comfort of their safe space.... Usually thier home and with mum or other family members that they feel safe with. .
Let's imagine our children are a bottle of fizzy pop. Every time they try to fit in at schoool , whether that is by holding in tics, masking anxiety, stopping impulsions, or fighting co-occurring symptoms, their bottle shakes.... Their bottle can shake all throughout the day and in many cases this is what is happening.
Then when our children are home, one demand from a parent, sibling or family member can flip the lid off and BOOOM they explode, all their fizzy pop comes flying out and we are covered.
Covered in what ever our children need to throw at us, whether this is verbally or physically we have to take it as there is limited to no support for this.

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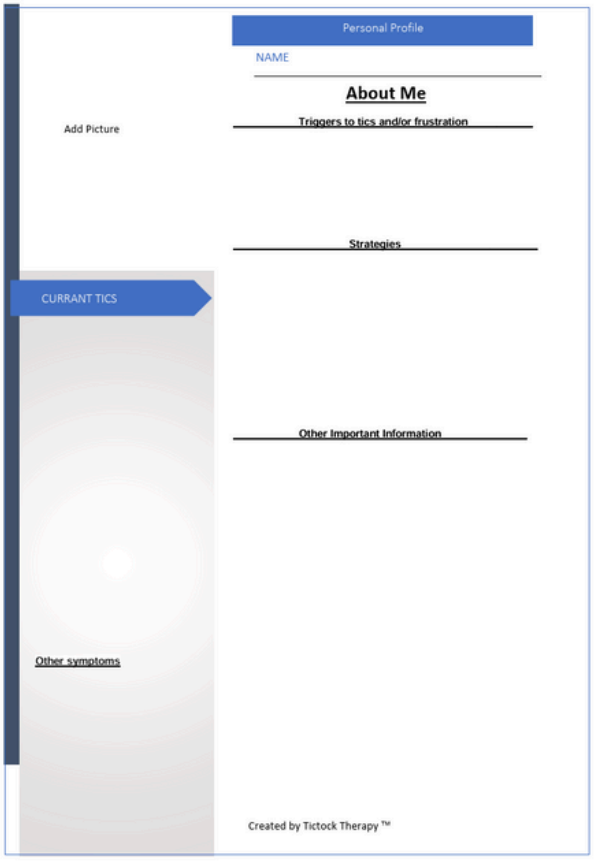
It's so incredibly hard to deal with and yet many of our children are so remorseful after these rage outbursts, and they really do not mean it. .
What our children need is what I like to call "fizzy breaks". These are breaks throughout their school day to go and let out some bubbles from their bottle of fizzy pop.
This maybe to do some relaxation to calm anxiety, a run around the play ground to help with attention, a room to go and let out tics if they are holding them in in class.
These fizzy breaks are to support your child with whatever they need to be able to release some of the building pressure throughout the day.
By implementing this simple strategy, and if used correctly, these after school explosions should decrease.

Personal Profile


Personal Profile

NAME

About Me

Add Picture

Triggers to tics and/or frustration

Strategies

CURRANT TICS

Other Important Information

Other symptoms

Created by Tictock Therapy ™

A personal profile is a great way to inform all staff with in the school.
It's important to remember that ALL staff including midday staff, cleaners and volunteers are also given a copy of this personal profile.
The reason for this is that the child with tics is likely to pass other staff members during their school day.
It is important to understand that just one 'incident' with a staff member could trigger lots of school anxiety.

Click here to download a blank copy

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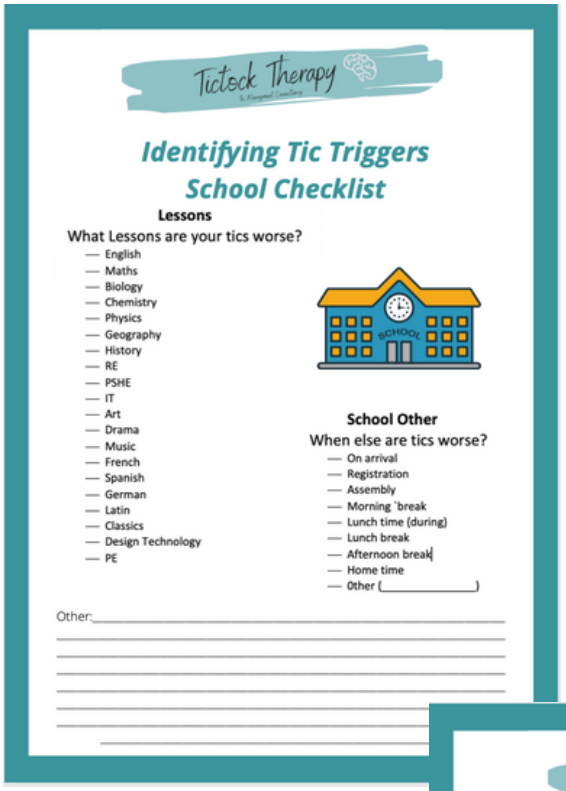
Triggers with in the school

Identifying tic triggers within the school is a great way to manage tic frequency and lower anxiety. You can use the downloadable forms below to start exploring tic triggers. **Click HERE to download/print**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Identifying Tic Triggers
School Checklist

Lessons

What Lessons are your tics worse?

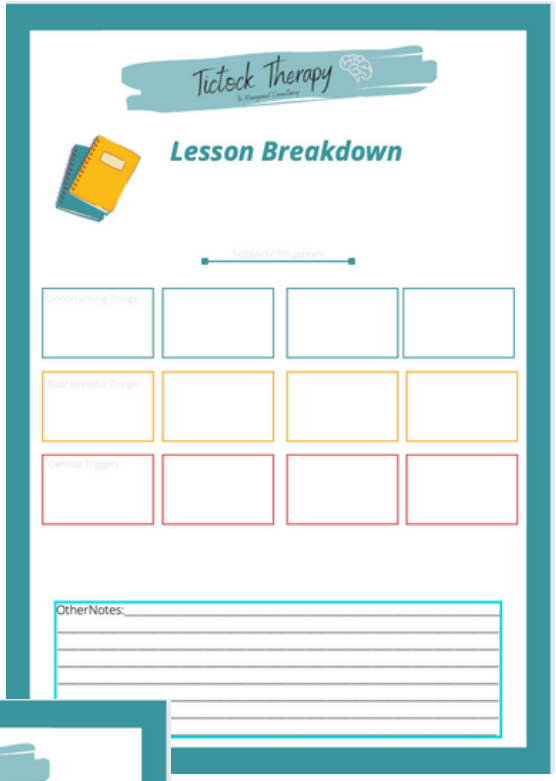
— English
— Maths
— Biology
— Chemistry
— Physics
— Geography
— History
— RE
— PSHE
— IT
— Art
— Drama
— Music
— French
— Spanish
— German
— Latin
— Classics
— Design Technology
— PE

School Other

When else are tics worse?

— On arrival
— Registration
— Assembly
— Morning `break
— Lunch time (during)
— Lunch break
— Afternoon break
— Home time
— Other (_____)

Other:_____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Lesson Breakdown

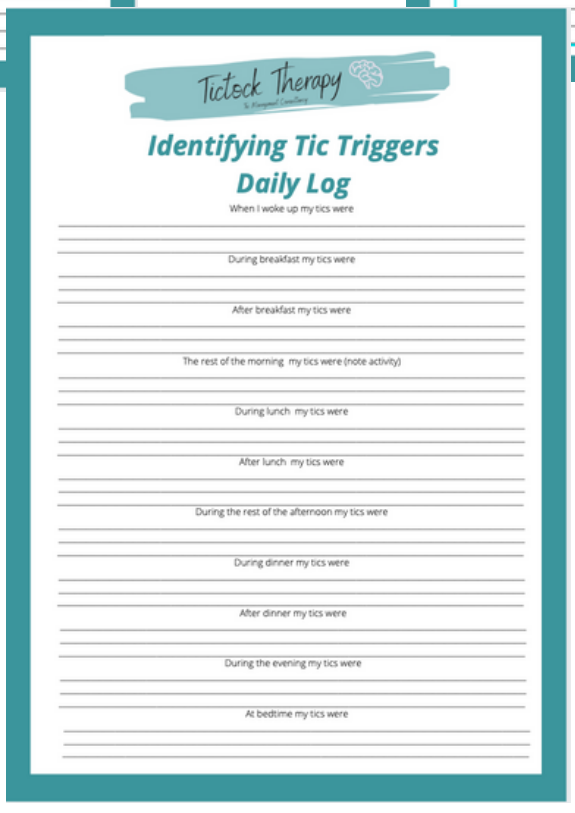
Subject/ Situation:

Good/calming Things:

Bad/ stressful Things:

Definite Triggers:

OtherNotes:_____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Identifying Tic Triggers
Daily Log

When I woke up my tics were

During breakfast my tics were

After breakfast my tics were

The rest of the morning my tics were (note activity)

During lunch my tics were

After lunch my tics were

During the rest of the afternoon my tics were

During dinner my tics were

After dinner my tics were

During the evening my tics were

At bedtime my tics were

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Other Classroom Hurdles

Tourettes is a disorder in its own entity however in a very high proportion of Tourettes sufferers they will also suffer with at least one co-morbid condition. Attention-deficit/hyperactivity disorder (ADHD), obsessive-compulsive disorder (OCD) and Anxiety are the most common but not limited to comorbidities that go with Tourette syndrome (TS).

ADHD

ADHD is the most commonly co-occurring condition with Tourette Syndrome (TS) with around 20 – 30% of children with ADHD also having a tic disorder.
ADHD is when you have difficulty with paying attention, is much more energetic than others, and is unable to control certain impulses.

ADHD is also diagnosed around the same age as TS, and also has a higher prevalence in boys.

ADHD is caused by the movement and 'braking' systems in the individuals brain maturing more slowly.
As with TS, not every child with ADHD will carry their symptoms through to adulthood.

Symptoms mostly start in childhood. The key thing to remember is that someone with ADHD is not behaving badly on purpose. The area in their brain which is responsible for self-control takes longer to mature than in children who don't have ADHD.

Symptoms can range from mild to challenging. Symptoms can be specific to certain environments like home or school.

ADHD may include, difficulty sitting still, Constant fidgeting, moving, talking, making noises, Low patience threshold for example, they may find it hard to wait in a queue or listen, this can also result in them interrupting others. They may also say and do things without thinking through the consequences due to their immature impulse regulations.

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Types of ADHD & some examples of their characteristics:
Hyperactivity: noisy in play, fidgety, struggle to stay seated, always on the go, excessive talking.
Impulsivity: difficulty waiting turns, interrupts conversations, blurts out answers before question is completed.
Inattention: forgetful, poor organisation, distracted, loses things, appears to not listen, avoids tasks that require lots of attention, fails to complete tasks, makes careless mistakes.

OCD

OCD is where someone experiences recurrent obsessions and/or compulsions that are severe enough to effect everyday life. These obsessions are usually anxiety driven.
The symptoms of OCD are obsessions and compulsions.
Obsessions are uncontrollable thoughts, images, impulses, worries, fears or doubts. They are often intrusive (cause disruption and annoyance), unwanted and can be frightening for the person experiencing them.

OCD sufferers will often know that these thoughts are irrational, but this doesn't mean they can control them. The most common obsessional thoughts are worrying about the safety of others or worrying that everything needs to be arranged symmetrically so that it is 'just right'.
Compulsions are purposeful behaviours and actions that are performed in an attempt to relieve the anxiety caused by obsessional thoughts. Often the behaviour is carried out according to certain rules, or will be performed as a ritual.
Relief provided by compulsions are only temporary and often reinforce the original obsession. Common compulsions include checking, counting and touching.
The condition affects both children and adults and it is estimated that as many as 12 in every 1,000 people are affected by OCD in the UK.
OCD and Tourette Syndrome (TS)
It is thought that approximately one-third of individuals with TS experience recurrent obsessive-compulsive symptoms. (Khalifa and von Knorring 2005; Leckman et al. 1997)

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It can be difficult to tell the difference between a compulsion and a compulsive tic. A compulsion is typically a behaviour that is carried out in an attempt to relieve anxiety that is caused by an intrusive or obsessional thought.
A compulsive tic is more associated with a physical sensation and needs to be performed to relieve the urge sensation.

Anxiety

Anxiety is common in most children at some part of their childhood. Anxiety is an emotion that gives us an un pleasant feeling with in our body.
Anxiety is often temporary in children and can vary at different parts of their childhood.

Types of Anxiety & some examples of their characteristics
Generalised anxiety disorder: Excessively worrying about a range of different things.
i.e. future, family, friends or themselves, they may have difficulty in relaxing, they may also engage in challenging behaviour if expressing their feelings isn't possible
Separation anxiety disorder: Children often go through this as a typical milestone, this anxiety appears when their parent leaves the room, but this usually stops around 30months old. If it's still present at school age it becomes a disorder.
Phobias: An irrational fear of something specific, these emotions are to the extreme and very intense. Individuals may avoid certain situations that enhance this fear. Children may engage in challenging behaviour if they cannot communicate their fear to people.

Anxiety is a normal, and is a part of our survival skills, however the level of these fears and anxieties are predetermined by our genes. Anxiety can also be learned by children watching parents who are anxious in certain situations. Lastly anxiety can also be brought on by trauma.

Anxiety and Tourette syndrome are closely interlinked, they form a cycle. Anxiety of people seeing tics results in an increase of tics, increased tics results in an increase of anxiety and so on.

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Disinhibition

Medical term: Disinhibited behaviours are actions which seem tactless, rude, or even offensive. They occur when people do not follow the usual social rules about what or where to say or do something.

Disinhibition is the inconsistent ability to inhibit behaviours despite knowing they are inappropriate. Individuals experience movements, swearing, emotional outbursts, rage, infantile behaviours, noises, laughter and so on. These can all be either contextual or not.

Essentially, disinhibition is when it becomes extremely difficult to use learned inhibitory skills "in the moment".
It is important to know that these behaviours are part of Tourette Syndrome and they are not deliberate. Individuals with Tourette Syndrome are often unable to control their behaviour and can often appear to be overstepping the mark and impulsive.
Disinhibition can impact all co-occurring conditions. OCD symptoms, sensory issues, Tics urges, emotional regulation, and inappropriate language to name a few.

Even though many individuals will know that what they are doing/ saying is inappropriate at the time, they are not able to put on the brakes to these behaviours.

Understanding Disinhibition is essential in understanding Tourette's!

Due to the inconsistency of these behaviours the child may appear as being disrespectful, inappropriate, not "socially acceptable," having emotional outbursts, showing silliness, have contextual swearing, or even rage.

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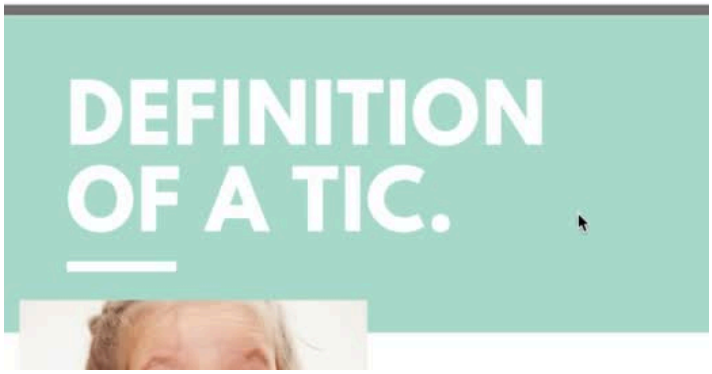
The disinhibition element of Tourette's can be a big problem within school, I bet all of your children can tell you a time they have been "pulled" up on a behaviour that wasn't necessarily a tic but they couldn't help it.
Disinhibited behaviour can place enormous strain on families and educators.

It is also important to know, that just like Tourette's, Disinhibition can also be suggestible. So, reminders of behaviours are more likely to cause the undesired behaviours.

Examples of tics PDF

Click here to download



BACK TO SCHOOL WITH TICS/ TOURETTE'S

Posters for school

click HERE to download printable versions