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People with turrets

URL of this page: [From Genetics Home Reference. Learn more Tourette syndrome is a complex disorder characterized by repetitive, sudden, and involuntary movements or noises called tics. Tics usually appear in childhood, and their severity varies over time. In most cases, tics become milder and less frequent in late adolescence and adulthood.Tourette syndrome involves both motor tics, which are uncontrolled body movements, and vocal or phonic tics, which are outbursts of sound. Some motor tics are simple and involve only one muscle group. Simple motor tics, such as rapid eye blinking, shoulder shrugging, or nose twitching, are usually the first signs of Tourette syndrome. Motor tics also can be complex \(involving multiple muscle groups\), such as jumping, kicking, hopping, or spinning.Vocal tics, which generally appear later than motor tics, also can be simple or complex. Simple vocal tics include grunting, sniffing, and throat-clearing. More complex vocalizations include repeating the words of others \(echolalia\) or repeating one's own words \(palilalia\). The involuntary use of inappropriate or obscene language \(coprolalia\) is possible, but uncommon, among people with Tourette syndrome.In addition to frequent tics, people with Tourette syndrome are at risk for associated problems including attention-deficit/hyperactivity disorder \(ADHD\), obsessive-compulsive disorder \(OCD\), anxiety, depression, and problems with sleep. Although the exact incidence of Tourette syndrome is uncertain, it is estimated to affect 1 to 10 in 1,000 children. This disorder occurs in populations and ethnic groups worldwide, and it is more common in males than in females. A variety of genetic and environmental factors likely play a role in causing Tourette syndrome. Most of these factors are unknown, and researchers are studying risk factors before and after birth that may contribute to this complex disorder. Scientists believe that tics may result from changes in brain chemicals \(neurotransmitters\) that are responsible for producing and controlling voluntary movements.Mutations involving the SLITRK1 gene have been identified in a small number of people with Tourette syndrome. This gene provides instructions for making a protein that is active in the brain. The SLITRK1 protein probably plays a role in the development of nerve cells, including the growth of specialized extensions \(axons and dendrites\) that allow each nerve cell to communicate with nearby cells. It is unclear how mutations in the SLITRK1 gene can lead to this disorder.Most people with Tourette syndrome do not have a mutation in the SLITRK1 gene. Because mutations have been reported in so few people with this condition, the association of the SLITRK1 gene with this disorder has not been confirmed. Researchers suspect that changes in other genes, which have not been identified, are also associated with Tourette syndrome. The inheritance pattern of Tourette syndrome is unclear. Although the features of this condition can cluster in families, many genetic and environmental factors are likely to be involved. Among family members of an affected person, it is difficult to predict who else may be at risk of developing the condition.Tourette syndrome was previously thought to have an autosomal dominant pattern of inheritance, which suggests that one mutated copy of a gene in each cell would be sufficient to cause the condition. Several decades of research have shown that this is not the case. Almost all cases of Tourette syndrome probably result from a variety of genetic and environmental factors, not changes in a single gene. Chronic motor and vocal tic disorder Gilles de la Tourette syndrome Gilles de la Tourette's syndrome GTS TD Tourette disorder Tourette's disease TS Abelson JF, Kwan KY, O'Roak BJ, Baek BY, Stillman AA, Morgan TM, Mathews CA, Pauls DL, Rasin MR, Ganel M, Davis NR, Ercan-Sencicek AG, Guez DH, Spertus JA, Leckman JF, Dure LS 4th, Kurlan R, Singer HS, Gilbert DL, Farhi A, Louvi A, Lifton RP, Sestan N, State MW. Sequence variants in SLITRK1 are associated with Tourette's syndrome. *Science*. 2005 Oct 14;310\(5746\):317-20. Citation on PubMed Albin RL, Mink JW. Recent advances in Tourette syndrome research. *Trends Neurosci*. 2006 Mar;29\(3\):175-82. Epub 2006 Jan 23. Review. Citation on PubMed Berardelli A, Curra A, Fabbri G, Gilio F, Manfredi M. Pathophysiology of tics and Tourette syndrome. *J Neurol*. 2003 Jul;250\(7\):781-7. Review. Citation on PubMed Hoeksra PJ, Anderson GM, Limburg PC, Korf J, Kallenberg CG, Minderer RB. 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Tourette syndrome and tic disorders: a decade of progress. *J Am Acad Child Adolesc Psychiatry*. 2007 Aug;46\(8\):947-968. doi: 10.1097/chi.0b013e318068fbcc. Review. Citation on PubMed BOOK NOW for the Queensland Camp in April, 2021! NSW Camp 24-26/9/2021 \(Bookings open in March, 2021\) South Australia Camp 8-10/2021 \(Bookings open in April, 2021\) Northern Territory Camp 16-18/7/2021 \(Bookings open in February, 2021\) Queensland Australia Camp 9-11/4/2021 \(Bookings open now\) Victorian Camp October 22-24/10/2021 \(Bookings open in April, 2021\) Tasmanian Camp November 12-14/11/2021 \(Bookings open in June, 2021\) Western Australia Camp 6-10/10/2021 \(Bookings open in April, 2021\) All 7 Camp dates can be viewed below. Tourette Syndrome Awareness Week 4-10 May 2020 Pandemic panic causes strife for those living with Tourette Syndrome Australians living with Tourette Syndrome experiencing exacerbated symptoms in self-isolation Around 85% of patients with Tourette Syndrome experience concurrent conditions such as OCD, ADHD, anxiety or depression Tourette Syndrome Association of Australia \(TSAA\) is urging the public to be understanding and is offering support and advice for children and families in the form of a Pandemic Panic Pack Download resources and latest research paper on COVID-19 and TS: Pandemic Panic Pack Download Children with Tourette Syndrome and COVID-19 Download Coronavirus Explainer \(English\) Download Coronavirus Explainer is also available in multiple languages here COVID-19 & TS Research PaperDownload TSAA Rebrand Project From May this year you may notice we are looking a little different – TSAA is rolling out its new branding. We are very thankful to the design students at Torrens University Australia for working with TSAA as a live industry brief project. As awareness week commences 4-10 May 2020, the new designs are being rolled out across our various media platforms. TSAA has used the same logo since 1989 and felt it was time for change for good – representation of movement was key to the brief with the final logo design landing beautifully with the simple yet effective 'action' marks that represent both motor and phonic movement – the two criteria required for a diagnosis of Tourette Syndrome. TSAA would like to thank the 6 students involved and their Facilitator at Torrens University Australia for their commitment to TSAA. BRAND VALUES & LOGO: EMPATHY, INCLUSIVITY, ACCEPTANCE, EDUCATION TSAA's main goal is to improve the quality of life of those affected by Tourette Syndrome. We used this key message and core values \(above\) as the direction and voice of TSAA's brand. Creating a versatile and inclusive branding experience. This logo has been designed to replicate movement and speech, representing the tics associated with TS and as a voice for those affected by the condition. The typographic logo voices professionalism and maintains the integrity of the TSAA brand; keeping the focus on the core values. Credit goes to: Robbi Ortloff-Hope, Chelsea-Rose Hopgo, Nora Haynes, Stephen Bryce, Harrison Tomlian and Cherise Evans, and also to their facilitator James Calvert. 2020 TSAA National Virtual Conferenceon 20th June 2020 was a huge success. TSAA Exclusive Screening of Motherless Brooklyn Tickets are limited. Please book by 17 February 2020. Sydney: Thursday 20th February 2pm Melbourne: Thursday 20 February 1pm Bookings can be made here. TSAA featured on 'The Project' Channel Ten, Sunday 13 & again 17 October! Off the back of the enormous response The Project are assisting TSAA in fundraising for the national camp program with the hope of making it free for all attendees next year. In late September, The Project TV show attended our QLD camp and got to meet some of the amazing kids and parents that belong to the TSAA community. After the story went to air producers were inundated with messages of support and offers of assistance for the families they profiled. Watch the story here: Tourette Syndrome \(TS\) is a neuro developmental disorder characterised by repetitive involuntary movements \(motor tics\) and sounds \(vocal or phonic tics\). The condition affects 1 in 100 Australian kids and with no cure there is little respite out there for children and their families. Tourette's Camp was established in 2013 by Tourette Syndrome Association of Australia \(TSAA\) and offers children and their families a chance to meet people like them, feel comfortable to be themselves and provide an enriched weekend of activities and fun. Cost per national program is *\\$120,000 per annum-\\$276 per attendee\\$1100 for a family of four\\$30,000 each year to cover camp attendee's expenses \(nationally\)\\$60,000 each year to cover both camp attendee's and TSAA subsidised costs and expenses \(nationally\) Any amount is welcome and will help enormously! *TSAA would like to acknowledge and thank the Federal Health Department, and Hon Greg Hunt MP Minister for Health for funding the remaining 50% of costs for our National Camp Program from 2018-2022. TSAA was established in 1989 and is run by volunteers from our community we thank you for your heartfelt support to both our story and our camp program. National Tourette Syndrome Awareness Week 6-12 May 2019 Click the link below to view TSAA's TAC TICS Program View to hear the story of TACTICS: Employable Me, series 2, premieres on Tuesday 9 April at 8.30pm on ABC & ABC iView The award-winning and critically acclaimed documentary series Employable Me returns Tuesday 9 April at 8.30pm, ABC & ABC iView, and follows the stories of nine more people with disabilities as they battle to find work. As well as neurological conditions such as autism spectrum disorder and Tourette Syndrome, this second series features people with epilepsy, cerebral palsy, dwarfism and Down Syndrome as they search for meaningful employment... You can visit the Employable Me website here. Announcement of National Camp Program Funding 2018 & 2019 TSAA is pleased to announce receipt of funding for our 2018 and 2019 national camp program from the Hon Greg Hunt Minister for Health. This is the first federal funding TSAA has received so is very momentous. Thank you to Health Minister Greg Hunt MP, Chris Crewther MP member for Dunkley and all our supporters through the Parliamentary Friendship Group for Tourette Syndrome. You can watch an announcement of the video here. Tourettes camp on the ABC 7.30 Report View the ABC 7.30 report on TSAA's 2018 Camp program here. National Tourette Syndrome Awareness Week 6-12 May 2018 Visit our campaign page here: Breaking News! Aja on The Voice Channel Nine Season 7 episode 7: View Aja's Bio & Audition with surprise guest Adam Ladell: Daily Mail Article: Tourette Syndrome, \(TS\), is a neurological disorder characterised by involuntary, irresistible body movements and vocalizations. It is complex and individual in its effect. See What is Tourette Syndrome? for a more detailed description. People with TS seek understanding and acceptance. This website is designed to educate and inform those wishing to know more about this complex disorder. An Introduction to life with Tourettes The above video was created in 2008 by TSAA for our awareness campaign. As TS is 3 to 4 times more common in boys than girls and usually diagnosed around age 8 or 9, we focused on an 8 year old boy to tell the story. We chose to portray a mild to 'average' case to counter balance the more severe cases not seen appropriate in media. TS is a spectrum disorder and it is important to represent the full range of cases. TS was first described in 1825 by French physicians and in relation to a French noble woman Marquise de Dampierre, who exhibited strange body movements and peculiar vocalisations and obscene remarks from the age of seven. In 1885 George Gilles de la Tourette began research into Tourette Syndrome being the first to connect multiple, complex and varied symptoms forming a syndrome. Dr Tourette named the syndrome "Maladie des Tics" which was later named in recognition of his discovery, and called 'Gilles de la Tourette' – so we have known about it for a long time, however even today it still remains misunderstood by many. Appropriate medical care can help control symptoms, while understanding and acceptance can accomplish even more. Jean Marc Gaspard IardGeorge Gilles de la Tourette Educators are more likely to punish a student whom they see as BEING the problem. If the educational team recognizes that the student HAS a problem and is not deliberately causing the problem, they'll be more likely to provide unique and creative strategies for that student. When educators consider what they can do FOR the child and not what they can do TO the child, strategies are more positive, proactive and effective. TOURETTE SYNDROME BEHAVIORAL SYMPTOMS 1. DYSINHIBITION Difficulty consistently inhibiting thoughts and/or actions. Inappropriate statements or behaviors result from the student's inability to consistently apply "mental brakes" – the child can't stop himself consistently from expressing behaviors, thoughts, or displaying actions that someone else might be able to control. Behaviors might seem to be excessive silliness, being sassy, free-associative comments, emotional outbursts, contextual swearing, blurring out, inappropriate comments, explosive anger, and oppositional defiance. For those with dysinhibition, a sign saying "Don't Touch, Wet Paint" is an invitation to touch the paint. Obeying the sign means inhibiting the very behavior suggested by the sign. Inhibiting behaviors is challenging for all children, but presents a far greater challenge for students with TS due to their impulsivity and inconsistent ability to apply their mental brakes. This is not purposeful disobedience, but the result of a brain affected by the chemical imbalance that cause TS. A second grader's teachers had a difficult time believing that every time the child said something inappropriate or acted in an impulsive manner that it was a "tic." Tourette Syndrome is more than tics, and many of a student's "behaviors" can be "symptoms" rather than tics. Verbal and physical tics are not the only symptoms of TS. Many students, whether they have severe or mild physical and vocal "tics," also have significant difficulty with invisible, but extremely disruptive\) dysinhibition. When a student is told that his turn on the computer is over and he makes an inappropriate remark, it may be due to his having TS. In these instances, it is best to use so-called 'planned ignorance', but then include counseling support to help him recognize that his 'brakes' don't always work well. Then, teach him strategies that allow a more appropriate response. Since his actions are due to a neurological disorder and are not purposeful, this may require a great deal of practice and patience. 2. OPPOSITIONAL BEHAVIORS Many students with TS have a secondary diagnosis of Oppositional Defiant Disorder \(ODD\). Dr. Ross Greene refers to these children as being chronically inflexible and will typically display ODD behavior. The support team must look for the underlying difficulties such as OCD, ADHD, tics, processing difficulties, written language deficits, and sensory issues which prevent the child from expressing his needs or responding appropriately. For example, a student who becomes oppositional only during a task requiring writing may be communicating through his behavior that he is not capable of writing. If a student displays defiant behavior in a particular setting, this may indicate that he is somehow overwhelmed in this setting... Dr. Ross Greene's books "The Explosive Child" and "Lost at School" are excellent resources. 3. IMMATURE BEHAVIORS Does the student get along well with peers? Does he have friends? Are his social skills on the same level as those of his peer group? Frequently students with TS act in an immature fashion and display behaviors that are typical of much younger students, even though they may have more advanced academic abilities. Dealing with ongoing frustration or anxiety may have caused delays in developing skills necessary to inhibit inappropriate behaviors. The child then displays behaviors that are not age appropriate in the classroom. In certain school or other systems, they may also be blamed by professionals, friends and family. The matter merits further exploration by school teams, teachers and families. The R.A.C.E. \(Repeatedly Generated Episodes\) brochure \(Publication #357, or downloadable publication M-357DD\) is an excellent resource for professionals and for parents with children with these symptoms. It will help them understand that there's no one to blame, and which strategies to employ for children who have neurologically based rage. Sometimes a change in routine or expectation of an event for a child who is inflexible may set off an episode. In fact, experience shows that typical interventions \(including negative consequences\) only serve to increase these rage episodes. It is critically important that adults in the life of a child with TS become aware of what reduces or increases the child's explosive responses. In addition, children who are affected by the devastating symptom of neurological rage need trusted adults who can provide care with flexibility and calmness. 7. "FIGHT OR FLIGHT" In general, students with TS have a heightened response to their environment. A teacher's volitive manner may cause the student to become overwhelmed – which may escalate into a 'fight or flight' response by the student with TS. It's important that the student be placed with teachers who can remain calm in a difficult situation. 8. DIFFICULTIES WITH TRANSITIONS Very often individuals with TS have problems with transitions – they are internally driven to complete the current task or stay in the current environment and not move on. For the student with TS and additional anxiety caused by obsessive-compulsive behaviors, transition difficulties can be exacerbated. Transition strategies can be written into the IEP for teachers to follow. If a strategy hasn't yet been established, the current teacher may need to experiment with different ways of preparing the student for approaching transitions. 9. USE OF INAPPROPRIATE LANGUAGE \(Coprolalia\) Coprolalia is a symptom of Tourette Syndrome characterized by unwelcome, unwanted and uncontrollable utterances of words or phrases that are not appropriate. Commonly, people come to know coprolalia as the "swearing tic." Certainly this symptom is mocked in movies and other media. Many people believe that a person must have coprolalia in order to have a diagnosis of Tourette Syndrome. In fact, only a small minority have this symptom. Ironically, while this is the most recognizable symptom, it's also the symptom that is most misunderstood. It's the symptom most responsible for students being removed from class, receiving detention or suspension, and being moved to a more restrictive environment. Coprolalia is any socially inappropriate sound, word, phrase or group of words. A limitless variety of sounds, simple phrases or words can also be coprolalia. Examples: 'elephant', 'toys', 'coffee', 'shut up', 'jerk', 'donkeys have knees' could be examples of coprolalia. A common misunderstanding is that in order for 'inappropriate words or sounds' to be a symptom of TS, they must be said "out of the blue" and must be repetitive in nature. This leads to the mistaken belief that if a student swears once and/or at an "appropriate" time, then it is not due to TS and therefore deserves punishment. Coprolalia can be one word, a string of words, or a phrase, said many times or said once but repeated over time. However, TS symptoms, including coprolalia are different for every individual, inconsistent, change periodically, wax and wane and are increased by stress. The inconsistency of a child with TS to inhibit the use of inappropriate behaviors and statements adds to the difficulty of understanding the symptoms of this disorder. For example: A polite 4th grade girl was being punished for being disrespectful to her teacher. The teacher reported that every time she said that the class was going to have a test or homework, the girl would say 'shut up'. There is no denying that this was inappropriate. However, it is also a symptom of the TS. It is easy to recognize that when the teacher told the class there was going to be homework or a test, most likely there were other students who were thinking 'shut up' – or worse. These students were able to stop from expressing these thoughts because they didn't have affected brain processes which reduced their ability to inhibit saying what they were thinking. The little girl with TS was not able to inhibit blurring out inappropriate statements that appeared to be purposeful. Stress makes symptoms worse which increases her inability to inhibit in a stressful or undesirable situation. Stress increases the likelihood of symptoms of dysinhibition and decreases the ability to inhibit "inappropriate" behaviors and statements. Difficulty inhibiting verbal expressions may result in the occurrence of the more easily recognized swearing vocal tic for a small percentage of students with TS. SOME COMMON DIFFICULTIES IN STUDENTS WITH TOURETTE SYNDROME 1. AUDITORY AND VISUAL DIFFICULTIES IN PROCESSING INFORMATION Frequently students with TS have difficulty processing information presented to them either verbally or visually. They may require more time to answer a question or respond to a directive. Some have learned to fill in the awkward silence by saying something. What they say can be negative, such as "this is dumb"; "I don't care about your stupid question"; "Shut up"; "I don't have to do this." An effective support would be assisting the student to develop a different response when he requires more time to process. A positive strategy for a teacher might be to ask the question, then tell the student that you'll come back to him in a minute for the answer; this works well for some students. Any kind of stress reduction is helpful. Most importantly, teachers should understand that the reason for the delay in processing information is due to the child's neurological difficulties, and not deliberate misbehavior. 2. SENSORY INTEGRATION ISSUES Sensory issues and /or 'tactile defensiveness' may be seen in children diagnosed with TS. Students who are hypersensitive to light, sound, touch, taste, or smell frequently have difficulties processing specific sensory stimuli. Behaviors may include a child exhibiting a need for excessive sensory input \(chewing, hitting or hurting himself in some manner\), or becoming easily over-stimulated by minimal sensory input such as noise, bright lights, the feel of certain fabrics, certain tastes or smells. Involving an Occupational Therapist qualified in sensory integration issues is essential. Developing a "sensory diet" can sometimes be beneficial for the child and everyone who works with him. 3. ATTENTIONAL DIFFICULTIES Inconsistent or chronic difficulties in focusing are common for students with TS. In addition, symptoms of ADHD, complex tics or obsessions can interfere with a student's ability to pay attention. Sometimes this happens when the student is concentrating on suppressing his symptoms in public. He may concentrate so hard on suppressing tics that he's not able to attend to classroom activity. However, there are times when the student is paying attention, even though it appears otherwise. For example, many students and adults with TS will doodle to help them concentrate on a lecture. Educators may periodically ask questions to determine the level of attention. Many students with TS are capable of paying attention even while experiencing a bout of complex tics, or while apparently directing their attention to doodling or other activities. 4. READING DIFFICULTIES Does the student love reading? Does he have a particular interest in reading specific topics? Does he hate reading? Do tics interfere with the ability to read? If a student has difficulty reading, many possible reasons should be considered, including a learning disability involving reading. One student loved to read at home but would refuse to read in school or to read anything assigned by the school. It was finally determined that the child loved to read, but had severe written language deficits. She'd decided that, if she read school-assigned books, she'd then be required to write, which she couldn't do. So, she refused to read the assigned books. Any form of dyslexia \(difficulty reading\) needs to be considered. Even mild tics can make reading difficult. In addition some students with TS and OCD have an obsession that compels them to count every word in a sentence and every sentence in the paragraph. This makes reading not only very arduous, but next to impossible. Professional help may be needed to discover the specific causes for the reading problem, and then to choose appropriate supports. 5. DIFFICULTIES WITH HANDWRITING Difficulties with writing can include sloppiness, frequent erasing, time-consuming efforts at perfectionism, reduced output, slow writing, refusal to write, and writing that's difficult to read. The vast majority of students with TS, or TS and ADHD, have written language deficits causing difficulty in getting thoughts from brain to the paper consistently, for a wide variety of reasons. The child may write very little or refuse to write altogether; margins and spacing may be uneven. Causes may include hand, finger, wrist, arm, neck, shoulder, head and eye tics or hand cramps. Or, there may be a lack of coordination or fine motor skills. Sometimes there's an unexplained disconnect between ideas and the ability to express these ideas in writing. Handwriting can become laborious, and a struggle for the child. Some students, due to obsessive compulsive behaviors, become 'stuck' on writing perfectly, and it can take them an inordinate time to accomplish a task, leaving them frustrated, exhausted and unsatisfied with the results. Parent and teachers frequently assume that the child is refusing to write because they don't like to do it. The reverse is very likely true. The child refuses to write because he is experiencing the symptoms described above. Writing can become extremely difficult and sometimes even painful. The resulting failure and subsequent refusal to write, are all part of the complex and confusing symptoms of TS. Occupational therapy support for very young students is sometimes helpful. For the most part, though, practice, or specialized pens/pencils will not have a positive outcome. Extra practice or rewriting typically won't result in better penmanship. Teaching the child keyboard skills is frequently a better use of time and energy. Note too, that a student's handwriting can be fine sometimes and messy at other times. Remember that all aspects of TS are inconsistent; symptoms wax and wane and are affected by stress and other environmental factors. Short assignments may be written neatly, but longer assignments may result in disintegration of writing and readability. OT's should evaluate a student while tics are more interfering, and get a lengthy writing sample. Recognizing the prevalence of handwriting difficulties for students with TS is extremely important. Teaching keyboarding skills as early as possible is recommended. Frequently, printing is easier for the child than is cursive, and the student's teachers may need to accept printed work. Providing a scribe \(someone who writes what the student dictates\) can be helpful if keyboarding skills are weak. The student can then demonstrate his knowledge on a subject without the interference of dysgraphia. Having someone scribe as the student speaks also teaches dictation skills – very useful for students to later use voice-activated computer programs. Good keyboarding skills should always be the priority \(and a valuable life skill\), as there are times when speaking into a computer isn't practical. Many students with TS are excellent auditory learners. For them, the concentration required to take notes can actually interfere with their learning. Providing notes for them to study can be beneficial. Common classroom modifications that may be important for written language deficits are: Use of computer for taking notes, writing essays and long answers Printing allowed Grading on the quality and not the quantity or appearance of work >/> Notes provided. Sometimes, teachers will hand out copies of notes with blanks prior to the lesson, so students can write the appropriate words in the blanks. If this works, it may help the student pay attention, and benefit from writing key words. Another strategy to try is to provide the student with a copy of notes and a highlighter pen, so that he can highlight the important sections of the notes as the teacher lectures. Reduction in length of homework assignments that require writing. Providing alternative methods of assessing acquired knowledge such as oral reports, oral tests and quizzes. Extended time for tests, quizzes, and projects requiring writing Allowing for testing in separate locations with scribing support available. A scribe as needed for any and all written work \(even math\). A trial period to see if a specific support strategy improves grades, attitude, and performance is highly recommended. A child's frustration and embarrassment over sloppy, immature handwriting frequently leads to more than academic difficulties. Support in this area can be critical to the overall success of the child. 6. EXECUTIVE DYSFUNCTION DISORDER Executive function involves the skills necessary to succeed in school and in life; two examples are time management and problem solving. A person with executive deficits can have extraordinary talents and abilities, but not possess the organizational capacities necessary to demonstrate these abilities in a useful and productive manner. Many people with Tourette Syndrome are chronically disorganized. They have difficulty developing strategies to overcome problems, or implementing strategies suggested to them. In other words, they experience "output failure" which creates significant obstacles to academic success. These students frequently require substantial support from a consultant teacher to manage work flow and learn strategies to assist them in overcoming their "output failure". 7. SOCIAL SKILLS DEFICITS Many children with TS score above average and higher on IQ tests, but may not act in a socially appropriate manner. Social deficits can cause an inability to understand acceptable social behaviors. Many children with TS talk continuously and/or have a tendency to interpret things in a very literal fashion. This can create significant social difficulties. Speech therapists can teach pragmatic language skills. In many instances, students who don't intrinsically acquire social skills are bright. When they are motivated to have friends, they can be taught the social skills necessary to be successful. Schools offer social skills classes using social stories, and often including materials like cue cards or social story notebooks. School counselors are often knowledgeable in teaching social skills techniques. If a child is demonstrating delays in the area of social skills, it is important to include social skills training in an IEP or 504 Plan. The person in the school setting responsible for working with the student in this area should be designated in the plan. Simply writing a goal stating that the child will act more age appropriately is not sufficient for students to learn the techniques and skills they lack. 8. INCONSISTENT PERFORMANCE Doing well on any given day is not always to the advantage of a student with disabilities – adults then expect him to perform consistently at that level. The only thing that's consistent about Tourette syndrome is the inconsistency of symptoms. The student with TS is very often bright and creative. When he says he can't complete a task, or performs poorly, adults may think they're being manipulated. The adults may try encouraging the child, reminding him that he did this exact task yesterday. Or, an adult may urge the child to just try harder, and he'll be able to accomplish the task again. Sometimes this helps, but sometimes it increases the child's stress \(which will, in turn increase his tics and other symptoms\). Do we expect baseball players to hit a home run every time they're at bat? Do we think they're just not trying hard enough, or they're manipulating us by striking out or hitting a pop fly? The very nature of TS is changing levels of brain chemistry, and the child and adults involved. Is the behavior purposeful, or is it neuro-based? A child's refusal to do work may look like he wants to be in control. For the child with TS, however, the behavior may be a desperate attempt to bring a sense of control to his world of inconsistent difficulties and loss of control. If the child is attempting to gain some control, support staff should consider how to have him gain control without relying on disruptive behaviors. Teaching the child strategies that result in his getting control of his environment may be extremely helpful in the short term as well as for the future. Asking a student what can be done to help him be successful, instead of asking why he isn't successful often aids adults in developing appropriate supports. This can also help establish an atmosphere of teamwork between the student and the educators; the student can 'take ownership' of a positive and proactive intervention plan. HELPING THE STUDENT WITH TS SUCCEED Students with TS are more likely to find success with a proactive and positive behavior plan. When teachers and students share in the positive feelings of success, confidence develops for both teacher and student, encouraging still more positive and proactive strategies. 1. THE ROLE OF EDUCATORS Educators must carefully scrutinize a situation that's creating difficulty for the student and examine clues that may suggest an explanation for the problem. Often children with TS do not understand what precipitates what's perceived as difficult and disruptive behaviors. Typically, the best course of action is to: ignore symptoms be alert to possible precipitating event\(s\) provide accommodations and modifications acknowledge the student, separate from the symptom; work around it, with it, or through the process with the student as his symptoms are expressed Recognizing, teaching and supporting the student with alternative strategies and techniques to manage significantly inappropriate symptoms instead of relying on punishments and negative consequences are likely to prove most effective. Remember to consider your reasoning for the behavior before you respond. \(For more information on Education strategies, please refer to our "Education" website section; particularly Publication #E115b "Classroom Strategies and Techniques for Students with Tourette Syndrome" available for immediate download as Publication #E115bDD\). 2. ACQUIRING STRENGTH This does not mean the child have extraordinary interest and/or talent in art, music, science, sports, creative writing, crafts or other hands-on activities? The importance of encouraging areas of talent cannot be overemphasized. Recognizing and knowing how to support a student's strengths is critical to the success of the child. This doesn't mean that the preferred activity should be used as a carrot, given and taken away as a reward \(or punishment\) pursuant to a "behavior plan". One disenchanted student said, "Don't ever let them know what you like because they will either take it away or make you earn it." But, being rewarded with extra time for a favored activity can sometimes work effectively as an incentive, depending on the individual child. 3. SELECTING TEACHERS Many students require a teacher who is adept at creating a structured environment, which also allows for flexibility and choice. This can reduce the child's stress and therefore his symptoms. By giving the child a choice, he's much less likely to lose control in an inappropriate fashion - this is particularly true for a child who tends to be inflexible or oppositional. Some examples: A student who has difficulties with transitions, may benefit from a teacher who provides a great deal of structure with consistent signals for transitioning - this may result in the student experiencing less anxiety related to unexpected changes and less opposition to transitions. A child who demonstrates difficulty being flexible will not benefit from a teacher who is equally as inflexible. The best environment for learning is one that is safe for students to take risks. 4. TRIAL AND ERROR Working with the unique problems of children with TS often becomes a matter of trial and error. Many times a support will work for a while and then will need to be altered as situations, tasks, and people change. Maintaining a file describing strategies that have been successful or unsuccessful can be a valuable aid in this process. The role of educators is to carefully examine a situation that is creating difficulty for the student and to look for clues that may suggest an explanation for the problem. Recognizing alternative strategies to assist the student instead of relying on punishments and negative consequences is of the utmost importance. by Kathleen J. Giordano, Chair, TAA Education Advisory Board and Margo Edelman, former TAA Education Advisory Board](#)

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