

# Facilitator's Guide

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Education In-Service Volunteer  
Presentation

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## Welcome

Thank you for volunteering to be an Education In-Service Volunteer. We are so happy that you have decided to help raise awareness about and build support for people with Tourette Syndrome. This guide and the presentation slides (PowerPoint files) will provide you with everything you need to deliver Education In-Service presentations in your community.

## Goals of this Guide

- Provide an overview of your role as an Education In-Service Volunteer
- Review the presentation and talking points
- Describe ways the presentation can be tailored, if necessary
- Share examples of commonly asked questions
- Describe items to consider when planning and delivering the presentation

## Education In-Service Presentation and Talking Points

As an Education In-Service Volunteer, you will give presentations to members of your community to improve awareness of and support for people with Tourette Syndrome and other Tic Disorders. You will give In-Service presentations to school staff such as administrators, school psychologists, educators, counselors, speech language pathologists, occupational therapists, other school staff, and the general public to help them provide the best educational experience they can for students with Tourette Syndrome and other Tic Disorders. This guide provides the talking points you'll need to give an effective presentation.

Outlined below are the presentation slides and talking points. The text in italics are instructions for you. The bullet points (•) with **teal text** are talking points for you to say during the presentation.

Slide 1



Welcome everyone.

- Hi everyone!

Add your information and presentation location.

Slide 2



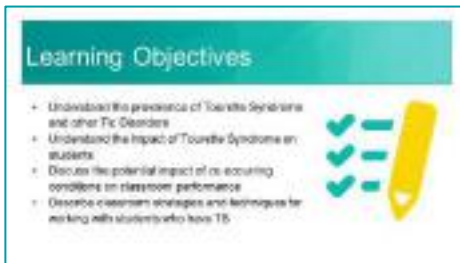
Start out by introducing yourself.

- My name is \_\_\_\_\_
- I am an Education In-Service Volunteer from the Tourette Association of America

If you are affiliated with a local chapter or support group, mention your role.

If you are working with a small group, ask each person to share their name and role so that you know how to tailor the presentation.

Slide 3



Provide an overview of what you will talk about in the presentation.

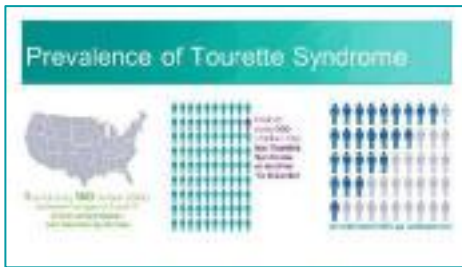
- By the end of today's presentation, you will be able to:
  - Understand the prevalence of Tourette Syndrome and other Tic Disorders
  - Understand the impact of Tourette Syndrome on students
  - Discuss the potential impact of co-occurring conditions on classroom performance
  - Describe classroom strategies and techniques for working with students who have TS
- Please wait to ask your questions until the end of the presentation

Slide 4



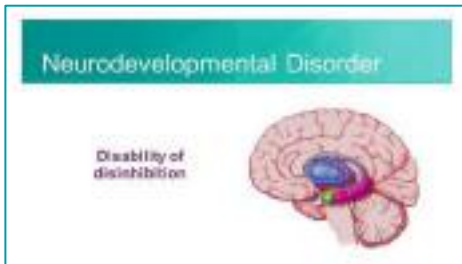
- We will now go through some of the science and symptoms of Tourette Syndrome

Slide 5



- Tourette Syndrome and other Tic Disorders are more common than many people think.
  - 1 out of every 160 children between the ages of 5 and 17 in the United States has Tourette Syndrome.
  - 1 out of every 100 children has Tourette Syndrome or another Tic Disorder.
  - It's estimated that 50 percent of people with Tourette Syndrome are undiagnosed or misdiagnosed.
- Lack of diagnosis or misdiagnosis is especially common in minority, low-income, and rural communities. This is likely due to the limited access of resources and support services.

Slide 6



*Describe the neurology of Tourette Syndrome.*

- Tourette Syndrome originates in the nervous system and affects the parts of the brain that are responsible for deciding which actions to carry out or not to carry out.
- TS is thought to be a disability of disinhibition (which means an inconsistent ability to hold back behaviors).
- The brains of people with TS are highly suggestible. When people with tics are around other people who have tics their tics can increase. Talking about tics can cause tics to increase for a person with TS or a tic disorder.
- Disinhibition is not the same as impulsivity.

*Provide an example of disinhibited activity, such as seeing a sign that says, "Wet Paint, Do Not Touch" and the individual with Tourette Syndrome being unable to resist the urge to touch.*

Slide 7



- Tourette Syndrome changes with the child as they develop.
- Most people with TS experience their first tics between 5 and 7 years of age. Tics typically begin in the face, head, or neck.
- Tics typically increase in frequency and severity between ages 8 to 12. Tics may move down the body and begin to affect the torso.
- Tics may decrease in severity over time.
- Some people will become tic free, but some will have moderate to severe tics into adulthood.

Slide 8

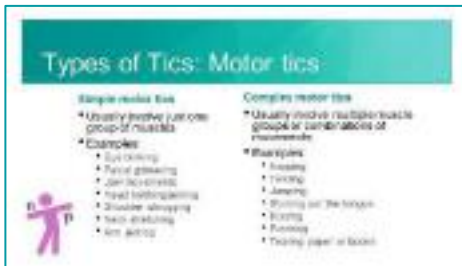


- Tics are the main symptom of Tourette Syndrome.
- Tics are involuntary, repetitive movements and vocalizations.
- Tics are physiological urges and are hard to suppress.
- Ticking provides only temporary relief.

*To explain the physiological urge to tic, use the example of a mosquito bite one wants to scratch, or the need to sneeze.*

- Tics vary in type, frequency, and severity:
  - From person to person
  - Over time
- There are two types of tics: motor and vocal.

Slide 9



- Motor tics cause a movement.
- Simple motor tics usually involve just one group of muscles.
  - Examples of simple motor tics include eye blinking, making a grimace with your face, jaw movements, head bobbing/jerking, shoulder shrugging, neck stretching, and arm jerking.
- Complex motor tics usually involve multiple muscle groups or combinations of movements that tend to be slower and look intentional.
  - Examples of complex motor tics include hopping, twirling, jumping, sticking out one's tongue, kissing, pinching, and tearing paper or books.
- Though involuntary, complex motor tics often look intentional.

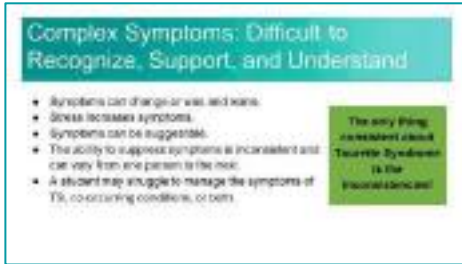
Slide 10



- Vocal tics cause a sound.
- Complex vocal tics include words or phrases that may or may not be understandable, and may occur out of context.
  - Examples of complex vocal tics include repeating words or phrases or making sounds such as sniffing, throat clearing, grunting, hooting, or shouting.
- Specific vocal tics:

- *Coprolalia*: outburst of obscene words or socially inappropriate and derogatory remarks. Exhibited by only 10% of people with TS.
- *Echolalia*: repeating words or vocalizations of others
- *Palilalia*: repeating one's own syllables, words, or phrases

Slide 11



- The symptoms of Tourette Syndrome vary from person to person.
- Symptoms are affected by outside factors such as suggestion, anxiety, stress, excitement, exhaustion, and illness.
- Each person's ability to manage symptoms varies.
- Symptoms are affected by co-occurring conditions.

Slide 12



- Eighty-six percent of people with TS have at least one co-occurring condition.
- Symptoms of co-occurring conditions can be more problematic than one's tics.

Slide 13



- Conditions that typically co-occur with Tourette Syndrome include:
  - Attention Deficit/Hyperactivity Disorder (ADHD)
  - Obsessive-Compulsive Disorder/ Obsessive-Compulsive Behaviors (OCD/OCB)
  - Learning disabilities (e.g., reading difficulties)
  - Dysgraphia (e.g., difficulties with spelling, poor handwriting, or trouble putting thoughts on paper)
  - Executive function challenges and information processing issues (e.g., planning, organizing, strategizing, paying attention to and remembering details)

- Behavioral problems (e.g., disinhibition)
- Anxiety
- Mood problems
- Social skills deficits and social functioning issues
- Sleep problems

Slide 14



- A person’s co-occurring conditions can impact each other.
- Characteristics common between co-occurring condition(s) and TS converge and heighten each other’s effects.

*In the graphic, point out how the shared effects are shown as darker, because they are amplified by the convergence of OCD/OCB, ADHD, Disinhibition, and Sensory Integration issues.*

Slide 15

**Tourette Obsessive Compulsive Disorder/ Obsessive Compulsive Behaviors**

**“Classic” Obsessive Compulsive Disorder (OCD):** An individual’s symptoms are linked with ritual compulsive behaviors in an attempt to manage the anxiety and fear the individual experiences related to the obsessions.

**Tourette OCD:** The symptoms overlap more closely with the individual’s experience of tics. The individual has a need to do or say things in a certain way or at a given time, or until things feel just right. The behavior is driven by an urge rather than by fear.

*Both types are common in children with TS.*

*Slides 15-21 provide a general overview of common co-occurring conditions and how they can affect a person with Tourette Syndrome.*

*More information about each condition can be found on the TAA website.*

- “Classic” Obsessive Compulsive Disorder (OCD): An individual’s symptoms are linked with ritual compulsive behaviors in an attempt to manage the anxiety and fear the individual experiences related to the obsessions.
- Tourette OCD: The symptoms overlap more closely with the individual’s experience of tics. The individual has a need to do or say things in a certain way or at a given time, or until things feel just right. The behavior is driven by an urge, rather than by fear.
- Both types of OCD are common in children with TS.

Slide 16

**Social Communication Deficits**

When an individual has deficits in the social use of language, s/he does not have the restricted interests or repetitive behaviors seen in autism spectrum disorders.

Students with social communication deficits may experience or exhibit:

- Missing lessons
- Emotional talent/ability/knowledge
- Cloning by friends
- Poor eye contact
- Rigidity in their perceptions
- The ability to describe what they should do in a classroom situation with accuracy, but the failure to address what they do in the moment.

- Social Communication Deficits: When an individual has deficits in the social use of language, but does not have the restricted interests or repetitive behavior seen in autism spectrum disorders.
- Students with social communication deficits may experience or exhibit:
  - Sensory issues
  - Exceptional talent/ability/knowledge

- Desire for friends
- Poor eye contact
- Rigidity in their perceptions
- The ability to describe what they should do in a one-to-one interaction with someone, but the failure to interact in that way "in the moment"

Slide 17



- Students who have TS who also have sensory issues may experience or exhibit:
  - Feeling overwhelmed by too much sensory input in loud and/or chaotic environments (e.g., cafeteria, recess, PE, music, art)
  - The need for excessive sensory input
  - Chewing on clothes or body
  - Excessive touching, hitting, hurting self, jumping, or kicking
- An Occupational Therapist can recommend strategies for a "Sensory Plan" individualized for the student.

Slide 18



- Executive Function: A set of mental processes that help connect past experience with present action and enable individuals to perform activities such as planning, organizing, strategizing, and paying attention to and remembering details, all while managing time and space.
- Executive function challenges that benefit from support:
  - With transitions
  - Beginning and completing tasks/assignments
  - Remembering what to do
  - Decreasing rigidity and recognizing that others have different opinions
  - Developing lifelong strategies to demonstrate true abilities



Slide 19

**Anxiety**

- Anxiety has a cumulative effect during the day.
- Students with Tourette Syndrome need to manage tics, their attempts to suppress tics, their anxiety, and co-occurring challenges.
  - When students who already experience tics feel anxiety, there is often an increase in the number and frequency of tics.
  - Work with the student to recognize when they are overwhelmed so they can use strategies to help reduce their anxiety.
- Clinical anxiety and subclinical stress/anxiety can both exacerbate tics.

- Anxiety has a cumulative effect during the day.
- Students with Tourette Syndrome need to manage tics, their attempts to suppress tics, their anxiety, and co-occurring challenges.
  - When students are not sufficiently supported to manage their anxiety, there is often an undesirable reaction and outcome.
  - Work with the student to recognize when they are overloaded and when they can use strategies to help reduce their anxiety.
- Clinical anxiety and subclinical stress/anxiety can both exacerbate tics.

Slide 20

**Oppositional Defiant Disorder (ODD)**

- A child's response to stress
  - Child or teen demonstrates difficulty with emotional regulation
  - Child or teen demonstrates a fight or flight response in certain situations; the behaviors are not purposeful
- Can appear in children with traumatic backgrounds as well as those from stable, loving families.
- View ODD as a symptom and provide support for the cause of the behavior.
- Trusted relationships are most important in supporting the child or teen.

*View the video to learn more about the symptoms and signs of ODD in children and teens.*

- A child's response to stress
  - Child or teen demonstrates difficulty with emotional regulation
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- Can appear in children with traumatic backgrounds as well as those from stable, loving families.
- View ODD as a symptom and provide support for the cause of the behavior.
- Trusted relationships are most important in supporting the child or teen.

Slide 21

**Written Language Deficits**

Dysgraphia characteristics may include:

- Slow and laborious writing
- Sloppy handwriting (e.g., uneven spacing, irregular margins, and inconsistent lettering)
- Incorrect capitalization or punctuation
- Inability to copy correctly from book to paper or board to paper
- Inability to organize thoughts on paper
- Perfectionism

To evaluate, have the student write at length on a non-favorite topic during a time of day that is typically difficult for them.

- Dysgraphia characteristics may include:
  - Slow and laborious writing
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  - Incorrect capitalization or punctuation
  - Inability to copy correctly from book to paper or board to paper
  - Inability to organize thoughts on paper
  - Perfectionism
- To evaluate the effects of dysgraphia, have the student write at length on a non-favorite topic during a time of day that is typically difficult for them.

Slide 22



*Give everyone a pen/pencil and piece of paper for the Pledge of Allegiance Activity.*

- Research shows that it takes the average student 90 seconds to write the Pledge of Allegiance.
- During this activity, you are going to write out the Pledge of Allegiance.
- Remember that having Tourette Syndrome can make doing simple tasks difficult, like writing
- While you are doing this activity, you're going to also have a tic.
- The tic will be to touch your pinky finger, on the hand that you are writing with, to the desk **five** times.
- Every time I clap, you will need to tic.
- I will give you 90 seconds now to write the Pledge.
- Neatness is being counted, and you are being graded.

*Walk around the room and look over participants' shoulders. Clap very often.*

- Please raise your hand if you have finished.
- That's ok, no one ever finishes.

*When you reach 90 seconds, it's likely that no one will have finished. Ask the group the following questions.*

- How were you feeling?
- What were you thinking?
- What made this difficult?

*Let the group talk about this for a while because this exercise normally leaves a very big impression on people.*

- While you had to deal with just one motor tic for this exercise, most people with Tourette Syndrome have multiple motor and vocal tics, as well as symptoms of co-occurring conditions.
- It can also be stressful for students to try to suppress their tics so that they do not disturb other students.

Slide 23



Click on the video on the slide to show the impact of Tourette Syndrome on students' classroom performance and learning.

Slide 24



- Now we will talk about how other students see children with TS.

Slide 25



Click on the video on the slide to hear children describe what it is like to have Tourette Syndrome and how other children react to them.

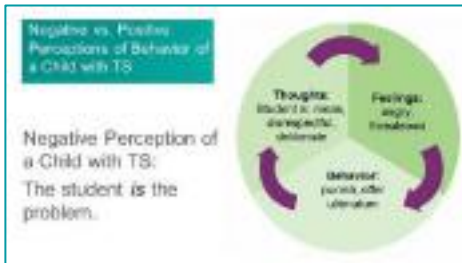
Slide 26



- Students with Tourette Syndrome are often victims of bullying or teasing.
- Tics are a source of embarrassment to many students with TS.
- Students may encourage others to think their actions are intentional rather than being perceived by their classmates as "weird," even if it gets them in trouble with school staff.

Read aloud Brendon's quote.

Slide 27



- Students with TS often exhibit behaviors that lead others to make negative assumptions about them.
- The infrequency of some students' tics may make it appear to others that the student could control their tics if they wanted to.

Using the graphic on the slide, explain how school staff's **negative** perceptions of students with TS affect the behaviors students exhibit, and can

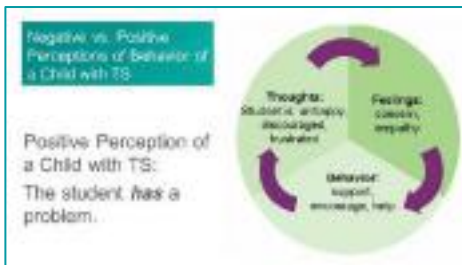
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*ultimately contribute to future challenging behaviors.*

- If the adult perceives that the student **is** the problem...
  - They may think the student is mean and disrespectful, and their actions are deliberate.
  - This can make the adult feel angry or threatened.
  - This can make behaviors such as disciplinary action seem appropriate, and can lead the adult to punish or make ultimatums.
  - These tactics are unproductive in helping a child with Tourette Syndrome, and can worsen symptoms, which restarts the cycle.

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Slide 28



*Using the graphic on the slide, explain how school staff's **positive** perceptions of students with TS affect the behaviors students exhibit, and can ultimately contribute to future challenging behaviors.*

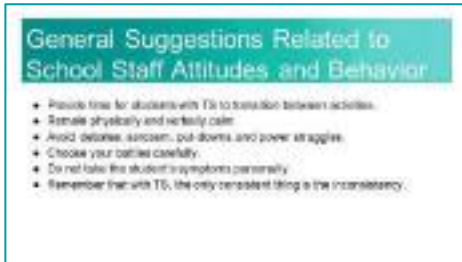
- If the adult perceives that the student **has** a problem...
  - They may think the student is unhappy, discouraged, and frustrated.
  - This can make the adult feel concern and empathy toward the student.
  - This typically engenders supportive, encouraging, and helping behaviors.
  - Supportive--rather than punishing--behaviors from adults help to break the cycle of negative thoughts, feelings, and actions, and create an easier relationship between the student and the adult.

Slide 29



- Next we're going to discuss how to support students with TS.
- Proactive supports are more effective than punishment after the behavior.

Slide 30



*Remind the audience that while every person with Tourette Syndrome is different, there are some strategies that may help students with Tourette Syndrome.*

- Give the student time to transition between activities. This may mean encouraging the student to clean up a bit early and allowing them to leave class a few minutes early so they can walk through uncrowded hallways to their next class.
- Remain physically and verbally calm; avoid debates, sarcasm, put-downs, and power struggles. Those emotional responses can exacerbate a student's symptoms.
- Decide which of the student's behaviors are the most problematic. Consider whether you are able to ignore the student's tic or normalize the symptoms in a way that de-escalates the situation.
- Don't take the student's symptoms personally. The student is not doing something "to" you. The challenging behavior is a symptom of their neurodevelopmental disorder.
- These strategies may not work for everyone.

Slide 31



- The most effective way to work with a student who has Tourette Syndrome is to use positive, proactive supports.
- Punishments and consequences do not teach and are generally counterproductive.
- When educators focus on teaching a student with TS to manage their symptoms, they are much more likely to meet with success than if they focus on punishments and consequences.

Slide 32

**General Suggestions to Support Students with TS**

**Students may be able to:**

- Involve the student in developing a plan.
- Help the student manage stress in a healthy way.
- To build the student's self-esteem/confidence, emphasize his or her strengths.
- Model acceptance and support.
- Give the student time to regain control when he or she feels out of control.
- Designate a "safe person" for the student.
- Focus on increasing the student's ability to engage in flexible thinking.

**Students may be able to:**

- Learn to use relaxation and mindfulness activities regularly and address anxiety.
- Use **Cognitive Behavioral Therapy (CBIT)** to learn how to be in control of their tics and experience an urge without acting on it.

Remind participants that each student is unique and needs customized strategies to manage their TS.

- Include students in developing a plan. Ask the student what they need to be successful.
- The plan may need to change or evolve over time as the student develops.
- Help the student find healthy ways to manage their stress. Work to build the student's self-esteem and confidence, emphasizing their strengths, so that the student understands that they are valued and perceived in a positive light.
- Model acceptance and support.
- Ensure the student knows where to go to regain control (e.g., school nurse, counselor, or designated "safe person").
- Work with the student to help them engage in "flexible thinking."
  - Flexible thinking: Ability to shift gears or think about things in a different way. Students need support in social situations as well as academic situations (e.g. finding an alternative way to solve a math problem).

Slide 33

**Self-calming Techniques for Students with TS**

- Belly breathing
- Deep muscle relaxation
- Guided imagery
- Mindfulness
- Meditation
- Taking a break



- Some students with TS may be able to use relaxation or mindfulness activities to address their anxiety and alleviate the symptoms of TS.
  - Examples include: belly breathing, deep muscle relaxation, guided imagery, mindfulness, and meditation.
  - Brief breaks can be helpful and are encouraged when needed, but avoid accommodations that may inadvertently reinforce tics (e.g., having the student spend a lot of time out of the classroom and not requiring that he or she make up the work).
- Some students with TS may be able to use strategies from CBIT to help manage their tics.
  - Not all people with Tourette Syndrome are able to manage their tics using CBIT.

## Slide 34

**Strategies for Providing Academic Support to Students with TS**

- Work with student to develop homework accommodations, when possible.
- Test in a separate location.
- Provide breaks.
- When symptoms are severe, consider using video conferencing in class situations.
- Designate someone who will help the student manage school assignments and teach coping strategies for managing their symptoms.
- Ensure that all staff recognize the student, his or her symptoms, and management strategies for the student.

- School can be a stressful place for students with Tourette Syndrome due to the social and academic pressures, tic management, and the symptoms of co-occurring disorders and/or learning disabilities.
- Schools can help to reduce stress and provide academic support.
- Make sure all staff at your school are aware of the student, their symptoms, and the management strategies the student uses to ensure that he or she feels safe and supported.
  - Staff include: substitute teachers, cafeteria workers, bus drivers, etc.

## Slide 35

**What School Psychologists Can Do**

***If you are presenting to school psychologists, continue with Slides 35-42. If there are no school psychologists present, skip to Slide 43.***

- School psychologists play an important role in ensuring adequate services for students with Tourette Syndrome. You can influence how others in the school recognize and understand the symptoms of TS.

## Slide 36

**School Psychologists**

- Provide appropriate evaluations/assessments.
- Influence others to recognize and understand the symptoms of TS.
- Convince their colleagues of the benefits of a proactive approach versus a reactive/consequence-focused approach.
- Attend IEP/504 Plan meetings and provide information regarding the student's strengths and skill deficits, and include suggestions for the behavior. This helps to ensure behavior-based plans, rather than those made based on observations.
- Assist members of Implementation/Generalization Meetings in recognizing how the student's behavior is related to his or her strengths.
- Be someone who is safe and supportive of the student and the parent.

- School psychologists can determine and conduct appropriate evaluations of the student.
- School psychologists can attend IEP/504 Plan meetings, providing information about a student's strengths, skill deficits, and explanations for the challenges a student may be experiencing.
- You can take a strengths-based approach to developing a plan for the student.
- School psychologists should serve as a safe and supportive resource to the student and their parents/guardians.

## Slide 37

**Why Is This Happening?**

Accurate diagnosis is **critical** for developing an appropriate intervention plan!

- School psychologists can play a critical role in helping students to receive an accurate diagnosis.
- An accurate diagnosis is essential to developing an appropriate intervention plan for the student.

## Slide 38

**Revising Assumptions**

- Our explanations of behavior to clients related to our response
- Help students to be successful

**Common assumptions about students with TS**

- Attention-seeking
- Lazy
- Like to annoy people/push my buttons
- Disrespectful
- Just doing what they think like
- Result of bad parenting

- Assessments conducted by the school psychologist frame how school staff and parents interact with the student.
- Many people hold negative assumptions about students with TS. They may believe that students with TS are attention-seeking, lazy, purposefully annoying, disrespectful, or that their behaviors are the result of bad parenting.

## Slide 39

**Suggested Evaluation**

- Complete Psycho-Educational Evaluation (Math and Reading)
- Occupational Therapy Evaluation (including sensory evaluation)
- Executive Function Assessment
- Writing
- Speech Pathology
  - Social skills deficits
  - Pragmatic language skills
  - Executive function deficits

- Like all children, students with TS have a range of psychoeducational abilities. Testing can help parents and school staff understand how best to help the student thrive.
- TAA suggests that school psychologists facilitate a complete psychoeducational evaluation of students who have TS. Recommended tests include:
  - Complete Psycho-Educational Evaluation (Math and Reading)
  - Occupational Therapy Evaluation (including sensory evaluation)
  - Executive Function Assessment
  - Writing
  - Speech Pathology (with special attention to social skills deficits and pragmatic language skills)

## Slide 40

**Observations and Results**

Observations of Students with TS	Possible Results
Bad notes, absent, great effort	May change perception of the student from lazy to overwhelmed. No-reading support.
Forgot, trying not, leaving pencil	May indicate unorganized, low IQD, or sensory issues.
Performer repeatedly asks if answers are correct, first result slow to get, gives up too easily	May refer to some obsessive-compulsive or perfectionist tendencies.
Disables, easily frustrated, doesn't know how to help, keeps asking for directions or assistance	Could be processing delays, IQD assistance.

- The words the school psychologist uses in his/her assessment shape the way the child is seen by adults in their life and the way the adults behave toward the child.
- Be mindful of the words you use to describe the student.
- On this slide, we can see how one adult's observations can shape the response of other adults.

*Allow time for participants to review the observations.*



Slide 41

**Sample Student with TS**

Open is a fourth grade student who was given an IEP and a 504 Plan due to passing grades, the handwriting difficult to read, and he typically does not complete written assignments and homework. His parents requested an educational evaluation, which demonstrated that he has significantly above average to superior abilities in some areas, and significantly below average in others.

Over the course of 8th grade, his academic grades have declined from A's to C's and D's. Teachers have expressed concern regarding Dylan's ongoing attention seeking behaviors such as excessive movement, leaving desks, and shouting out answers.

During 7th grade, he had two suspensions as a result of his behavior that included the use of inappropriate language. His last suspension resulted in Dylan being removed from the general education setting and placed in an alternative program for students with behavior issues.

Have participants read the case study on the slide. Then ask the audience the following question and ask several participants to share their thoughts.

- What does Dylan's experience tell you?

Slide 42

**What Does Dylan's Experience Tell You?**

- Dylan's refusal to complete assignments is a clue to his unique needs that can be met by either an IEP or 504 Plan.
- His handwriting deficits affect his ability to demonstrate his true knowledge.
  - Provide a technology evaluation to determine appropriate supports.
- Dylan is being punished for symptoms.
- School should work with Dylan to find strategies to possibly manage his Coprolalia more successfully.

- Looking at the results from the evaluation and knowing that Dylan was an A student in past, we need to look at his refusal to complete written assignments as a clue to his unique needs that can be met by either an IEP or 504 Plan.
- His handwriting deficits affect his ability to demonstrate his true knowledge.
  - Provide a technology evaluation to determine appropriate supports.
- Dylan is being punished for symptoms, and school should work with Dylan to determine strategies to possibly manage his Coprolalia more successfully.

Slide 43

**Reasons a Student May Engage in Challenging Behavior**

- Boredom
- Fatigue
- Frustration
- Feeling overwhelmed
- Feelings of failure
- Sensory overload
- Executive function deficit
- Poor planning skills
- Specific or generalized skills deficit
- Response to a symptom (e.g., OCD/OCS, sensory issues, ADHD, anxiety)
- Trying to fit in; desire to have friends
- Discrimination

***If there are no school psychologists in audience, continue with the presentation here.***

*It can be helpful to acknowledge here that working with a student with Tourette Syndrome can be challenging.*

- A student's challenging behavior may be a symptom of TS or a co-occurring condition (e.g., sensory overload, executive function challenges leading to poor planning skills).
- Challenging behavior can also occur because the student is bored, tired, frustrated, or overwhelmed.
- The behavior can also result from a desire to make friends or fit in.
- Assessments can help in determining the cause of challenging behaviors and developing a plan for working with the student

## Slide 44

**Create a Plan for Students with TS**

- Convene a team meeting to share thoughts and strategies.
- Work with the student and his or her parent/caregivers to discuss the student's strengths, the supports he or she needs, and strategies for success.
- Include the student in developing the plan.
- Communicate regularly with the student's parents and work to create a strong, trusting relationship with them.

- Creating a plan is one of the most important steps in helping a child with Tourette Syndrome to be successful in school.
- The school and the parents should:
  - Convene a team meeting that involves parents, caregivers, and school staff.
  - Work together to develop a plan. Be sure to include the student in developing the plan, as the student will have a good sense of what strategies will work best for them.
  - Communicate regularly

*Ask the audience if their school's existing protocol aligns with these strategies. If not, ask how their protocol differs, and whether they would they be willing to try something new.*

- Parents/guardians and school staff should work toward developing an open, trusting relationship.
- Remember, everyone is working to help the student succeed.

*Many schools do not include the child in the plan. Ask the audience what might it look like to include the child in the plan.*

- Examples include:
  - Have the student in part of a meeting.
  - Have a particular education professional assigned to including the student.
  - Describe a problem and ask the student if he/she for ideas of how to resolve the problem.

## Slide 45

**The Relationship between Parents and the School Psychologist**

Communicate regularly in order to understand the student's challenges at home and at school and to meet the student's needs. Some potential issues to discuss:

- Any difficulties with homework that are the result of fatigue, lack of understanding, executive function challenges, writing challenges, or stress
- Evaluations and assessments
- Symptoms at home
- Side effects of medications
- Parental feelings of blame

Remember to communicate about the student's concerns and provide support to the parents, in addition to discussing concerns and challenges.

- Regular communication is key to building a strong and trusting parent-school staff relationship.
- School psychologists may want to discuss with parents:
  - Difficulties with homework
  - Student evaluations and assessments
  - Symptoms at home
  - Side effects of medications and any medication adherence concerns

- Remember to communicate about the student's strengths, in addition to any deficits or challenges.

Slide 46



Direct the audience to the TAA resources that are most relevant to them.

- The *Functional Behavioral Assessments and Positive/Proactive Plans Workbook* can help school psychologists to write a positive, helpful plan for students with TS.
- In-person or virtual presentations are available for school staff in collaboration with the Centers for Disease Control and Prevention.
- TAA can facilitate a conference call with a school's student team and a Tourette Association Education Specialist or Education Advisory Board Member.

Slide 47



The resources and supports on this slide are available to audience members. Suggest to audience members which resources they may find the most helpful, and remind them that all of these resources are available on the TAA website.

Slide 48



Thank the audience for their time and attention.

Answer questions the audience may have.

If you do not know the answer to a question, you may direct participants to TAA National or explain that you will do some research after the presentation and will follow-up with them.

Slide 49



Lastly, introduce the survey that participants will complete. Have participants scan the QR with their smart phone or tablet camera. If some audience members do not have a smart phone or tablet with them, offer to email the link to them after the training

(<https://www.surveymonkey.com/r/EduEval>).

The link is also on the slide.

## Attachments

The week before your Community Presentation, complete the **Education In-Service Scheduling Worksheet** (Attachment 1) and make sure to bring your Education In-Service slide deck (Attachment 2).