How YOU CAN HELP

With the student’s permission, explain to the class about Tourette Syndrome

Be mindful of seating arrangements but do not seat the child apart from others

Understand any medication that the child may be taking. It may cause tiredness and a lack of attention

Try to avoid asking a Tourette’s child to NOT do something – the instruction (and suggestion) will become a compulsion to do it

Speak with the student to identify and strengthen self-management strategies

Allow stress balls, earplugs or similar tools to help minimise the tics and manage sensory overload that can cause the child to lose concentration

Have a safe space where the child can sit if the tics are overwhelming

Devise a signal that the student can use to leave the class to let out tics; try to avoid sending the child from the room as a punishment

Try to ignore tics if possible. The more attention a tic receives the more dopamine (the ‘feel good’ chemical in the brain) is produced, encouraging the tic even more

Develop a talent or strength that builds the child’s confidence. Often when a child is engaging both their brain and their body in an activity or task they enjoy the tics can disappear

What IS TOURETTE SYNDROME?

tic loud and tic proud. give a tic.

‘Tourette’s doesn’t stop you from achieving your dreams, it simply adjusts the goalposts.’
– anon.

A GUIDE FOR TEACHERS

If you would like more information or have any questions please contact Robyn Twemlow:

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Tics come and go in frequency, number, complexity and severity and at times can seem to have disappeared. They can even change overnight. They will increase with stress or anxiety and can be bought on by suggestive words or instructions that require them to focus. For instance if a child is having to focus on being quiet in assembly he/she will inevitably tic louder and more often than usual as the brain is stuck on that concept. In basic terms an individual living with Tourette Syndrome has a faulty filter that does not block certain behaviours; movements or noises that others have the ability to control. This should not be mistaken for bad behaviour.

**Common motor tics:**
- excessive eye blinking or eye rolling
- clenching of the jaw or shoulders
- excessive neck twitches
- imitating others actions
- biting and hitting oneself
- pulling out eyelashes or hair
- smelling or sniffing things

**Common vocal tics:**
- coughing or throat clearing
- grunting
- throat clearing
- shrieking
- whistling
- animal sounds
- repeating others words or phrases

**What is Tourette Syndrome?**
Tourette Syndrome is a complex neurological disorder that is unpredictable, uncontrollable and incredibly misunderstood.

Medical symptoms can be extreme and the social and educational effects are serious.

Children living with Tourette Syndrome perform academically on par with the general population however the physical nature of tics can impair the ability to learn.

When teaching a child with Tourette Syndrome it is important to remember that the child does not want to tic and in some instances may not be aware they are ticking because it is normal for them.

Often the children are incredibly embarrassed by his/her uncontrollable outbursts or action.

Trying to not to tic is like trying not to blink – painful and impossible to maintain for a long time.

**DID YOU KNOW?**
6 IN 1000 ARE BORN WITH TOURETTE’S

**Most common comorbidities are:**
ADHD 
OCD 
anxiety 
depression

These combinations can result in difficulty taking notes, impulsive traits like shouting out in class, an inability to control anger and a fear of public speaking.

Tics are uncomfortable and at times painful.

Sometimes children try to suppress tics so that they don’t disrupt those around them. This takes a great deal of energy and concentration. Often the bottled-up tics will explode in what is referred to as a tic attack.

The tics occur 24 hours a day and often sleep can be disrupted or even prevented due to the nature of tics. Tiredness can also trigger an onset of tics.

Children with Tourette Syndrome are often happy to speak one-on-one with teachers about their tics and can offer suggestions on what can help to manage their tics.

Did you know?  
80%  
Approximately of children with Tourette Syndrome have a comorbid disorder.  

10%  
Copralalia, the swearing tic, only affects 10 per cent of those diagnosed with Tourette Syndrome.