

Tourettic OCD

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In 'classic' OCD, there are unwanted, intrusive, and upsetting obsessions; these become linked with ritual compulsive behaviors in order to manage the anxiety related to the obsessions. In Tourettic OCD, more common than the classic form among individuals with TS, the symptoms overlap more closely with the experience of tics – that there is a 'need to' do or say things in a certain way or time, or until things 'feel' just right – i.e., the behavior is driven by an 'urge' rather than by fear. This can result in symptoms that may outwardly appear as "attention-seeking" behaviors or behaviors intended to have a negative impact on someone else, but are driven by a compulsive urge to say or do something in particular, i.e., the outward behavior is to address an internal discomfort or urge, rather than to address some external reinforcement. One way that students may experience Tourettic OCD manifests is through suggestibility; that thoughts or ideas get stuck in their head and then they have an urge to express them. This may not be much different than the experience of motor tics in which there may be an urge or sense of pressure to repeatedly blink, sniff, or cough.

Anxiety... may also have a significant impact on their function. This may not always be evident in the highly structured school setting, but students may take various measures to reduce anxiety such as ... avoidance of certain situations, and engaging in reassurance seeking. Tics and Tourettic OCD may be exacerbated when anxiety is greater. Finally, though tics are the most evident outward manifestation of TS, individuals with TS also can have a rigid style that results in literal interpretation of events and difficulty handling transition, changes to the plan, and/or difficulty considering other points of view; often situations are viewed in 'black and white' terms.

Students with TS often benefit from additional supports and services. If these cannot be provided via a Section 504 Accommodation Plan, and if there is an adverse educational impact, then it would be appropriate to consider eligibility to be educationally classified as a student in need of special education services.

Below are a few suggestions, but is not meant to be an exhaustive list of suggestions ---- the recommendations may need to be different and individualized per each student's own support/accommodation needs.

ADHD:

- An end-of-day resource period that is specifically focused on organizational support, including making sure that the student has all assignments prepped and ready to take home for homework, has all materials needed to get the work done, etc. This resource period could also be used to put the strategies they are learning into real-world practice. Student would benefit from support to break down larger projects/assignments with multiple parts.
- Reduce distractions in the environment; permission to wear headphones or earplugs to tune out extraneous noise (this would only be permitted if shown to be associated with better attention to task); preferential seating away from sources of distraction.
- Checks for understanding that require student to explain what has been asked, rather than simply confirm in a yes/no fashion that they have heard or understood the instruction
- Break large assignments down into component parts. This can also help reduce anxiety.
- Provide organizational aids and training in their use, e.g., keeping a calendar, setting reminders, etc., and oversight to ensure consistent use.

Resources:

CHADD: National Resource Center for ADHD

<http://www.chadd.org/Understanding-ADHD/For-Professionals/For-Teachers.aspx>

CHADD has a curriculum for teachers, video tips, and more resources

ADDitude: Inside the ADHD Mind - Magazine

www.additudemag.org

Tourettic OCD, 'Rigid' Style, TS:

- I would ask the school to reduce attention to Tourettic OCD symptoms that are not immediately threatening or disruptive. Classic behavior theory informs us that attention to a behavior increases the likelihood that it will recur. Overlooking small incidents that fall under the category of annoying but not offensive, and providing quiet, pre-arranged cues to allow student to briefly excuse themselves from a setting, could be helpful. I would fully expect a student to take responsibility for the impact upon others, of what they say and do, but this should be addressed following a cooling-off period. In the moment of the inappropriate behavior, if a student lacks the skill to inhibit themselves in the first place, they likely also lacks the skill in that same moment to take on board corrective feedback in a useful manner. We want the student to take ownership in the sense that any tics or OCD symptoms exhibited are theirs. Symptoms may occur that are not under their full control in the moment, but after they calm down, they can be in full control of how they takes responsibility, e.g., by apologizing or otherwise taking suitable action.
- Student may benefit from social communication training including focus on pragmatics, understanding subtext, inferential thinking, and problem-solving skills training. Though some of this work can be done in individual counseling sessions, it will be so very helpful if a student has opportunities to practice in real-world situations. Also, if a student gets 'stuck' in the moment, it is important for adults to play the 'long game' – to allow the student the necessary time to cool down, and then to collaboratively and proactively identify concerns and discuss solutions for future similar situations that might arise. This does not model 'giving in' but rather allows for the important work of skills-building to occur when student is capable of participating in it effectively, rather than in the heat of the moment when they may not be able to think clearly and cannot yet move to problem-solving mode.

Resources:

International OCD Foundation: www.iocdf.org

My guiding philosophy when working with youth is: "Children do well if they can". This is grounded in the work of Dr. Ross Greene – that when children experience challenging behaviors (e.g., interrupting, talking back, etc.) we have to examine what skills are lagging or lacking, and to work collaboratively and proactively with youth to help foster skills development. We also have to consider if there are any disabilities that might contribute to lagging skills and the gap between expectations and existing skills.

From: Chaturvedi, A., Gartin, B.C., Murdick, N.L., Tourette Syndrome: Classroom Implications. *Physical Disabilities: Education and Related Services*, v30, 53-66. <https://eric.ed.gov/?id=EJ955443>

Table 2.

Characteristics Overlap.

