A Workbook for Conducting a Functional Behavioral Assessment and Writing a Positive Behavior Intervention Plan for a Student with Tourette Syndrome
Includes ADHD, Obsessive Compulsive Disorder, Executive Dysfunction & Sensory Integration Issues

by Kathy Giordano B.A., TAA Education Specialist, and Members of the TAA Education Advisory Board

The Individuals with Disabilities Education Act (IDEA) requires that a Functional Behavioral Assessment (FBA) be conducted and a (positive) behavior intervention plan (PBIP) be developed whenever the behavior of a student interferes with the ability of that or other students to learn. This assessment is conducted exclusively to provide information which will assist in developing positive and proactive interventions and supports to be implemented by the school district. The ultimate purpose of these interventions is to limit the likelihood of the behaviors re-occurring by providing accommodations, teaching skills and/or strategies that are written into a positive and proactive behavior intervention plan (PBIP).

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Important Facts to Consider

• Writing a functional behavioral assessment for a child with TS can be very challenging. TS is one of the most misunderstood and complex neurological disorders that educators are likely to encounter.

• Educators are not always aware of the symptomology of TS and the associated disorders that often accompany TS. It is therefore not unusual to misinterpret symptoms of the disorder as behavioral problems rather than the neurobiological symptoms that they are.

• It is understandable that educators will make erroneous assumptions about the function or reason for the behaviors of children with complicated neurological disorders. FBAs must, therefore, involve some element of educated guessing and development of hypotheses.
Workbook for Conducting a Functional Behavioral Assessment and Writing a PBIP For a Student with TS

- The materials in this packet are intended to assist in sorting out challenging behaviors due to TS symptoms and in formulating hypotheses regarding problematic behaviors that a student with this disorder may exhibit. This information can then be used to establish a positive and proactive behavior intervention plan.

Even More Important Facts to Consider

- Behavior plans should never address tics. However, if the tic is self-injurious or very socially inappropriate, environmental changes and supports may be necessary. See vignettes in the packet.

- It is important that someone on the team developing the Functional Behavioral Assessment and subsequent Positive Behavior Intervention Plan is knowledgeable about TS and its associated disorders. Several brochures and video presentations that will assist you in this area will be recommended. Don’t forget to use the child’s parents as a resource. They are often very well versed in TS and able to direct you to invaluable sources of information about the disorder. Involving the student in this process is also important, as he may be able to provide insights into understanding the behavior. In addition to the TAA website, (tourette.org), the TAA Education Advisory Board provides phone support for schools regarding symptoms and strategies that can be helpful in this process.

- A major component of TS is the symptom known as “dysinhibition” or difficulty in consistently inhibiting thoughts and/or actions. This can result in behavior which a student is not able to inhibit ‘in the moment’. Inappropriate statements or behaviors very frequently result from the student’s inability to consistently apply “mental brakes”.

How to Proceed

- In a middle or high school setting, be sure that at least 3-5 teachers / support personnel / paraprofessionals who work closely with the student complete the worksheet portion of the assessment. In an elementary setting, the classroom teacher and at least 2-5 other special teachers / support personnel / paraprofessionals should complete the worksheet.

- Key members of the child’s educational team should then compile the results of the worksheets onto the actual Functional Behavioral Assessment Summary Form.

- It is helpful to conduct an observation of the student in the environments where the behavior in question is most likely to occur as well as least likely to occur. A person acting as an observer may notice some things (a specific task, various elements of the task, instructional style, other students, symptoms) that are important considerations to take into account when determining how the environment affects the behavior and what modifications need to occur in the environment.

- Use the information and conclusions from the FBA to create the PBIP (Positive Behavior Intervention Plan). Reading the vignettes provided can be extremely helpful in gaining a more in depth and personal understanding of TS.
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What would have been your analysis of this behavior?

The Saga of Steve

Steve was constantly blowing in other students’ faces. The teacher had tried all the typical positive and negative consequences but he continued to blow in their faces when they were close to him. Finally, the teacher asked Steve why he was blowing in the other students’ faces. He replied that he was trying to learn how to whistle. The teacher asked him if he could think of a way to learn to whistle without blowing in children's faces. He said that he could probably turn his head away from the other students while he practiced.

This worked for a few days and then he began once again blowing in people's faces. The teacher asked him what had happened. He had initially told her that he was learning to whistle because the boy knew it was more "normal" than the actual truth. He was blowing in children's faces only when they were close enough that he perceived he was breathing their "breath germs". This is a common example of a germ obsessive compulsive behavior. In reality, Steve was blowing their germs away from him and back at them. With this new understanding of the behavior, it was easy to change the boy's environment so that he was less likely to "breathe other people's germs".

Overview of Functional Behavioral Assessments

IDEA emphasizes functional performance as well as academic achievement. In most instances, conducting an FBA and developing a PBIP should not be a complicated and involved process. However, many schools struggle with the process of developing FBAs and subsequent PBIPs which are effective for students with neurological disorders such as TS. FBAs and PBIPs are very important aspects of an educational plan for a child with TS. FBAs and PBIPs are designed specifically to address identified BEHAVIORAL weaknesses (as opposed to academic weaknesses) of the student, and are, therefore, critically important in the IEPs or 504 Plans of students with TS, since behavior is often an issue open to various interpretations.

When starting the process of conducting an FBA, you are encouraged to keep the following in mind:

1) A Functional Behavioral Assessment is an ongoing process. It is not a one-time evaluation. Each child is an individual and every environment is unique; both are ever-changing and evolving.

2) FBAs should involve utilizing a variety of techniques in an attempt to determine the cause of specific behaviors. These include evaluations, data collecting, team discussions, parent and student input, observations, researching TS through tourette.org and/or requesting a conversation with a member of the Education Advisory Board.

3) This Assessment is conducted exclusively to provide information, which will assist in developing positive/proactive interventions and supports to be provided by the school district in an intervention plan.

4) The ultimate purpose of these interventions is to limit the likelihood of the behaviors re-occurring by providing modifications, accommodations, and teaching skills and/or strategies. A focus on supports that reduce stress/anxiety frequently result in reduced symptoms. These are written into a positive and proactive behavior intervention plan (PBIP) that will be given to all school personnel who interact with the student.

5) FBAs should be compiled by a team of individuals involved with the student, including the parents, who will share observations and gather information about specific difficulties the student is experiencing and
strategies that have or have NOT been successful in the past.

6) The goal of the child's team is to develop hypotheses as to the reason for the behavior by analyzing environmental conditions that exist when the problem behavior occurs.

7) FBAs should examine where, when, and how often a specific behavior occurs and, of equal importance, where and when the behavior does NOT occur.

8) Always in the forefront should be the need to ask what the team can do FOR the child using positive behavior interventions to prevent the behavior instead of focusing on what to do TO the child after the behavior occurs.

9) The accuracy of the FBA is critical to the appropriateness of the PBIP. It should never be assumed that the behavior is simply purposeful misbehavior.

It is important to reiterate that neurological disorders can be very complex. However, with accurate knowledge about TS and related disorders, FBAs for students with these disorders do not have to be an overwhelming process. It is critical that the team include someone who is knowledgeable about TS and its associated disorders OR is willing to be educated regarding TS symptoms and examples of interventions that have been proven to be successful for other students with similar symptoms. A valid, thoughtful and well-written FBA and PBIP can be invaluable for students with Tourette Syndrome.
## Functional Behavioral Assessment Worksheet for a Student with Tourette Syndrome

### A) GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Grade</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Person Completing Worksheet</th>
<th>Position</th>
</tr>
</thead>
</table>

### B) BEHAVIORS OBSERVED

1) **The specific behavior(s) impeding learning is:**

- [ ] Off task behavior
- [ ] Out of seat frequently
- [ ] Talking out in class
- [ ] Refusal to work
- [ ] Aggressive behaviors
- [ ] Disrespect
- [ ] Dysinhibition
- [ ] Socially inappropriate behavior with peers
- [ ] Other

Be more specific about behavior. (Describe what the behavior looks like)

2) **How often does the behavior occur?**

3) **Where does the behavior occur?**

- [ ] In a particular class (Indicate class)
- [ ] Hallway
- [ ] Cafeteria
- [ ] School bus
- [ ] Other (Specify below)
4) Where does the behavior NOT occur?

__ In a particular class (Indicate class) __________________________

__ Hallway      __ Cafeteria      __ School bus      __ Other
( Specify below)

5) When does the behavior most frequently occur?

__ During completion of written work      __ At transition times      __ Testing situations

__ In unstructured environments      __ When tics are exacerbated      __ In noisy environments

__ Interacting with peers      __ Working in groups

__ During a specific task (reading, math, writing on board, using a pen or pencil, etc.)

__ When directions are being given ( __ oral      __ written __ simple      __ complex)

__ Other
Please specify

6) From # 2,3,4 & 5 which of the following conclusions might you draw about the possible reasons for the behaviors?

__ Attentional difficulties      __ Interfering tics      __ Difficulty transitioning

__ Stress in testing situations      __ Anxiety      __ Poor social skills

__ Difficulty with written work      __ Difficulty processing directions

__ Difficulty remaining seated      __ Difficulty working with peers

__ Interfering obsessions      __ Sensory overload in noisy environments

__ Sensory overload in unstructured environments

__ Other Please specify

It is always important to consider medication side effects and/or changes in medications when evaluating behaviors. Frequent communication with the school nurse and the parents is crucial.
Summary of Functional Behavioral Assessment Worksheets for a Student with Tourette Syndrome

This is intended to be a summary of the information from the completed FBA worksheets as the final step in focusing on which specific behaviors should be addressed when writing the PBIP.

A) GENERAL INFORMATION

Student’s Name ___________________________ Grade _________ Date ____________
Name of Person Completing Worksheet ___________________________ Position ____________

B) BEHAVIORS OBSERVED

1) The specific behaviors impeding learning are: (Target no more than 2 behaviors.)
   ____________________________________________________________
   ____________________________________________________________

2) How often does the behavior occur? ____________________________

3) Where does the behavior occur? ________________________________
   ____________________________________________________________

4) Where does the behavior NOT occur? ____________________________
   ____________________________________________________________

5) When does the behavior most frequently occur? ________________
   ____________________________________________________________
6) From # 2,3,4 & 5 which of the following conclusions might you draw as to the possible reasons for the behaviors?

____ Attentional difficulties  ____ Interfering tics  ____ Difficulty transitioning

____ Stress in testing situations  ____ Anxiety  ____ Poor social skills

____ Difficulty with written work  ____ Difficulty processing directions

____ Difficulty remaining seated  ____ Difficulty working with peers

____ Interfering obsessions  ____ Sensory overload in noisy environments

____ Sensory overload in unstructured environments

____ Other (please specify)

C) STRATEGIES / SUPPORTS TO BE IMPLEMENTED.

1) What changes/supports are needed to decrease the likelihood of the behavior re-occurring?

____ Writing supports  ____ Homework reduction  ____ Organizational supports

____ Testing modifications  ____ Assistance with directions  ____ Peer education

____ Assistance with transition  ____ Social skills education

____ Assistance in reducing anxiety  ____ Assistive Technology Evaluation

____ Reduction in amount of time in unstructured situations

____ Occupational Therapy/Sensory Integration Evaluation & SI Supports

____ Provide student with specific strategies to assist with impulsivity, dysinhibition or other symptoms

2) What positive interventions can be implemented by the staff to assist the student in maintaining appropriate behavior?

(See accompanying “Proactive/Interventions/Accommodations to be Implemented” list)
Proactive Interventions/Accommodations to be Implemented

This list needs to become a part of the child’s Positive Behavior Intervention Plan (PBIP) and, once completed, must be given to all teachers/staff members working with the child. Flexible and creative strategies are critically important. It is important to remember that providing an accommodation BEFORE the behavior occurs is more successful than punishment after the behavior occurs as is emphasized in the IDEA.

Please check where appropriate

- Writing Supports
  - The use of a word processor is a reasonable and necessary accommodation.
  - Occupational Therapy Intervention.
  - Tests/reports given orally.
  - Allow extra time for written assignments.
  - Shorten assignments.
  - Verify all homework assignments to make sure they were copied accurately.
  - Provide graph paper to help line up math problems or allow child to turn paper sideways.
  - Do not penalize students for poor handwriting. Provide alternatives for doing tests, assignments, etc. (orally, taped, word processed, speech to text software).
  - Accept printing rather than cursive writing.
  - Provide class notes or a scribe in addition to having the student take notes or copy from a book, the chalkboard or overhead.
  - Assistive Technology evaluation to determine feasibility of technological supports such as spell checker, voice activated computer program, math assistive programs, computer art programs, etc.
  - Worksheets scanned into the computer.
  - Tape recording spelling tests when a teacher is unavailable.
  - Tape recording various answers on tests.
  - Frequent breaks during assignments.
  - Other
• **Testing Modifications**
  
  o Tests taken in a separate location.
  
  o Time limits waived or extended on tests.
  
  o Tests taken orally, with a scribe, on a computer or with speech to text software.
  
  o Use of headphones or music during test.
  
  o Standardized tests answers written directly in the test booklet and transferred onto answer sheet by teacher or assistant.
  
  o Tests scanned into the computer
  
  o Other: __________________________________________________________

• **Organizational Supports**
  
  o “Chunk” assignments. Break down all long-range assignments and projects into shorter more manageable parts.
  
  o Reduce the length of homework assignments if it does not compromise academic success. Quality, not quantity is the important thing.
  
  o Provide a daily assignment sheet/agenda to be filled out by the student and verified by the teacher.
  
  o Teach alternative methods for recording assignments (small tape recorder; electronic organizer, email, voice mail, etc.).
  
  o Assist student with homework prioritizing and management.
  
  o Allow student to leave his last class a little early to pack up and organize his materials.
  
  o Assign someone to assist the student at the end of the day to be sure all necessary items are ready to take home.
  
  o Provide an extra set of textbooks for home.
  
  o Suggest to parents that a child’s textbooks, notebooks and folders be color coded.
  
  o Do not penalize students who forget or lose basic classroom supplies. Keep a supply of paper, pens, and pencils to lend. Parents could also supply these materials.
  
  o Assign a homework buddy for the child to call for assignments, etc.
  
  o Establish a method of daily or weekly communication between home and school through an assignment book, email, etc.
  
  o Meet briefly with student at beginning of day to go over the day’s activities.
  
  o Provide student with a daily schedule that he can check off as the task is completed and see what the next scheduled activity is.
  
  o Provide support in adjusting to a new schedule.
  
  o Laminate a list of what goes in the backpack to go home.
  
  o Other: __________________________________________________________
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• **Assistance with Transition**
  
  o Allow student to leave each class a little early to avoid crowded hallways.
  
  o Give warnings of transitions from one activity to another in the classroom; e.g., in 5 minutes we will be changing activities.
  
  o Provide a debriefing session the last 5-10 minutes of school.
  
  o Other

• **Assistance with Processing Directions**
  
  o Use visual cues in addition to auditory ones.
  
  o Have student repeat directions back to you to ensure comprehension.
  
  o Assist student with the processing of oral or written direction.
  
  O Allow extra time to process questions before expecting an answer. (e.g., ask a question and say that you’ll get back to student in a minute for the answer and/or tell student at the beginning of class that you will be asking him a specific question).
  
  o Other

• **Assistance in Accommodating Tics**
  
  o Educate the other students who come into contact with the child with TS. TAA has a peer in service entitled “Educating Classmates about TS”, publication #E122, E122DD (order online at http://store.tourette.org/education.html). An advocate from the local TAA chapter may also be helpful. (Parental and student permissions should be obtained before proceeding with this.)
  
  o Ignore tics whenever possible. Understanding leads to acceptance which negates the disruptiveness of the tics.
  
  o Rather than time out, provide a refuge where the student may go to calm down, release tics or obsessions such as the nurse, school psychologist, social worker, counselor or other appropriate support staff. The Principal’s office should be avoided, as this often is perceived to be a punishment.
  
  o Give the child frequent breaks out of the classroom to release tics in a less embarrassing environment.
  
  o Give the child his/her own laminated pass to allow him to leave the room when needed for a quick break. Allowing the student to sit near the door provides him with an easy exit which frequently reduces the number or times the student will need to leave the room as this reduces anxiety.
  
  o If tics are socially inappropriate (spitting, swearing, touching people inappropriately), it may be necessary to brainstorm possible solutions. e.g., a spitting tic could be resolved by giving the child a tissue to spit into.
  
  o Always model acceptance of the child’s symptoms. The teacher sets the tone in the classroom and will dictate how the other students treat the child with TS.
  
  o Never seat student in center front of classroom where tics will be more noticeable and embarrassing.
  
  o Other
• **Attentional Difficulties**
  
  - Preferential seating in the classroom; up front on the side is ideal where the teacher can assist the child in staying on task.
  
  - Provide a quiet place to work in the classroom. A headset with instrumental music might help block out distractions.
  
  - Allow for freedom of movement at his desk, within the room and out of the room if necessary. (A quick trip to the bathroom, drinking fountain, a classroom task).
  
  - Change tasks frequently. Structured, but flexible classrooms are the best setting for the child with ADHD.
  
  - Establish a hand gesture as a reminder to refocus and get back on task.
  
  - Involve the student in some sort of motor activity during times of intense concentration. Examples include squeezing a soft ball, pencil tapping on something soft (sponge), foot tapping (no shoe), body rocking, doodling. Don’t assume that just because the student is not sitting perfectly still and looking you in the eye that he/she is not paying attention or if they are doodling, moving around, not making eye contact, having tics that they are NOT paying attention.
  
  - Allow time during the day for physical activity. Punishing a student with ADHD by taking away physical education, recess or any other outlet for physical activity is often counterproductive.
  
  - Chewing on gum or hard candy may increase students’ ability to attend.
  
  - Give the student a bright-colored note card to hold under sentences help him follow along when reading.
  
  - Highlight items that a child needs to focus on in chapter or page of reading.
  
  - Other___________________________________________________________________________

• **Sensory Processing Issues**
  
  - Allow student to leave each class a little early to avoid crowded hallways.
  
  - Find alternatives to the cafeteria where the student can eat with a small group of friends in a quieter environment.
  
  - Seat the child up front on the school bus and train the bus driver regarding the involuntary nature of tics.
  
  - A sensory integration evaluation be conducted and recommendations sought for a sensory diet or therapy from the occupational therapist who performs the evaluation.
  
  - Provide assistance in unstructured environments.

  - Teach student to recognize first signs of being overwhelmed or increased anxiety and provide techniques for reducing stress prior to losing control. For example, ask permission to leave class, establish a specific place to go or a person to visit on these occasions.

  - Other___________________________________________________________________________
• **Social Skills Deficits**

- Social stories / Social story notebook
- Pragmatic language support from the speech and language pathologist
- Social skills groups / Social skills coach / Social skills note card reminders.
- Lunch bunch with school social worker or school psychologist.
- Role-playing.
- Select one or two social deficits to focus on and implementing positive supports to reinforce the use of positive strategies that have been discussed during counseling.
- Creative methods of teaching appropriate social interactions (e.g., if you can touch the person, you are too close).
- Teaching methods of reading social cues
- OT Evaluation to determine if there are sensory issues.
- Anger management.
- Provide specific alternatives to confrontation (e.g., getting a drink of water, walking to a specific counselor, social worker, etc.).
- Regular meetings with student to discuss positive preventive methods for dealing with future situations; focusing on what has occurred in the past, often results in the student becoming re-agitated.
- Other_________________________________________________________
• Aggressive Behaviors

Aggressive behaviors are typically a result of one or more of the following: frustration due to demands that cannot be met by the student; inflexibility on the part of the student and/or the teacher; touching the student who is hypersensitive to touch; restraining the student; the student’s sense of total failure; bullying or teasing; anxiety and/or hypersensitivity to criticism.

- Allow student frequent breaks.
- Counsel the student to develop skills necessary to become aware of increased tension followed by involving the student in developing a plan as to specific alternative responses to reduce anxiety.
- Examine more closely possible related disorders that may have been overlooked (sensory processing difficulties, obsessive compulsive behaviors, attention deficit disorder, executive functioning deficits, nonverbal learning disabilities, dysgraphia, homework issues, transition, peer issues).
- Be creative in developing a plan that will provide a sense of success and accomplishment
- A modified day and/or home tutoring may be temporarily necessary.
- A change of teachers may be necessary.
- Allow for choices that will empower the student.
- Anticipate difficult situations and avoid them while teaching strategies to manage them more appropriately.
- Other____________________________ _____________________________
Positive Behavioral Intervention Plan for a Student with Tourette Syndrome

A) **General Information**

Student Name ___________________________ Grade _____ Date ______

Name of person completing PBIP ___________________ Position ______

B) **Behaviors Targeted**

1) _______________________________________

2) _______________________________________

C) **Hypothesized Function of the Behaviors** (From # 6 of the FBA)

______________________________________________________________________

______________________________________________________________________

D) **Behavioral Supports to be Implemented by Staff**

1) __________________________  4) __________________________

2) __________________________  5) __________________________

3) __________________________  6) __________________________

E) **Environmental Changes to be Implemented by Staff**

1) __________________________  3) __________________________

2) __________________________  4) __________________________

F) **Positive Rewards to be Provided to Student for Progress on the PBIP**

______________________________________________________________________

______________________________________________________________________
G) **Communication Plan**

1) Who will coordinate the PBIP?

________________________________________________________________________

2) What is the date of the next PBIP review meeting?

________________________________________________________________________

3) Has every teacher/staff member working with the student received and signed the PBIP?

   __yes     __no

4) Has the student and parents been informed of strategies?

   __yes     __no

**Be sure to include the “Proactive Interventions/Accommodations to be Implemented” list when this PBIP is shared with the child’s teachers**
Vignettes

The following are real life vignettes of students with TS and associated disorders. They not only provide specific examples of creative classroom strategies and accommodations, but they also very clearly illustrate the effectiveness of positive and proactive interventions and accommodations when working with students with these disorders.

TICS

**I Have a Chicken in My Pants**

Chris, a 7th grader with TS, suddenly developed a vocal tic which he shouted out several times a class period, “I have a chicken in my pants”. The first time it occurred, teachers were mystified as to what to do. The first inclination of most staff members was to tell Chris that this was not appropriate and to ask him to leave the room before he said it. Unfortunately, people with TS do not typically have enough time to sense the tic coming and to leave the room before it happens. Secondly, this child would be spending most of the class time trying to anticipate the tic and then leaving the room in anticipation.

Teachers were asked to keep track of the number of interruptions that occurred during one class period on a particular day. They were to count all interruptions, sneezing, coughing, nose blowing, pencil sharpening, children dropping things, the school intercom, a plane flying overhead, etc. This was then compared to the 3 or 4 times this student was saying “I have a chicken in my pants”. The “chicken in the pants” paled in comparison to all of the other daily interruptions that everyone had become accustomed to and understood. With permission of Chris and his parents, a peer In-service was provided so that students would understand why Chris was saying this unusual phrase. Consequently, Chris’ anxiety regarding suppressing this vocal tic was reduced, which reduced the number of times this vocal tic occurred and he was more available for learning.

**Stop It, I Can’t**

A mother contacted TS because for the past two weeks her son had been coming home from school and immediately running to his room crying and ticcing so hard that he was hurting himself. She was also having a very difficult time getting him to go to school when he had always been eager to get onto the school bus. A meeting was scheduled in which a representative from the TAA Education Advisory Board was available by phone with his teachers. The teachers began the meeting by reporting that Johnny’s behavior had improved dramatically over the past two weeks and they were anxious to share their successful strategy. They had talked with the other students when Johnny was out of the class. They had told them that it would help Johnny if every time he had a vocal or motor tic, they would politely tell him that he was bothering them.

The TAA representative explained that they had inadvertently encouraged the boy to suppress his tics. Consequently, he was now expending the majority of his energy trying to suppress his tics all day in school. The teachers were reminded of what it is like to try and hold in a sneeze and how distracting that can be. It was also explained to the teachers that while the child was suppressing his tics, he was less likely to be able to learn since his attention was so focused on not ticcing. In addition, the explosive ticcing behavior the mother was reporting was potentially harmful to the child.
Telling a student that their behavior is not appropriate is helpful only if the behavior is not a manifestation of his disability. In the case of TS, it is important to remember that the child has little or no control over vocal or motor tic behaviors. When a behavior is a tic, the reminder will not only be ineffective but will actually increase the need to repeat the tic. Imagine for a moment that blinking was not "socially acceptable". You are well aware that it makes people angry when you blink because people have told you this over and over, but you continue to blink your eyes because no matter how hard you try not to, you must blink your eyes. Now imagine that you are in a classroom and the teacher whispers to you a reminder not to blink your eyes. Her "helpful" reminder will only serve to increase the likelihood of you blinking.

Reminding people with TS to inhibit their need to complete a tic is not helpful and generally will increase the need to have the tic because they have been reminded of it.

In a similar story, an older student diagnosed with TS was in social studies class one day. The teacher asked each student to take turns telling the boy why his tics bothered them. It is likely that, as in the other scenario, both these teachers did not intend to harm the child. They were simply attempting to "motivate" the student to stop doing his tics.

These are not uncommon stories. Adults frequently attempt to use humiliation in an attempt to motivate the student to stop doing their tics. The truth is that ignoring tics is more likely to reduce the frequency and intensity while anything that increases stress will most likely increase the need to tic. If the humiliation is significant enough, the student may exert an extraordinary amount of energy in suppressing tics, but this typically results in an explosion at some point in the day especially when he arrives home. At the same time, instead of teaching tolerance of differences, the teachers had modeled intolerance of people who are different to the other students.

**Flexible Modifications/Accommodations**

*I Was Sitting There First!!*

Tom, an elementary student had been diagnosed with mild tics, Asperger's and severe Obsessive Compulsive Disorder. One day when the teacher announced that it was "snack time", Tom ran to the beanbag chair in the back of the room. The "rules" for the chair were whoever was sitting in it first had domain. The teacher asked him to return to his desk to pick up something off the floor that he had dropped. At that point another boy sat in the beanbag chair. Tom came back and demanded that the boy move because he had claimed the chair first. The boy refused, saying that it was his chair now. The teachers attempted to intervene and to come to a "fair and logical" compromise. This only increased Tom's frustration and anger which resulted in a meltdown with Tom eventually being sent to the office.

Tom's viewpoint was that he had claimed the chair by getting to it first and therefore it was rightfully his to use for snack time. To add insult to injury, Tom's attempts at asking, then pleading and finally demanding that the teacher make the student get up so he could reclaim the chair, were ignored . Everyone, at this point, was in a difficult place. The adults in the room were thinking that this was a good opportunity for the students to learn about compromise and the many times in life when they will not get what they want.

Tom had crossed over into a neurological rage episode because it was his perception that he had followed the rules and had been cheated out of what was rightfully his. He had what many children with OCD demonstrate, an obsessive sense of justice. The rage increased and he was sent to the office. Everyone had his or her own perception and "reality" of the situation. Tom’s IEP was soon changed to reflect counseling that focused on social stories. In this way, his reality was validated but also he also received assistance from a counselor in learning strategies that would result in a better outcome when he encountered similar situations in the future.
Difficulty in the Hallways

Ben was an 8th grader with TS, ADHD, OCD and learning disabilities. When his class schedule arrived in the mail before school started in September, he observed that he had five academic classes in a row before lunch with no break. And because he was an 8th grader, he had the last lunch period at 1:10 PM. By the time he arrived at his last class, it was nearly impossible for him to sit still and pay attention and his tics were at an all-time high. The teacher of that class quickly realized this and decided to have a private meeting with Ben to brainstorm possible solutions. It was her suggestion that Ben would report to her class, put his supplies on his desk and leave to take a five minute walk to the drinking fountain, bathroom, etc. to release tics and get a bit of exercise. This hopefully would assist him in attending better and tic less when he returned to class. The first five minutes of class were usually spent taking attendance, passing back papers, etc., so he would not miss any of the lesson.

However, in about a week’s time, the inevitable happened. Ben arrived as usual five minutes after class had begun. One student raised her hand and asked why Ben was always allowed to come to class late. The teacher used this as a “teachable moment” and communicated to them a very important lesson. What's fair is not always equal and what's equal is not always fair. Each student gets what he or she need and it may never be the same as another student. She compared it to a child with diabetes who needed to have a snack in the middle of the morning. Did that mean that that everyone had a snack? Certainly not. No one ever asked again why Ben came in late or why anyone else in the class seemed to be favored at any given time. It was a lesson well learned.

Attention

You Don’t Look Like You’re Paying Attention

Whenever the teacher was lecturing, Sue, a student with TS and ADHD, would walk around the classroom softly slapping the sides of her legs. Her teachers had learned that if Sue sat quietly at her desk, she was unable to attend and by walking she could indeed pay better attention. One day she was working at a computer writing a mystery story while the teacher was reading a story on which the entire class would be tested immediately afterward. When the teacher was finished reading the story to the class, the test began. Sue's aide scribed for her as she took the test on which she scored 100%. The teacher recognized that if she had insisted that Sue sit with her hands folded and her feet on the floor, she would have most likely failed the test. This is an extreme example, but it is not unusual for students with ADD to be able to better pay attention if they are “fidgeting” with something, sitting on one leg, doodling or moving in some manner. Research is beginning to suggest that this movement stimulates the brain indeed, allowing the person to be able to attend better.

Anxiety/OCD

Why Theresa Feels Trapped

Theresa, a middle school student with TS and OCD, began to exhibit agitation in school for what seemed to be no apparent reason. This agitation would frequently escalate into a confrontation with another student or sometimes even with the teacher. After many months, Theresa had developed a trusted relationship with the school counselor and confided that she often had a feeling of being trapped. She imagined that the classroom door was locked and that she would not be able to get out of the room when it was time to go home. Whenever possible, the door was left open. If this were not possible, she would sit close to the door with permission to get a drink of water whenever she felt the trapped feeling taking over. After using this technique for a few days, she rarely left the room. Since she had permission to leave, she no longer felt trapped. This prevented her from becoming anxious, which reduced her difficult behaviors as well as her need to leave the room.
**Why Rachel Won’t Read**

Rachel, a 4th grader with TS, Anxiety Disorder and OCD would refuse to read aloud during “group reading time”. It was suggested that Rachel might be more willing to read if she worked one-to-one with the teacher. The teacher tried this technique, but Rachel continued to refuse to read out loud. However, she did very much enjoy reading to classroom volunteers, and at home she was an avid reader. The one difference that the team finally determined was that the teacher always asked questions of her while she was reading to check for comprehension. She had significant issues with perfectionism that resulted in anxiety. It was theorized that her refusal to read might be related to this need for perfection. Rachel was told that she would no longer be asked questions during reading, but that she must ask the teacher a question every few paragraphs. The girl very much enjoyed the control that this afforded her and the refusal to read ended.

**Handwriting issues**

**It Hurts To Write**

Andrew was a second grader who had been diagnosed with TS, ADHD, fine motor deficits and OCD. He was very bright, but struggling in school to keep up with the work that everyone else was doing. He was also becoming increasingly defiant in his refusal to do his work. An observation was conducted by someone from the local TAA. The observer noticed that Andrew was always in motion. He was sometimes standing next to his desk or sitting under his desk. He would even walk around his desk. The teacher had realized Andrew’s need for movement and his desk was by the door and not in full view of the other students, so when Andrew was moving about in his space, no one else was disturbed by this. When he was moving, he was paying much better attention, as is the case for many children with ADHD.

The problem arose the minute the students were asked to take out their own sheet of paper and to start writing their own story. Andrew played with things in his desk, he went to his locker in the back of the room, he went to the bathroom, and did just about everything he could think of to avoid writing his story. The observer asked him what he was going to write about. He immediately came up with his topic. She then asked him to write his opening sentence to which this 7 year old replied, “It hurts to write”. The observer then suggested that he could dictate his story to her and that she would be his “secretary”. The thoughts began to flow freely. His vocabulary was significantly beyond what you would expect of a second grader and he completed 6 or 7 very good sentences in record time. He had the story in his head, but like many students with TS, he could simply not get it onto the paper. His teacher had noticed that his handwriting was almost illegible. He could not stay on the line, his margins were off and every few words he had to stop and shake out his hand because it hurt so much. So, the simple solution for him was to avoid and often refuse to write.

The result has been that Andrew now has many writing supports in his IEP. He has a scribe, he uses the computer whenever possible and the amount of homework has been reduced. His grades have improved drastically and he is a much happier child.
Disinhibition/Impulsivity

I Try Not to Say It But It Just Comes Out

A school psychiatrist working with a second grader diagnosed with TS, ADHD and OCD was having a difficult time distinguishing between tics and impulsive behaviors. He was not convinced that every time the student said something inappropriate or acted in an impulsive manner that it was a tic. Tics are defined as sudden, rapid repetitive movements or sounds and not everything that this child was exhibiting could “technically” be classified as a tic. A representative from the Tourette Syndrome Association explained to her that it is sometimes better to consider the difficulties a student experiences as "symptoms" rather than tics. This can be helpful because all too often we associate vocal and motor tics as being the only symptoms of TS. In reality, many students, whether they have severe or mild motor and vocal tics, also have significant difficulty with the invisible but extremely disruptive symptoms of dysinhibition/impulsivity. When this student was told that his turn on the computer had ended, he said something extremely inappropriate to the teacher. This was not a tic per se, but was indeed a symptom of his TS and his inability to use his learned inhibitory skills ‘in the moment’. In these instances, the best way to handle the situation is to ignore the behavior, but at the same time include in the behavior plan counseling support that will assist the child in learning techniques to help him recognize that his "brakes" are not working and to substitute a more appropriate behavior. However, since the actions are neurologically based, it will require a great deal of practice and patience on everyone's part.