

TIC MANAGEMENT

Brake Shop Service Package: Virtual Treatment

Sometimes people just want to be able to stop better – they want their brakes to work like everyone else's do!

In this Service Package, we provide evidence-based treatment via online videos and downloadable worksheets for the treatment of tics.

Who Is This Toolbox For?

- **Children and adolescents feeling distressed or impaired by tic symptoms:**
 - those looking for an alternative or enhancement to pharmaceutical treatment of tic symptoms
 - problems with tic symptoms at least in part related to symptom presentation itself (e.g. difficulty reading, headaches, scratched corneas, muscle pain, self-injurious behaviour) and not solely due to people's reactions to tics or an individual's acceptance of tics
 - have at least some symptom insight, and a motivation to change
 - can commit to scheduling specific times for practicing assignments each week
 - currently in a reasonably stable life situation
 - a mental age of at least eight years with overall cognitive functioning within the broad range of Average (IQ score > 80)
- **Symptoms Targeted For Treatment:**
 - tics (what we call, "leaky brakes over movements and sounds") & the premonitory urges that cause them
- **Treatment of any ADHD symptomatology has already been optimized. It is best if any medications remain stable for the duration of treatment.**

How This Toolbox Can Help:

- "Full Beakers" are how we describe feelings of being overloaded with too many pressures, demands or stresses unique to having leaky brakes. When a beaker overflows this can take the form of unmanageable anxiety, tearful "meltdowns", or rage.
- Tics that are embarrassing, inconvenient, disruptive, or painful are beaker-fillers. Fighting to 'hold in' these tics, or dealing with the reactions of others to these tics, also contributes to a full beaker.
- Learning to manage, decrease, and eliminate bothersome tic symptoms can decrease beaker levels by decreasing negative reactions to, or negative consequences of, tics.
- Evidence suggests that treatment responders also enjoy decreased anxiety, disruptive behaviours, and family strain, as well as improved social functioning six months post-treatment (Woods et al., 2011).
- Through various "T(r)IC(k)S" (**relaxation techniques, competing responses, symptom analysis, social support**), clients are able to choose the tic symptoms most bothersome to themselves and decide whether they wish to decrease these symptoms, change them, or eliminate them altogether.

Putting The Brakes On Tics



There are many things said about Tourette Syndrome that just aren't true - I think I should mention some of these things in case you've heard them and believed them:

- Tics **AREN'T** caused by a lack of discipline, and punishment for tics will **NOT** eliminate the symptoms (in fact, punishment may make them worse)! Rather, recent studies indicate that TS likely comes from genes inherited from both fathers and mothers.
- Tics are **NOT** done on purpose, although some tics can look purposeful if you do not understand conditions like Tourette Syndrome.
- **Very FEW** people (less than a third) with Tourette Syndrome swear - especially children and those with mild cases. When they do, it is in a special way that doctors who work with Tourette Syndrome can recognize as a tic.
- In fact, **MOST** people with Tourette Syndrome have **VERY MILD** symptoms that aren't very noticeable at all!
- Finally, it **ISN'T JUST KIDS** who have Tourette Syndrome - most people have it their entire lives, and it doesn't stop them from doing what they want at all! Like me - I'm a doctor who helps people with problems they are having (called a Psychologist) and I have Tourette Syndrome too!

Whenever people do different movements together, or make different sounds together, it is up to their brains to learn those patterns of movements and sounds and store them away for later so we don't have to learn them all over again the next time. In a way, **the brains of people with Tourette Syndrome work TOO well** - they learn and connect **TOO MANY** movements and sounds; not everything needs to be remembered for later, but those eager Tourette Syndrome brains don't seem to realize that! Eventually those brains have stored up **SO MANY** movement and sound patterns in **SO MANY** places they seem to **ALWAYS** be telling us to move and make noises! When that happens, we say that a person 'tics' or 'twitches', and has Tourette Syndrome.

A strategy to try, then, is to pretend your tics are a pesky little brother or sister. Just as this little brother or sister will only bug you more if (s)he knows (s)he's getting under your skin, so will the tics. The best way to "get the tics back", or to "play a joke on those pesky tics" is to pretend that they don't bother you at all – laugh about them with others, or roll your eyes at that silly Tourettes.

One time we ALL get stressed is during tests – this can be made even worse for a person with tics because you are not only stressed out about the test, but you might also be worried about your tics coming out even more than usual and embarrassing you! Plus it might be frustrating for the other kids around you trying to write their OWN tests – they may not be able to concentrate because of your tics. A good strategy for the teachers to use, then, is to **have a separate room for you to write your tests in** so that you don't have to worry about distracting others or being distracted yourself!

Sometimes tics can make our bodies sore...and **the more we are thinking about how sore our bodies are because of our tic, the more we end up doing that tic!** Ways to help us not think so much about our bodies, then, is to take a hot bath or shower, to get a massage, to wear a hot towel, or to go to a chiropractor or acupuncturist. All of these things will help to get rid of any pain our tic caused us or help us to relax, so we aren't always concentrating on that tic.

Singing while listening to music, playing an instrument, or playing a hard video game keep you so busy your brain doesn't have a chance to tell you to do your tics!

Going for a long run, swimming, or riding a bike can '**use up**' **all that energy that normally goes into the tics** – this means that you tic less! When you first start, the tics might still be there but eventually they run out of fuel and go away until after you are done exercising. These exercises can also help train you to be more aware of your body and to control it.

Having someone, alone or in partnership with you, **talk to your classmates about what tics are** (called a 'Peer In-service') can help a lot! Many times the problems that the tics cause have more to do with people's reactions to the tics than the tics themselves; people with tics are often surprised at how having tics just isn't "a big deal" to others once they understand what is happening. Creating an environment where you no longer have to feel embarrassed about ticcing, or feel the need to hold in your tics, can further decrease your stress and anxiety, helping you to concentrate more on school and tic even less!

If you are not quite ready yet to let the other kids know about your tics and are still working hard to try and hide them, you might want to **work out a kind of code-system with your teachers**. Whenever you feel you can't hold your tics in any longer and you need a "tic break", you use the code (for example, maybe you put a certain colour of post-it note on the corner of your desk). This tells the teacher that (s)he needs to ask you to do something for her outside of the classroom (for example, give you some papers to take to the office <wink, wink>). When you leave the classroom you can then go to the washroom or wherever you and your teacher agree beforehand that you'll go so that you can let some of your tics out and feel less distracted!

Teachers: for this strategy to work well, be sure to pre-plan and organize it with the child. Establish a place for the student to go that is out of view of others (i.e. private) and is not in the office as this can send many unintended and false messages to



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This and other materials can be found on our website.
www.leakybrakes.ca

PLEASE FEEL FREE TO REPRODUCE AND/OR SHARE THIS HANDOUT WITH OTHERS

The CPRI Brake Shop:

Treatment of Tourette Syndrome (TS) & Other Tic Disorders

Managing Tourette syndrome - A behavioral intervention adult workbook. --
Woods, Douglas W. New York: Oxford University Press, 2008.

Managing Tourette syndrome - A behavioral intervention parent workbook. --
Woods, Douglas W. New York: Oxford University Press, 2008. (RJ-496-T68.-A61-2008)

**Managing Tourette syndrome - A behavioral intervention for children and adults
therapist guide.** Woods, Douglas W. -- New York: Oxford University Press, 2008. (RJ-
496-T68.-A6-2008)

**Nix Your Tics! Eliminate Unwanted Tic Symptoms: A How-To Guide for Young
People / B. Duncan McKinlay. --** London, ON: Life's A Twitch! Publishing, c2008.

Tourette's syndrome - finding answers and getting help / Mitzi Waltz. -- Beijing ;
Cambridge ; Farnham : O'Reilly, c2001. (RC-375-.W35-2001-PAR-FRC)

**Understanding Tourette syndrome - a handbook for Families / Tourette Syndrome
Foundation of Canada.--** Toronto : Tourette Syndrome Foundation of Canada, 2nd ed.,
2005. (RJ-496-.T68-2005-PAR-FRC)

The Brake Shop Clinic TOURETTE SYNDROME CLASSROOM and SCHOOL APPROACHES



HEALTH AND SAFETY RECOMMENDATIONS

FOR BOTH THE TOURETTE SYNDROME (TS) and TOURETTE SYNDROME PLUS ASSOCIATED DISORDERS-ADHD, OCD (TS+) STUDENT AND THOSE IN THEIR ENVIRONMENT

A. Time Away (a.k.a. Detours)

- Predetermined behaviour plan
- Ideally a quiet place not associated with discipline
- Private
- Out of the view of other students
- An environment that can reduce over stimulation and possible ridicule

B. Use Of Positive Language

- Not uncommon for TS/ TS+ students to experience difficulty controlling their impulses
- Often prohibiting a particular behaviour will only guarantee it, request the desired behaviour

Sample:

Don't say - "Please stop touching walls."

Say - "Please keep your hands on your desk."

Don't say - "Please stop making noise."

Say - "Please look at me quietly"

- Tone should be unassuming and the statement should **not** be one that may generate a contradictory response
- Positive language requires patience and practice but is a proven effective tool

C. ATTENTION SHORTCOMINGS

- Attention shortcomings cause students to often miss physical cues regarding their environment and body language of those around them

- When it is necessary to discipline the student, don't assume he/she knows what the appropriate behaviour is
- Explain and demonstrate the desired behaviour, action or response, if you expect appropriate behaviours in the future
- Attention deficits can result in **students hearing without listening** – to ensure the student hears and remembers, have them **repeat** your instructions back to you
- Teacher may have to **rehearse** or **walk** the student through a specific task, for example, a student who consistently gets into trouble during unstructured times will not learn correct behaviour simply through a detention – staff needs to find out what is happening during this time and develop strategies and skills to help the student be successful

D. ZERO TOLERANCE POLICIES

- TS/TS+ symptoms can cause a student to violate school policies/rules without intent
- Neurological symptoms and personal knowledge of the TS/TS+ student need to be taken into consideration
- Essential to establish a safety plan – individualized and easy to implement
- Parent contact number, availability important, current list of medications provided (if possible) in case of an emergency

E. DON'T SWEAT THE SMALL STUFF!!

- Choose your battles and address the issues that genuinely require intervention
- Increased stress will not only increase tic symptoms but quite possibly cause behavioural issues

F. RECOGNIZING AND RESPONDING POSITIVELY TO BEHAVIOURAL ISSUES

- Some challenging and difficult behavioural issues can be attributed to symptoms of TS+, and some are not TS related
- Recognizing and responding positively to challenging behaviour is the most effective way to de-escalate a situation
- Teachers need to respond to difficult behaviours regardless of its origin
- Responses need to be consistent, supportive, and positively model appropriate behaviour
- **Stay calm** – this helps the student become calm
- **Don't take it personally** – helps avoid a power struggle, decreases your stress and the student's stress
- **You are in control of your own responses** – be a role model

Don't intellectualize the situation – there are many **factors** over which you as the adult have little or no control

- The symptoms of TS/TS+
- Medication side effects
- Displaced anger
- Hunger, thirst, sleep deprivation caused by the disorder or medications

Be positive and proactive – listen to the student, look for clues of potential crises; pay close attention to:

- Body language
- Facial expressions
- Verbal and nonverbal communications

G. RECOGNIZING SIGNS OF ANXIETY BEFORE A CRISIS BEGINS

- Increase or decrease in vocal and/or motor tics
- Fidgeting or unrest
- Challenging, rude comments
- Confrontational tone
- Passivity
- Redness around eyes and ears
- Heavy breathing

H. VERBAL OUTBURSTS

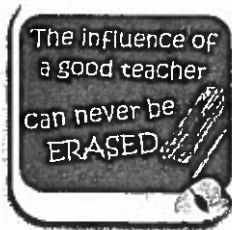
- Many volatile situations can be de-escalated by listening to the student, validating his/her concerns, calmly suggesting an option (time away or detour, movement break)
- Implement Support Plan
- Access resource room

I. PHYSICAL OUTBURSTS

- Each school should have a predetermined safety plan in effect
- Stay calm, supportive, non-confrontational, and implement the predetermined safety plan
- **Safety plan should include:**
 - Classroom teacher(s)
 - Student's E.A.
 - School administration
 - School staff near the student's classroom
 - Parent(s)/guardian

J. CONSEQUENCES

- Should be logically related to the behaviour and as short term as possible
- Avoid angry retribution – teach the skill that is missing
- Try to catch the student before they make a mistake or become agitated – help them think and plan



CLASSROOM STRATEGIES

A. MOBILITY

- TS/TS+ students require opportunities for movement
- Depending upon age, location of classroom, and student ability, consideration should be given to:
 - Use of a hall pass or Detour card
 - Use student as messenger when need for movement is obvious – make sure all staff are aware of this
 - Negotiate acceptable mobility options with student
 - Allow student use of quiet, squeezable stress reducing fidget items
 - Chewing gum

B. RECESS/LUNCH/UNSTRUCTURED TIMES

- Recess and lunch can be the most challenging "subjects" at school
- Unsupervised social interaction can prove very stressful and overwhelming to students with sensory overload, social skills deficits, who are prone to be teased or bullied when releasing suppressed tics or compulsions, and are tired due to disrupted sleep cycles

C. TESTS/EXAMS

- Allow additional time for testing
- Consider testing early in the day when student may be more alert and medications are not wearing off
- Alternative setting
- Consider removing wall clocks
- Allow for breaks and movement
- Allow for oral testing
- Allow for scribe
- Consider exemptions from standardized tests
- Be aware bubble sheets may be impossible for some students

D. ORGANIZATIONAL SKILLS

- School by its very structure has many organizational demands, limited movement, prolonged listening demands, extensive writing requirements, and rule oriented behavioural expectations
- All of these can conflict with the symptoms and learning difficulties for many students with TS/TS+

- Be aware that noticeable independence can take a long time
- The teacher(s) should consider:
 - Clear consistent realistic rules and expectations
 - Keep to a clearly established daily routine
 - Keep a supply of pens, pencils, paper available
 - Cues and reminders prior to transition periods
 - Consider colour coding binders, texts
 - Set regular times to tidy up the binder
 - Write due dates on assignments
 - Establish a consistent location at home and school to store completed work, backpack, etc.
 - Establish a daily communication book between home and school (have a back up)
 - Chunk work where possible
 - Provide study outlines
 - Teach the student how to break down information to study
 - Encourage short breaks after 10 – 15 minute intervals of prolonged study
 - Encourage study buddies

AFFECTIVE AND COGNITIVE SUPPORT

A. MODIFICATIONS/ACCOMMODATIONS

- Need to be individualized, doable and fluid

B. COMMUNICATION

- Ongoing, honest, communication between home and school is essential

C. IEP (Individual Education Plan)

- Informal or formal I.E.P. dependent upon student's needs and practice of School/School Board
- I.E.P. should be reviewed and updated as necessary each term to reflect new goals

D. SCHOOL/SYSTEM TEAM

- School/system Program Development Team (PDT) requires a working knowledge of the student's needs, strengths, weaknesses, effective action plan that is current and open to change with an eye to the future

E. GOALS

- Realistic, measurable goals



TEAM

A. PARENTS

- Communicate your knowledge of your child, observations, techniques that seem to work, what doesn't work
- Inform the school of medication(s), side effects, target most common concerns – homework, "storms", and sleep disturbances
- Communicate to the school if homework affects your life negatively

B. TEACHER

- Communication observations, what's working, what's not – report any side effects of medication
- Set the mood, encourage tolerance, acceptance, remain positive
- Be cognizant of the possibility of tic suppression – speak with parents – is child exploding at home

C. EDUCATIONAL ASSISTANT

- Due to the one on one or small group nature of the relationship, many students strike a strong bond with the E.A.
- Positive E.A./parent relationship is needed for success
- E.A. should be included in any Program Development Team (PDT) meetings related to I.P.R.C. format

D. RESOURCE TEACHER/L.S.T./ TOSA

- Usually the individual within a school with the additional skills and training in special education
- Often responsible for sharing success strategies to classroom teacher and E.A.

E. SCHOOL ADMINISTRATION

- Know your school's administration
- Develop a positive relationship
- Make sure it is understood you are your child's advocate and want to work with the school team to develop the best learning environment for your child

F. PHYSICIAN

- Provide "release of information" documents so the school can provide and receive information in order to better monitor medication(s)

B. TIC Suppression and Obsessions

- Suppression of compulsions usually cause an increase in anxiety, obsessions and fatigue

C. Punitive Responses

- Only increase the cycle of OCD (i.e. school tardiness is often related to compulsions that have to be done "just so" before they leave for school)

D. Communication with Parents

- Keep an open line of communication with parents – be observant and don't be afraid to tell them if you find the students OCD symptoms are causing a major disruption to his/her health or school performance

STRATEGIES For COMPULSIONS AFFECTING NOTE TAKING, ESSAYS, WRITTEN TESTS

A. Choice

- Allow student to choose, when possible whether to print or write, use pen, pencil or coloured pencil
- Provide assistive technology options
- Oral presentations
- Provide copies of teacher notes
- Provide a scribe
- Limit the number of corrections to that which the student can manage
- Do not ask for hand written work to be redone

B. Use of Adaptive Technology-Laptop, IPAD, Scanner/Printer, Computer software to promote skill development

C. Determine what is acceptable

- Academically-individualize expectations for the end product of the academic task
- Know that corrections to work can be a trigger for OCD behaviour
- Behaviourally-avoid expectations that feed into OCD's rules

STRATEGIES For COMPULSIONS AFFECTING READING

For Assisted Reading

- A. Audio books**
- B. Listening-allow student to be read to**

For Independent Reading

- A. Chunking**
- B. Highlighting- Highlight important sections of longer text**

SUPPORTS For COMPULSIONS AFFECTING MATHEMATICS

- A. Graph paper
- B. Chunking
- C. Reduced workload
- D. Additional time for tests
- E. Reducing distractions by providing
 - use of a calculator
 - use of headphones
 - use of a matrix, number line, or other visual and concrete strategies

ADDITIONAL STRATEGIES For OCD

- A. Allow for added time, extensions
- B. Be proactive to de-escalate or distract OCD behaviour
- C. Have a prearranged cue established to allow for a break or change in activity



The Brake Shop Clinic
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This and other materials can be found on our website.

www.leakybrakes.ca

PLEASE FEEL FREE TO REPRODUCE AND/OR SHARE THIS HANDOUT WITH OTHERS!