

Accommodations for the Student with Tourette's Syndrome

Some students with TS prefer to openly identify their condition to other students in the class, particularly if their tics are obvious. Those students might simply explain the nature of TS to the entire class themselves. Others might ask the instructor to make an announcement. However, some students with TS prefer not to reveal the condition at all. They have the right not to reveal TS even if symptoms are obvious to others. If the student with TS makes the choice not to reveal his or her condition, the instructor must not do so. Nor should the instructor urge the student with TS to make the decision to reveal it.

If the student's tics do not seriously affect the learning environment for others, the instructor should ignore the tics and proceed with instruction as usual. As with other disabilities, the instructor should not make any accommodations without the involvement of the Learning Assistance Lab.

Accommodations for a student with TS must be made on a case by case basis. Most often, separate test accommodations will be arranged for the student with TS tics if the symptoms tend to worsen with stress, or if there is a chance other students might be disturbed during test taking. Some students with TS need reserved seating

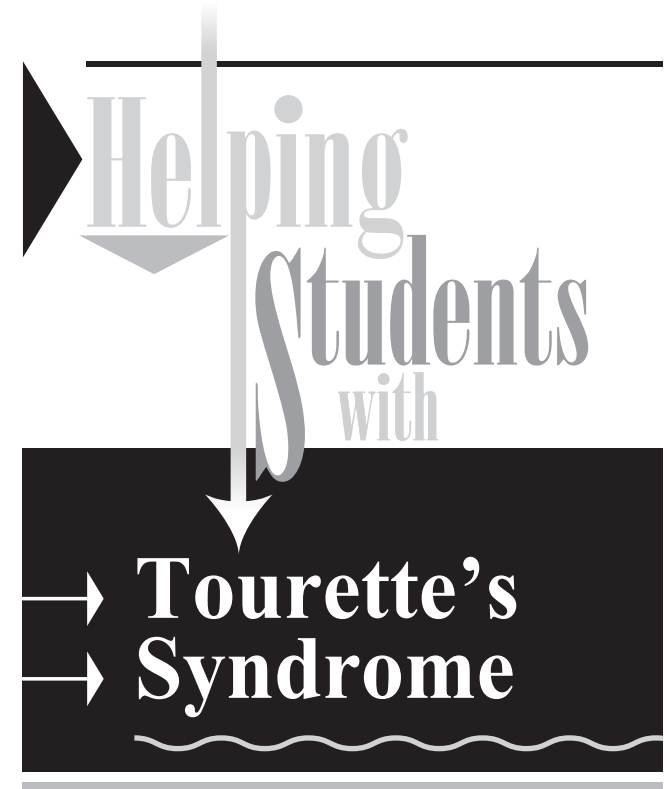
near the door, so that they may leave briefly to "let out" a loud or disruptive tic.

The LAL disabilities services counselors will work with the student and the instructor to arrive at appropriate accommodations. Please contact the LAL at any time you have questions or concerns: (734) 384-4167.

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What is “Tourette’s”?

Tourette’s Syndrome is neurological condition characterized by involuntary vocalizations or movements. Tourette’s Syndrome (TS) is not a behavioral disorder that can be controlled or diminished by training or by counseling the individual with TS. It is a genetically transmitted disorder caused by abnormal metabolism of the neurotransmitters dopamine and serotonin.

A student with TS might display “tics” (sudden, repeated, involuntary movements) or vocalizations (sometimes called “vocal tics”), or both. The type of tics and pattern of occurrences vary from person to person, and within a person. Most persons with TS who have tics experience them in bouts, every day or nearly every day. Symptoms wax and wane in severity. Tics tend to increase with tension or stress, and decrease as the person becomes absorbed in a task or relaxes.

Persons with TS experience sensations of urgency that compel them to display tics. This has been described as similar to the experience of an oncoming sneeze. It is extremely difficult (or impossible) to suppress. An individual with the disorder might be able to suppress a tic for a few seconds or even longer—but doing so tends to lead to an even more severe outburst as tension builds. In short, persons with TS have no control over their tics.

What to Expect

The most common tics affect the face or head areas. Eye movements, facial grimacing, or shoulder jerking may occur persistently or at intervals. Other physical tics may be more dramatic. Some persons with TS move arms or legs, or the entire body (hopping, skipping, squatting, etc.). Unfortunately, some physical tics result in self harm (i.e. hitting oneself in the eye).

Vocal tics are common in persons with TS. The student may repeatedly vocalize sounds such as clicks, grunts, yelps, barks, sniffs, snorts, or coughs. More rarely, the student with TS displays coprolalia (uttering swear words) or echolalia (repeating the words of others).

The student with TS might take medications. However, there is no medication available that is completely effective in the prevention of tics in all persons with TS. The medication a student with TS is taking might affect his or her concentration. The student with TS may suffer from anxiety, shame, or depression due to the difficulty of managing TS in social and academic settings. He or she might have experienced previous ridicule or rejection, leading to particular discomfort in new environments. TS tics are sometimes misunderstood by others as deliberate offensiveness or as expressions of mental illness.

Related Conditions that Might Additionally Affect Learning

Many students with TS are affected by additional neurobehavioral conditions that impact their learning. Attention Deficit Disorder or Obsessive Compulsive Disorder (intrusive thoughts or worries and/or repetitive behaviors) frequently co-occur with TS. The student might also be distracted by his or her own tics.

How to Help in the Classroom

Recognize that the student with TS does not intend to disturb or offend others. In fact, at a given time he or she might be unaware (or only partially aware) of the tics. To the extent that he is aware of tics, this student is vulnerable. He is unable to protect himself from the embarrassment of drawing attention to himself. Because TS utterances are sometimes sexual, scatological, morbid, or otherwise socially forbidden in character, other students may respond with laughter or disdain. The instructor can help by creating an atmosphere of empathy in the classroom. A climate of acceptance and relaxation can make it easier for the student with TS to calm himself. He will thereby learn more easily, and the occurrence of tics might also be reduced.

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