

# **CATALOG OF ACCOMMODATIONS**

**for Students with Tourette Syndrome,  
Attention Deficit Hyperactivity Disorder  
and  
Obsessive Compulsive Disorder**

**Susan Conners**  
*Education Specialist, TSA*



Tourette Syndrome Association, Inc.  
42-40 Bell Blvd, Bayside, NY 11361

Tel: 718-224-2999 Fax: 718-279-9596  
e-mail: [ts@tsa-usa.org](mailto:ts@tsa-usa.org) <http://www.tsa-usa.org>

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## **INTRODUCTION**

Many of the telephone calls and e-mails to the Tourette Syndrome Association (TSA) are from families concerned that their child's tic-related symptoms will negatively impact his/her learning in the classroom. Often these parents make a great effort to educate the teacher about the nature of the child's tics, knowing full well that the tics might easily be misinterpreted as simply bad behavior unless the teacher has accurate information. This document has been written in response to requests from teachers and other educational personnel seeking appropriate accommodations and strategies for working with children with TS in a school setting.

Fortunately, educators are more aware of TS and understand it better today than in the past. Many teachers have asked the TSA to help them find more effective ways of providing an environment in which students with TS can learn and thrive along side students without the condition. Providing such an environment in the classroom takes planning, creativity and persistence. It also takes effective and appropriate strategies to accommodate the needs of both the student with TS and the rest of the class. This paper was written with that purpose in mind: to offer suggestions to teachers who are looking for ways to improve the educational experience for all their students.

## **WHAT ARE ACCOMMODATIONS?**

Working with students diagnosed with Tourette Syndrome in a classroom setting can be quite challenging. One of the best ways of meeting that challenge is by "accommodating" the *symptoms* of TS rather than fighting them or trying to make them "go away" through harsh or punitive methods. By way of illustration, a real world example follows:

### **Tap, Tap, Tap**

A child with TS developed an annoying hand tic which caused him to feel the need to tap a pencil in one spot on his desk. The constant tap, tap, tapping was, of course, very disturbing. The teacher, thinking creatively, brought in a large, flat sponge and she and the student with TS, taped it to the desk. The symptom was "accommodated," the child's tic wasn't ridiculed or punished, but instead the noise was softened, thus the disruption to teacher and class was greatly reduced.

At first, the behavior in the example might be seen as simply willful bad behavior, even disrespectful of fellow classmates and the teacher. However, if families and educators work together to understand TS, the insight they will gain can lead to better problem solving as shown in the example. On the other hand, understanding the nature of TS and its associated disorders can be a major stumbling block to successfully overcoming the challenges it creates for the classroom teacher. If educators feel they have a handle on what TS is, how it may manifest itself in class, the other neurological disorders most often associated with it, and how all the disorders impact on classroom performance, they can then proceed to the next step: finding effective, creative ways of handling the situation they and their students face.

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That said, a very important point to always keep in mind is, ***what's fair is not always equal and what's equal is not always fair***. Teachers may feel that they are giving unfair advantage to kids with TS when they make these accommodations. Actually, the accommodations just “level the playing field” so children with TS (or any special needs child) have an equal chance to be successful despite their disability.

## **HOW TO USE THIS CATALOG**

I urge you to read the educational pamphlets listed in the Education and Publications section of the TSA web site ([www://tsa-usa.org](http://www://tsa-usa.org)) before reading or using this catalog. The brochures will give you the information you need in order to understand how TS and associated disorders impact educational performance for the student with TS. When you have been armed with this knowledge, you can more easily make use of the recommendations in this publication.

The catalog is divided into sections by symptoms of the disorder (ie; “Motor and Vocal Tics,” “OCD,” etc.). Many, of course, overlap. At the beginning of each section, I have tried to provide an authentic or real world example of a student with TS with whom I have worked. I hope that these examples will help you to develop your own solutions. Under each category is a list of possible accommodations (marked by ❖) that may be helpful in accommodating those symptoms. There may also be additional comments and/or “do’s” and “dont’s” (marked by —, ✓, or ✖). Obviously, you will never need to use all the suggestions in this publication, but I urge you to read it all with an open mind. Often, the simplest of strategies is exactly what a particular child needs to be successful and a problem in the classroom to be resolved.

## **LAST THOUGHTS**

Students with TS may exhibit symptoms unlike any other disorder you’ve ever dealt with. Your accommodations might also have to be “outside the box,” unlike any other solution/strategy you’ve used before. To that end, remember to speak frankly with and listen openly to the parents, the child and the treating physician before determining what areas are problematic for the child in question. A teacher may not be able to observe every symptom a child is exhibiting. Children with TS often try to suppress or camouflage tics that they feel might be disturbing to the class or might call attention to themselves. They rarely share their hidden OCD symptoms with a teacher. When you’ve explored the situation by talking openly, listening acutely, and reading thoroughly, you will have a better handle on what is interfering with the child’s ability to be academically successful and will be able to put together an appropriate accommodation plan and/or Individualized Education Plan (IEP) for him/her.

Finally, I strongly urge you to look at the whole child, not just the symptoms of this baffling disorder. Children with TS and associated disorders are still children—with feelings and aspirations—just like other children. They want to succeed, but they need you—the educator—to help them attain their dreams.

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## **MOTOR and VOCAL TICS**

### **A REAL WORLD EXAMPLE:**

#### **The Clipboard Chronicle**

John was a 12-year-old student diagnosed with Tourette Syndrome, Obsessive Compulsive Disorder (OCD), Attention Deficit Hyperactivity Disorder (ADHD) and several related learning disabilities. In 7th grade, he developed a socially very inappropriate tic/obsession. When he was in the presence of females, he would grab their breasts. Teachers first tried to modify the behavior with punishment. This was highly unsuccessful and actually made the tic worse by adding to John's stress (uncontrollable symptoms of the disorder are often exacerbated by stress).

Intervention on the part of the local Tourette Syndrome Association led to trying an environmental modification, which proved to be very effective. Each teacher was asked to carry a clipboard which they could hold in front of themselves every time John approached them to have a conversation. The bigger the clipboard, the better. It actually became a sort of competition among the teachers to see who had the biggest, thickest clipboard. This humorous take on the situation served to change attitudes about John and his very difficult symptom.

We were, of course, concerned about John doing this to fellow female students, so every effort was made to have John in the hallways and common areas when no other students were present. He would leave each class three minutes early, sit up front on the school bus, etc. All these steps reduced John's anxiety about being punished for something that he truly could not control, so as the stress eased, so did the tic. We also did a peer in-service so that the other students understood TS and were no longer "fearful" of John. The environmental modification solved the problem.

### **POSSIBLE ACCOMMODATIONS:**

- ❖ Tests taken in a separate location with time limits waived or extended.
- ❖ Educate the other students who come into contact with the child with TS.
  - TSA has a peer in-service entitled "Educating Classmates about TS."
  - An advocate from the local TSA chapter may also be helpful.
- ❖ Provide a refuge where the student may go to calm down, release tics or obsessions.
  - ✓ Nurse's Office, School Psychologist's Office, etc.
  - ✗ The Principal's office should be avoided as this may be perceived to be a punishment.
- ❖ Give frequent breaks out of the classroom to release tics in a less embarrassing environment:
  - ✓ The bathroom,
  - ✓ The drinking fountain
  - ✓ A real or made-up errand to run.
- ❖ Give the child his/her own laminated pass for a quick exit from class when a quick break is needed.
- ❖ Seat the student with TS in an area where his/her tics will be less noticeable and embarrassing.
  - ✗ Never seat him/her in the center front of the classroom.

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- ❖ 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.
  - ❖ Try scheduling core academics toward the beginning of the day because tics tend to worsen when a child is tired.
  - ❖ Communicate with parents frequently and report worsening tics or the development of new ones.
  - ❖ Create a supportive, accepting classroom environment.
    - Students will feel safe and this will alleviate much of the anxiety and frustration which tend to aggravate tics.
    - You, the teacher, are always the model. Set a tone that is accepting and tolerant of the child's symptoms and this will naturally dictate how the other students treat him/her.

#### **A REAL WORLD EXAMPLE:**

##### **"I Have a Chicken in My Pants"**

A 7th grader with TS (we'll call him Chris) suddenly developed a vocal tic that involved shouting three or four times during a class period, "I have a chicken in my pants." The first time it occurred, teachers were perplexed as to what to do. Having TS myself, I admit to having a bit of a warped sense of humor about the strange symptoms that suddenly pop up. I've also been a teacher for 33 years. 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. After a few minutes of thought, I knew this plan wouldn't work. First, unfortunately, people with TS don't usually sense the tic coming in enough time to be able to leave the room before it happens. Second, I could envision this child spending most of the class time trying to anticipate the tic, then leaving the room in anticipation. Imagine how this would interfere with his ability to concentrate on the lesson, to say nothing of the time spent out of the classroom.

My suggestion consisted of two steps. First, I asked the teachers to keep track of the number of interruptions that occurred during one class period on one day. They were to count all interruptions—sneezing, coughing and nose blowing; pencil sharpening, chairs scraping, and things dropping; intercoms blaring, and planes outside flying. I asked them to compare the number of these interruptions with Chris shouting three or four times, "I have a chicken in my pants." His "chicken in the pants" paled in comparison to all of the daily interruptions to which we have become accustomed.

The second step involved explaining to the other students (with the permission of Chris and his parents), what TS was and why Chris said what he did. With everyone's agreement, a peer in-service was held. You see, all of us (students *and* teachers) were used to and understood all the other interruptions. Now Chris became just one more. He can now tell us endlessly about the chicken in his pants and no one even raises an eyebrow. Attitude and knowledge are everything. And the chicken lived happily ever after.



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## **ADD / ADHD SYMPTOMS**

### **A REAL WORLD EXAMPLE:**

#### **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 and 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 is experiencing as “symptoms” rather than tics. This can be helpful because all too often we associate verbal and physical tics as being the only symptoms of TS. In reality, many students whether they have severe or mild motor and vocal “tics”, have a significant difficulty with the invisible but extremely disruptive symptoms of dysinhibition. When this student was told that his turn on the computer was over, he said something extremely inappropriate to the teacher. This was not a tic per se, but was indeed a symptom of his TS/ADHD. 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 other techniques to help him recognize that his “brakes” do not work well. Over time, he may learn to substitute a more appropriate behavior, but since the actions are impulsive, it will require a great deal of practice and patience on everyone’s part.

### **POSSIBLE ACCOMMODATIONS:**

- ❖ Provide preferential seating in the classroom.
  - ✓ In front and to one side of the room is ideal—the teacher can assist the child in staying on task.
  - ✗ The center front is often embarrassing for the child with obvious tics.
- ❖ Provide a quiet place in the classroom for student to work independently.
- ❖ Allow for freedom of movement—a quick trip to the bathroom, drinking fountain, a classroom task.
- ❖ Structured, but flexible classrooms are the best setting for the child with ADHD. Change tasks frequently.
- ❖ Use visual cues in addition to auditory ones.
  - Establish a hand gesture as a reminder to refocus and get back on task.
- ❖ Break down assignments.
  - Give one paper at a time rather than several.
  - Break down all long-range assignments and projects into shorter, more manageable parts e.g., Part 1 may be due in two days rather than the entire project in three weeks.
- ❖ Reduce the length of homework assignments—*quality*, not quantity is the important thing.
- ❖ Provide a daily assignment sheet to be filled out by the student and verified by the teacher.
  - Parents could then check to make sure that all the work is accomplished and assist with homework prioritizing and management.

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- ❖ Allow student to leave the last class a little early in order to pack up and organize materials.
    - The student will have a little more time to be at his locker without the distractions of a crowded hallway.
    - An adult’s assistance may also be necessary.
  - ❖ Provide an extra set of textbooks for use at home.
  - ❖ Color code textbook covers, notebooks, folders, etc. (i.e.; the *blue* folder goes with the *blue* science book).
  - ❖ Keep a supply of paper, pens, and pencils to lend students who forget or lose such things.
    - ✖ Don’t penalize a student who forgets or loses basic classroom supplies.
    - ✓ Make arrangements with parents to “re-supply” the missing materials.
    - ✓ To make sure of getting supplies back at the end of class, take something of the student’s as hostage—one shoe, for example.
  - ❖ Teach children basic study skills and organizational strategies:
    - How to sequence and break down tasks into more manageable segments,
    - How to prioritize for better time management.
  - ❖ Use concrete, experiential, hands-on teaching, rather than only lecture or abstract methods.
  - ❖ Don’t assume that if the student is not sitting perfectly still and looking you in the eye that he/she is not paying attention—the opposite is usually true of children with ADHD.
    - Allow the student some sort of motor activity during times of intense concentration. For example: squeezing a soft ball, pencil tapping on something soft (a sponge), foot tapping (without shoes), body-rocking, or doodling.
  - ❖ When giving directions, always have the student repeat them back to be sure they were understood.
  - ❖ Structure assignments.
    - Make lists that can be crossed off when the student has finished.
    - For longer assignments, provide frequent breaks.
  - ❖ Give student a “word bank” to select from on fill-in-the-blank tests.
  - ❖ Establish a method of daily communication between home and school through an assignment book.
  - ❖ Assign a “homework buddy” for the child to call on for help with such matters as, “what was the assignment?,” “when is the paper due?,” etc.
  - ❖ Always allow time during the day for physical activity.
    - ✖ Never punish an ADHD student by taking away physical education, recess or any appropriate opportunity to use physical activity as an outlet.
  - ❖ Post a schedule of the day’s activities in front of the class so nothing comes as a surprise or is unexpected.



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- ❖ Students with ADHD do much better using a three-ring binder or trapper keeper in which all folders can be kept together.
    - The trapper keeper can be zipped to ensure that materials are not lost.
    - Organize the folders in the binder by each day's class schedule.
    - Keep a zippered, three-hole-punched pouch in the binder and fill it with lots of extra supplies. Check the pouch frequently and replenish when necessary.
    - Be sure to put hole reinforcements in the binder to maintain and repair torn papers.
  - ❖ Keeping a separate folder just for homework that has been completed helps many students. They are less apt to lose the completed assignments if they are all kept together.
  - ❖ Weekly folder and locker clean out may be necessary and can be part of resource room time.

### **You Don't Look Like You're Paying Attention**

When her teacher was lecturing, Sue would walk around the room, softly slapping the sides of her legs. Her teachers had learned that she couldn't attend to what was going on in the classroom if she sat quietly in her seat. Walking allowed her to pay attention.

Once, as I was observing the class, I saw Sue was working at a computer while the teacher was reading a story which would be the subject of a test for the entire class immediately after the reading. I asked Sue's aide if the child was taking notes and was told that she was writing a mystery. Surprised, I asked why she wasn't listening to the story and was told to wait a few minutes and watch. When the test was given, the aide scribed for her and Sue scored 100%. The teacher later assured me that if she had insisted that Sue sit and listen to the reading, she would have probably failed the test.

An extreme example perhaps, but it is not unusual for students with ADD/ADHD to be able to pay attention better if they are "fidgeting" with something or moving in some manner. Research is beginning to suggest that the movement stimulates the brain and helps to focus the person's attention.

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## **FINE MOTOR/VISUAL MOTOR IMPAIRMENT**

### **A REAL WORLD EXAMPLE:**

#### **When Writing Hurts**

Andrew was a second grader with TS, ADHD, fine motor deficits, and OCD. He was very bright, but struggling to keep up and was also becoming increasingly defiant and refusing to do his work.

The local TSA sent an observer who noticed that Andrew was always in motion—sometimes standing next to his desk, sometimes sitting under it, or walking around it. Early on, his teacher had recognized Andrew’s need for movement and had placed his desk by the door, not in full view of the other students. When he moved about in his little space, no one else was disturbed and the movement helped him to pay attention (as is the case for most children with ADHD).

Andrew’s problems began the minute the children were asked to, “take out their papers and write a story.” Andrew played with things in his desk, went to his locker in the back of the room, to the bathroom—everything he could think of to avoid writing his story. The observer asked him what he was going to write about and he immediately came up with his topic. When she asked him to write his opening sentence, the 7-year-old blurted out, “It hurts to write!”

The emotional power and overwhelming truth of the statement wasn’t lost on the observer. She suggested to Andrew that he dictate his story to her. She would be his “secretary” and write everything down for him. Immediately, his thoughts flowed freely. With a vocabulary way beyond that of a second grader, he completed six very good sentences in record time. He had the story in his head from the beginning, but like many students with TS, he simply could not get it onto paper. Fine motor skill deficits make writing painful and, indeed, for Andrew writing attempts had become very upsetting experiences. His handwriting was almost illegible, staying on the line was impossible, his margins were uneven, and every few words he had to stop, rest and shake out his hand because it hurt so much. It occurred to Andrew, that the simplest solution was to refuse to write and avoid being upset and in pain.

Today, he has an IEP with many writing supports, has a scribe, uses the computer whenever possible, and the amount of homework has been reduced. His grades have improved dramatically and he is a much happier child.

### **POSSIBLE ACCOMMODATIONS:**

- ❖ Occupational Therapy (OT) Intervention, Physical Therapy (PT) with a Sensory Integration Evaluation.
  - OT and PT support might be helpful with handwriting difficulties, but frequently they are not.
  - The best use of these therapies should be determined on an individual basis.
  - Sensory issues may be present and these could be helped by OT.
- ❖ Provide alternatives for tests, assignments, reports, etc.
  - Tests can be given orally.
  - Waive or ease time limits on tests.
  - Standardized test answers can be written directly in the test booklet and transferred onto the answer sheet by teacher or assistant.
  - Reports can be delivered orally or on tape.

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- ❖ The use of a computer/word processing software is a reasonable, often necessary accommodation.
    - ✦ Don't penalize students for poor handwriting.
    - ✦ Don't penalize for spelling errors but encourage the use of spell checking software.
  - ❖ Shorten or consolidate assignments.
    - For example, assign ten math problems instead of twenty.
    - The quality of the assignment is important, not the quantity.
  - ❖ Verify that all homework assignment directions are copied accurately.
  - ❖ Provide graph paper to help line up math problems or allow the child to turn lined paper sideways.
  - ❖ Provide class notes rather than having the student copy from the chalkboard or overhead.
    - The student can take class notes, but provide him/her with a second set—these can be either your notes or notes you photocopy from a reliable student.
  - ❖ Photocopy materials rather than requiring the student to copy. This becomes especially important when assigning math homework.
    - If photocopying is not possible, allow a parent or teacher's aide to copy the problems.
    - The math *calculations* are important, not the ability to *copy* problems.
  - ❖ Encourage the use of an index card to visually track the page during reading assignments.
  - ❖ The use of a calculator for math can circumvent visual-motor difficulties.
  - ❖ Allow extra time for written work.
  - ❖ Scan homework and tests into a computer.

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## OCD SYMPTOMS

### **A REAL WORLD EXAMPLE:**

#### **Towing the Line**

Anna was a 7th grader with TS, OCD and some learning disabilities. She suddenly developed an obsession with her written work that required her to write every letter of every word perfectly on the lines of her paper. Night after night she was up until the wee hours of the morning copying and recopying her homework until every word was exactly on the line. Her teachers struggled to find strategies and interventions. They thought of many things—providing a scribe, reducing homework, and so on. None seemed appropriate. Finally, we asked Anna what she thought would work. She came up with the best idea of all—why not simply allow her to use unlined paper? It worked! Going even further, we encouraged her to use word processing whenever possible, and this also helped to solve the problem.

### **POSSIBLE ACCOMMODATIONS:**

- ❖ Obsessions and Compulsions can take so many different forms that it is difficult to arrive at creative, effective accommodations without knowing the particular, individual nature of the child's OCD. The best advice that I can offer is to first assess the nature of the obsession and then brainstorm possible solutions with the other teachers and the parents. Always be sure to include parents who know their child better than any of us. The following are a few examples of particular obsessions and compulsions and creative steps that were taken toward a solution:
  - A student with an obsession to count words on every line she reads was provided with Books On Tape.
  - A student with a germ obsession was encouraged to carry antiseptic hand wipes in his pocket and clean his hands whenever he felt "contaminated."
  - A student who couldn't write without a perfectly sharpened pencil and was always at the pencil sharpener getting the perfect point was given a mechanical pencil.
  - A student with a symmetry obsession was constantly erasing his work and doing it over because it "didn't look right." Allowing him to use a computer for his work alleviated his problem.
- ❖ Provide the support that reduces stress.
  - Anxiety is often the difficulty for students with OCD.
  - The school must be a place where it is safe to make mistakes.
  - Punishing or ridiculing only serves to increase anxiety and the difficulties associated with it.
- ❖ Distraction can be a good way to break an obsession that a child is stuck on.
  - Change the environment.
  - Allow the student some physical activity in order to help redirect the obsession.
- ❖ Allow transition time between activities.

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## **SHORT FUSE/OPPOSITIONAL BEHAVIOR**

### **A REAL WORLD EXAMPLE:**

#### **Hash Browns, French Fries, Tater Tots, Any Kind of Potatoes Will Do**

Pete was a sixth grader with TS, OCD, ADHD and Asperger's Syndrome. As you can imagine, it was a challenge for his teachers to come up with creative solutions to meet his needs but we were managing his tics, obsessions and overactive behavior quite well.

Our biggest challenge was how to manage the impulsive, inappropriate social behaviors he sometimes directed toward his peers and teachers. He was easily agitated and when in this emotional state, he would not only become verbally abusive but would act out physically as well—throwing any object that was close at hand out of frustration.

We needed to find a positive way to help Pete get these behaviors under control. A behavior plan was set up targeting two behaviors: the verbal explosions and the throwing tantrums. First, we strategized with Pete about using more appropriate ways of expressing frustration. He was given a laminated pass to be able to leave the room whenever he felt he might commit either or both of the two bad behaviors. We practiced the strategy, but they worked only up to a point—the hurdle being finding a suitable reward. Nothing worked, everything we tried only interested him minimally until one day he had a conversation with his special education teacher. For fully a half hour, he related his “profound” love of potatoes, expounding on all and every kind he knew delighted in.

Of course, this was the answer. As strange as it might seem, potatoes would be his reward. With his mother's approval, the last 15 minutes of the day were potato time for Pete if his behavior chart had been good that day. We reviewed the chart with Pete frequently throughout the day so that he could regularly assess his progress toward his potatoes. If a day came when he had lost his potatoes by noon and we knew that the rest of the day had the potential of being a disaster, we started over and gave him the opportunity of earning at least half of them back. His behavior improved dramatically and he became lovingly known as “Potato Pete,” a title he thoroughly enjoyed. [Potato] Pete is now in ninth grade and doing very well. His reward isn't potatoes any more, but the name has stuck.

### **POSSIBLE ACCOMMODATIONS:**

- ❖ Allow the child to leave the classroom 2 to 3 minutes early to avoid crowded hallways.
- ❖ Have a teacher's aide nearby in the cafeteria to prevent confrontations.  
— An alternative eating site with a friend is sometimes ideal.
- ❖ Seat the child up front on the school bus and educate the bus driver.
- ❖ Make sure that the child is in the classroom of a structured, but flexible teacher.
- ❖ Help the child learn to remove himself/herself from the room before a situation escalates out of control and then reward the child for doing so.

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- ❖ Give the child a laminated pass that will allow him to leave class for a few minutes when he feels that a situation is escalating out of control. Seating up front by the door will facilitate this “exit.”
  - ❖ Counseling can help students to verbalize feelings prior to losing control.
  - ❖ Provide a refuge or safe place where the student can go to regain control.
  - ❖ Avoid power struggles—they escalate a bad situation.
    - Use humor to defuse and de-escalate the tension and as a distraction to the situation.
  - ❖ Remain composed and speak in a calm, non-emotional voice when attempting to redirect the child.
    - Never try to discipline or punish the child who is the midst of a “melt-down.”
    - Get them quietly out of the room to a safe place and deal with the problem after the child has calmed down.
  - ❖ Difficult behaviors may be the only way a student has to demonstrate that there is an unresolved problem. Ask yourself if any of the following is true:
    - Is the task beyond the student’s capabilities?
    - Does he understand the directions?
    - Does he require support with writing?
    - Is the environment overwhelming?
  - ❖ Seeing the child as *having* the problem rather than the child *being* the problem allows you to be creative and supportive. Look at what you can do *with* or *for* the student instead of *to* the student when he displays difficult behaviors.
  - ❖ Teaching a student strategies is more effective than punishing. Punishment only instructs what *not* to do instead of revealing what *should* be done.
  - ❖ Be specific about expectations. For example, instead of saying, “Stop being rude,” you could say, “Instead of telling an adult that this work is stupid, you could say instead that you don’t understand the work.”
  - ❖ Attempting to change more than two behaviors at a time is typically overwhelming for everyone involved.
  - ❖ A counselor can provide the student with a “toolbox of strategies” that he can use when in a difficult situation. These will need to be reinforced in a positive manner by other staff members.
  - ❖ Providing incentives that are true motivators can sometimes assist the student while learning and practicing new strategies. Negative consequences should be avoided because they generally do not work as well as positive reinforcers.
  - ❖ Don’t take behaviors personally. The behaviors are due to the disability and are not a true representation of your relationship with the student.

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### Why Theresa Feels Trapped

Theresa, a middle school student, began to exhibit agitation for no apparent reason, which 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 a counselor and confided that she often felt trapped. She imagined that the 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 was not possible, she would sit close to the door with permission to get a drink of water whenever she felt the trapped feeling begin. 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.

**ONE LAST THOUGHT:** Children with TS and associated disorders may easily experience frustration, overstimulation and increased anxiety. Their most difficult areas are crowded hallways, the cafeteria, the school bus and the playground. They do not function well in an unstructured, disorganized classroom. They live daily with a disorder that never allows them to be still. They have difficulty transitioning from one activity to another. A large majority of these children also have sensory defensiveness. Any or all of their senses can become quickly overloaded, causing them to be easily “set off.”