



TICS

What are they? What causes them?
How can they affect pupils in school?

We have a growing number of pupils being diagnosed with onset tics disorder. It is often running hand in hand with ADHD. A key cause for the rise in the diagnosis seems to be the anxiety caused by the periods of COVID Lockdown. If problems with tics continue into early adulthood (they often fizzle out in late teenage years), the adult will get a diagnosis of Tourettes.

You will see that some pupils are described as having tics on the SEN Register. There are two types of tic. The first being when a young person makes involuntary movements that are caused by a spasm like contraction of muscles. These are called motor tics and the most common are eye-blinking, nose twitching and shoulder turning. The second type of tic is the vocal tic, where a person makes noises rather than movements. Common vocal tics would include coughing, throat clearing, grunting or sniffing.

Pupils who have either type of tic are very embarrassed. They will use up a

lot of energy and time trying to repress their vocal or motor tic. This can tire them out over the course of a school day. These pupils can disturb lessons for others and be a noise nuisance in a quiet exam hall by either their extra sounds or constant repetitive movement.

MINIMISING THE EFFECTS OF THE TICS

Children who are experiencing problems will go to a psychologist for help. Their parents are likely to be involved in this process. At school, the pupil's learner profile will suggest ways of handling the tics in class to reduce the personal embarrassment it causes to the pupil and the potential disruption to the lesson it brings to other students.

In exams, pupils with motor tics will often be seated at the back of the hall so they can't be seen. Some pupils with vocal tics or highly significant vocal tics will have to do their exams in a separate room.

THE MAIN CAUSES OF TICS

- **Anxiety**
- **ADHD**
- **Depression**
- **Sleeping problems**
- **Social anxiety**
- **Anger Management issues**
- **Obsessive Compulsive Disorder**

Often it is not one but a combination of issues that can be at the root of the tics.

CONCLUSION

The good news on tics is that they often evaporate in the late teen years.

The bad news is that they are not a neurodivergence associated with other positive features for learning, such as Dyslexia, ADHD and Autism.

A CASE STUDY IN TICS

JOHN IS EXPERIENCING CRISIS

Our pupil is in the upper school. All names and context changed. So, let's call him John. His tics have suddenly got more pronounced. No longer just a visual tic, embarrassing enough in itself. But now he is making a major vocal tic - a sort of barking or grunting sound. This is more than embarrassing. It causes major incident for both the John who has the tic and all those around them. One strategy of dealing with a visual tic is to largely ignore it, if it is infrequent, so as not to draw attention to it. Up to now this has been the strategy with the pupils in regards to John's visual tic, even though the teachers know about it. But this is a new ball game.

Understandably, John is hugely disconcerted with this new level of vocal tic. It cannot be ignored. The school pastoral and learning support teams working closely together, have to decide how to help John. This now has to involve telling his classmates about his issue and seeking their help and understanding in accommodating it, so that John can continue in school as normally as possible. Urgent action is required. John has started to refuse coming into school because he is so worried that the vocal tic could surface. In any public place now, he is spending the vast majority of his time holding the explosive vocal tic in. But suppressing it uses up a huge amount of nervous energy and is exhausting him.

The Learning Support team gives teachers advice about how to work with the tic in the classroom. Many of the practical strategies link to ADHD. It is common for ADHD and Tics to go hand in hand. It certainly is the case for John. Perhaps the Tics are an outlet for all the energy involved in the ADHD. Research has suggested this, but it is by no means proven.

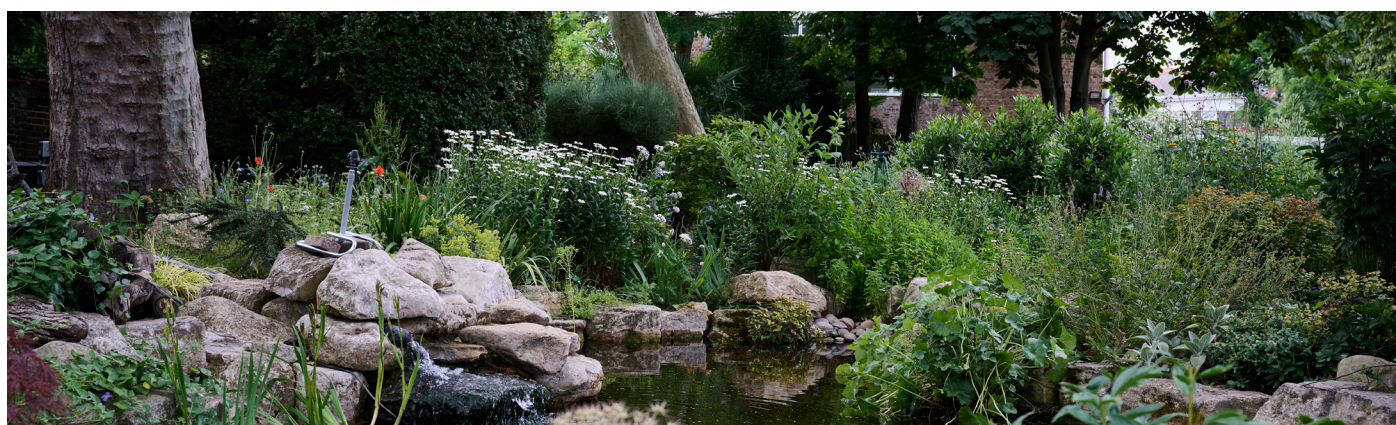
Advice to subject teachers in form of a learner support profile on EMA is worked out in close consultation with John himself, his parents and both the head of year and the learning support team. In these kinds of situations, very small detail of what is thought through and organised is highly significant. Sometimes the smallest of changes can

make a huge difference to the young person's daily life. The situation we are dealing with here is a ticking time bomb as John is feeling too awkward to come into school, the situation could snowball and have major impact on his public exam preparation.

The form group were given information in a special form assembly about what tics are and how John would need their support in handling them. The fact that John was prepared to let this happen was a huge step forward for his return to regular schooling. Another key issue was sitting John next to real buddies in each of his lessons. Pupils, with whom he could relax and be himself with. Pupils who would watch his back and be supportive if the scary vocal tic surfaced. John was also given a 'safe place' to leave the room and go to, if he felt that the tic was coming on and he didn't want to be exposed in a public place.

In terms of ADHD, careful support was suggested so that classroom teachers could channel John's sometimes unfocused energy with small incremental steps in each lesson. Checking in with him every five minutes or so, to see if he knew what he was doing and was on task. As is often the case with learning support interventions, the subject teachers were encouraged to give an awful lot of verbal praise and notice when he was doing things well.

The greatest moment of triumph with a vocal tic is the moment when the young person feels sufficiently comfortable and confident to release the tic in a public place. The moment when they can contemplate giving up holding it in and instead let it go. That is never going to be an easy situation to get to, especially in a public arena like a school, with all their peers around them. But if psychologically, they get near to that point, feeling well supported by the 'safety net' the school has put in place, research shows us that the tics can often disappear as quickly as they came.



DYSPRAXIA

THE FORGOTTEN LEARNING DISABILITY

Currently, very few pupils come through to Emanuel who have been diagnosed with Dyspraxia (known fully as Developmental Co-ordination Disorder or DCD).

Many of the traits that lead to Dyspraxia identification are more pronounced in much younger pre-secondary age children. By the age of eleven, many young people seem to grow out of them and leave them behind. But when you look at the cognitive challenges Dyspraxia contain, you may begin to wonder if it has become a somewhat 'forgotten' learning disability that is still very much present in a minority of our pupils, even if it has never been officially diagnosed.

Dyspraxia often starts to show itself as problems with playground activities. Hopping, jumping, running, or catching and kicking a ball. Lack of co-ordination is at the heart of the young person's problems. An assessment is done by an Occupational Therapist who conducts various tests of motor skills. A full formal diagnosis is usually the province of a specialist Paediatrician.

It would seem that Dyspraxia contains in its characteristics many of the traits of ASD and ADHD. These two neurodivergences are now much more diagnosed and publicised. They have often taken the place of an investigation and diagnosis of Dyspraxia. Dyspraxia is no longer 'popular' and has become somewhat forgotten. Perhaps fashions for particular diagnosis come and go and Dyspraxia is definitely not the flavour of the month.

At secondary school we do need to look out for certain key physical features that would highlight that Dyspraxia is the likely problem one of our pupils is having. A key every day characteristic is for such pupils to walk around the school building with shoe- laces undone. Also, the school bag which is full of messy random worksheets and bits of half completed homework. Inside the exercise books written work is characterised by disorganised thoughts and slow messy handwriting.

If these are present, then it is the forgotten learning difficulty of Dyspraxia that we should perhaps first consider before ADHD or ASD.

THE INTELLECTUAL CHALLENGES OF DYSPRAXIA IN THE CLASSROOM

Along with the physical traits of Dyspraxia, there are mental challenges to working in the classroom – even when the young person often has a very high intelligence level.

1. Eyetracking - a tendency to lose one's place when reading dense text. Also moving eyes from the page, one is reading on to the page where the pupil wants to write.
2. Difficulty in planning and organising thoughts. This makes essays and extended writing at secondary school very difficult.
3. Messy slow handwriting
4. Poor sequencing - this creates problems in reading, maths calculations and spelling
5. Difficulty in following instructions, especially when there is a need to multi- task.
6. Difficulty in concentrating.
7. Impulsivity, lack of empathy.
8. Slow to adapt to new and unexpected situations.



A SUMMARY OF DEPARTMENTAL TRAINING ON THE SEN ASSESSMENT PROCESS IN THE SCHOOL

Here is a summary of some of the issues we discussed when the SEN team visited departments during the year.

Parents get very worried about the exam process and sometimes seek a medical or cognitive explanation for why their son or daughter may be struggling in internal exams or class tests. If their child is unhappy or unsettled, they want to alleviate that situation.

If parents are thinking of an assessment for any kind of learning or social communication difficulty, that assessment must be done in partnership with the Learning Support department. So, if you are approached as a form tutor or as a subject teacher to get involved in an outside school assessment, do approach us in Learning Support. Never agree to fill in paperwork independently.

In terms of background information for you, we explained that it is school policy that ASD and ADHD assessments go through the local Child and Mental Health Service route, known as CAMHS. The school does not want parents to

pay for private assessments for these underlying social and communication difficulties. The CAMHS service does have the drawback that it can take a long time. Initial assessment stages can be up to three months. But the assessment has more integrity because it is not a paid for service and because the assessors always ask the school for their opinion.

When it comes to cognitive difficulties, we have a couple of trusted school educational psychologists that we would ask pupils to go and see. Cognitive difficulties would usually centre around problems that go under the umbrella heading of dyslexia. The educational psychologists are private, but we have worked with them for years and feel they will find only what there is to find and not embellish.

High stakes are involved in the results of assessments. By that I mean that a diagnosis of an underlying learning difficulty of social communication disability can open the door to numerous exam access arrangements, including extra time. That is why is so important that both school and parents are working together and using a regularised assessment path.