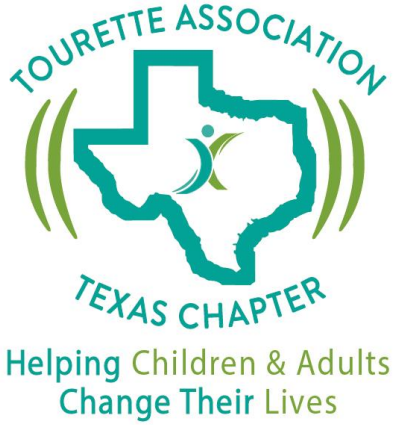
Helping Children & Adults
Change Their **Lives**



IN-SERVICE FOR EDUCATORS

Tourette Association of America – Texas Chapter

Sheryl Kadmon – Tourette Texas Executive Director

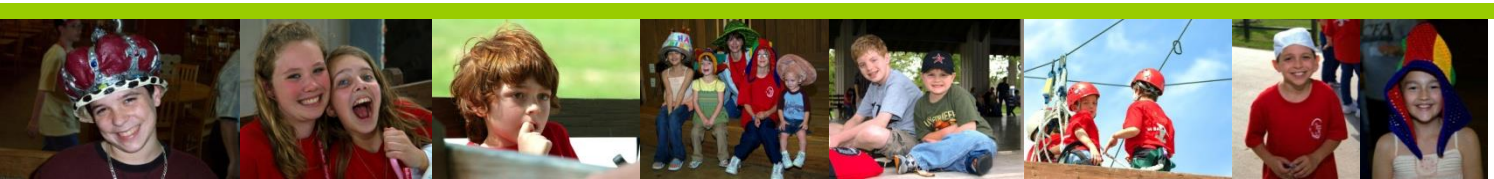
What is Tourette's syndrome?

Tourette's syndrome is a complex, brain-based neurobehavioral movement disorder.

Diagnostic Criteria DSM 5 – Tourette's Disorder: also called **Tourette's Syndrome** (TS)

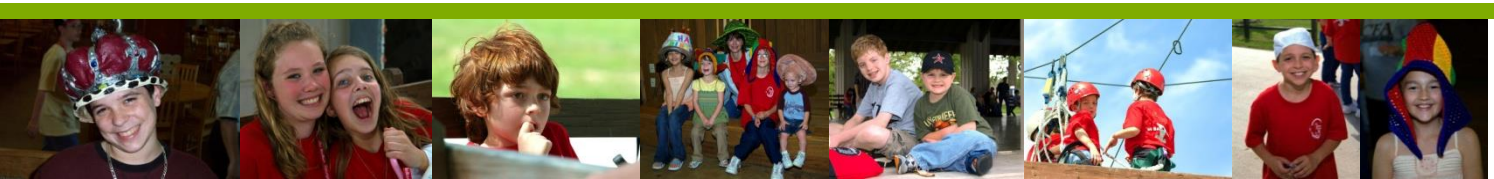
For a person to be diagnosed with TS, he or she must:

- have BOTH multiple motor tics (for example, blinking or shrugging the shoulders) *and* vocal tics (for example, humming, clearing the throat, or yelling out a word or phrase), although they might not always happen at the same time.
- (A tic is a sudden, rapid, recurrent, nonrhythmic, stereotyped motor movement or vocalization.)
- have had tics for at least a year. The tics can occur many times a day (usually in bouts) nearly every day, or off and on.
- have tics that begin before he or she is 18 years of age.
- have symptoms that are not due to taking medicine or other drugs or due to having another medical condition (for example, seizures, Huntington disease, or postviral encephalitis).



General Facts About Tourette's syndrome

- Not a disease
- Appears to be genetically inherited in majority of patients (autosomal dominant)
- Often misdiagnosed as allergies, dermatitis, bad habits, nervousness and other conditions)
- Between two and three percent of the U.S. population may have TS. In Texas: over one-half million people
- 3-4 times more common in males
- Incidence may be as high as:
  - 1 : 100 school age boys
  - 1 : 300 to 1 : 400 school age girls
  - Or higher
- All ethnic groups are similarly affected
- Many are educationally and/or artistically gifted
- Less than 15% exhibit coprolalia
- Exact etiology remains unknown
- No cure
- Simple tics are as common as 1:3 in children



Helping Children & Changing Lives

Categories of Tics

Motor
Simple & Complex

Simple:

- Abrupt, sudden, single or repetitive, isolated movements occurring out of a background of normal activity
- Examples:
  - Blinking, transient eye deviations, nose twitching, mouth and jaw movements, head shaking, facial grimacing, shoulder shrugs, finger movements, abdominal muscle contractions.

Complex:

- Complex coordinated patterns of sequential movements which may appear purposeful. May be slower and longer, may or may not resemble normal movements, but are inappropriately intense and timed.
- Examples:
  - Touching, throwing, hitting, jumping, kicking, squatting, hand gesturing, grabbing, copropraxia (obscene gestures), echopraxia (imitation of gestures or movements of others), head banging, hand clapping, tearing paper while writing, trunk-pelvic gyrating, and bending movements.

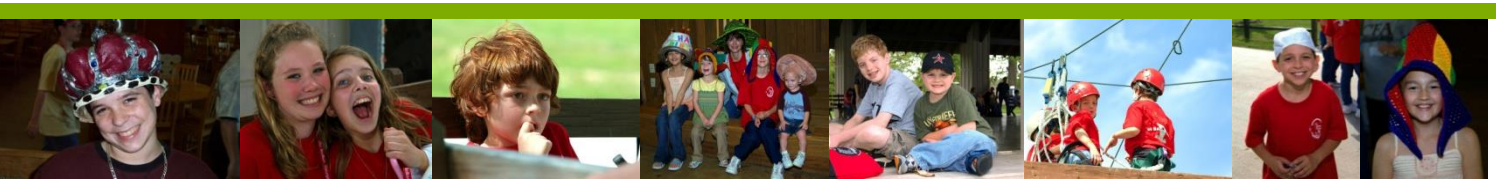
Vocal (phonic)
Simple & Complex

Simple

- Single sounds or noises
- Examples:
  - Throat clearing, grunting, sniffing, squeaking, coughing, barking, humming, screaming, whistling, blowing, sucking

Complex:

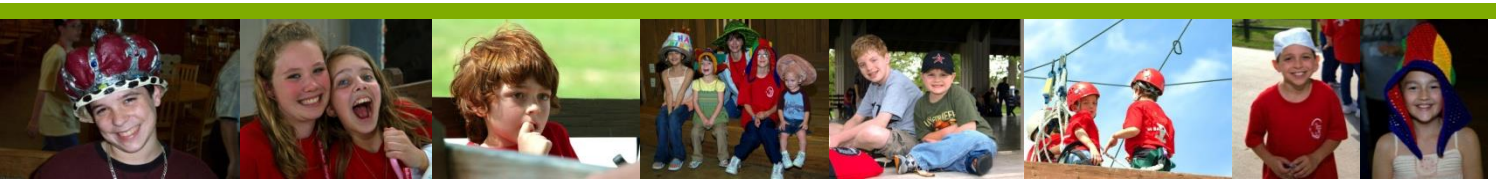
- Verbalizations
- Examples:
  - Coprolalia (involuntary obscene, aggressive or otherwise socially unacceptable words or phrases), echolalia (involuntary parrot-like repetition of another's words), palilalia (involuntary repetition of one's own words or sentences)
- Linguistically meaningful utterances
  - "Shut up" - "Oh, ok"
  - "Now you've done it" - "You're fat"
- Speech atypicalities
  - Unusual rhythms, tones, intensity of speech (especially loud), stuttering, or "baby talk"



Phenomenology of Tics

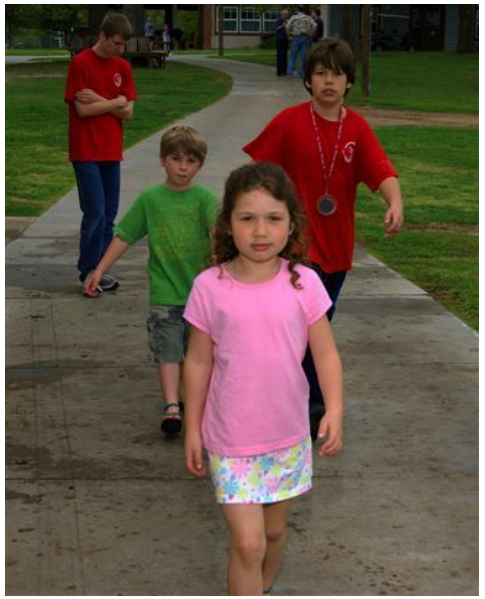
Joseph Jankovic, M.D.

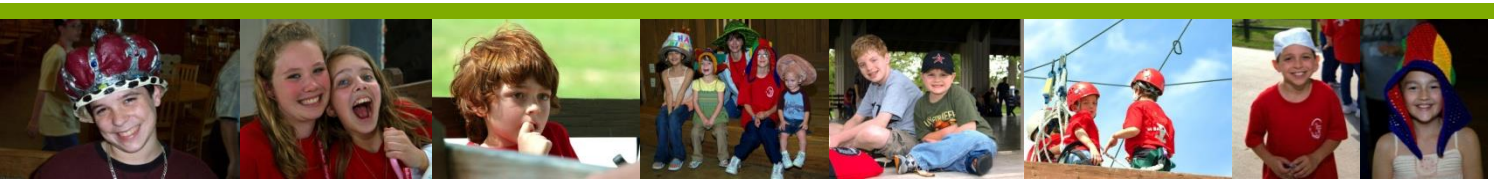
- Involuntary
- Waxing and waning in frequency, intensity, and distribution
- May be volitionally suppressed (temporarily – from seconds to hours) through intense mental effort
- Exacerbate with stress, excitement, fatigue, boredom, and heat exposure
- May be suppressed during mental or physical tasks requiring intense concentration
- Are characterized by suggestibility



Behavioral Issues Associated with Tourette's Syndrome

- Obsessive Compulsive Disorder (OCD)
- Attention Deficit Hyperactivity Disorder (ADHD)
  - Inattentive type
  - Hyperactive / impulsive type
  - Combined type
- Impulsivity – disinhibition of thoughts and actions
- Learning differences
- Emotional instability
  - Irritability
  - Oppositional behavior
  - Anger outbursts
  - Aggressive behavior
- Problems with Executive Function – Planning, Reasoning, Problem Solving
- Anxiety, phobias, panic, and depression
- Inappropriate sexual behavior and mental coprolalia
- Social adjustment problems, worse in teen years
- Sleep disorders and enuresis (bed-wetting)



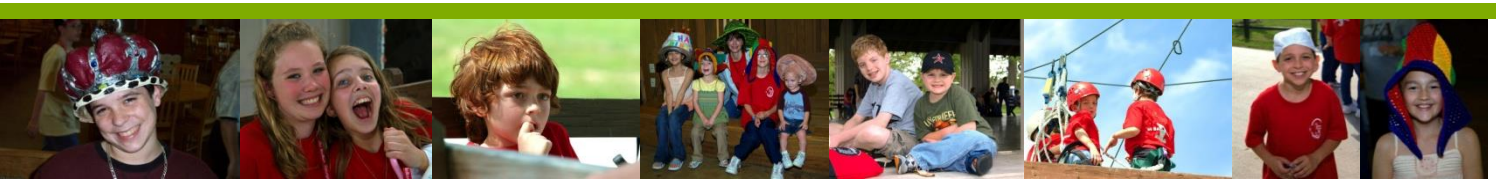


Educational Issues

- **Areas of difficulty**
  - Spelling
  - Writing
  - Reading
  - Math
  - Long classroom / homework assignments
  - Timed Tests
  - Social Skills
  - Executive Function
- **Higher incidence of learning disabilities**
- **Inconsistent performance**

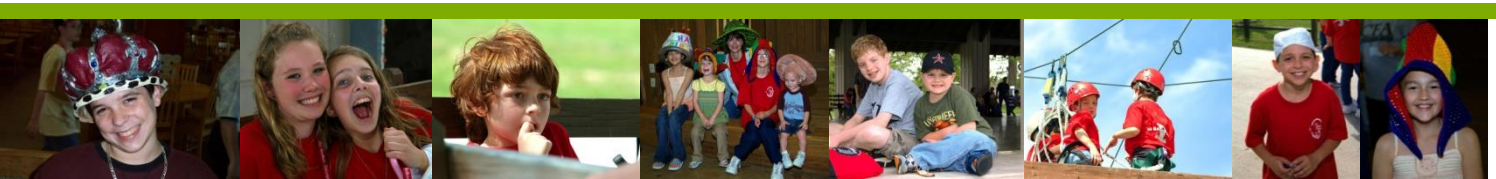
Additional Problems:

- Visual-motor integration difficulties
  - Copying
  - Note taking
  - Difficulty demonstrating knowledge in writing (transferring thoughts onto paper)
- Graphomotor dysfunction
  - Handwriting
  - Holding pencil



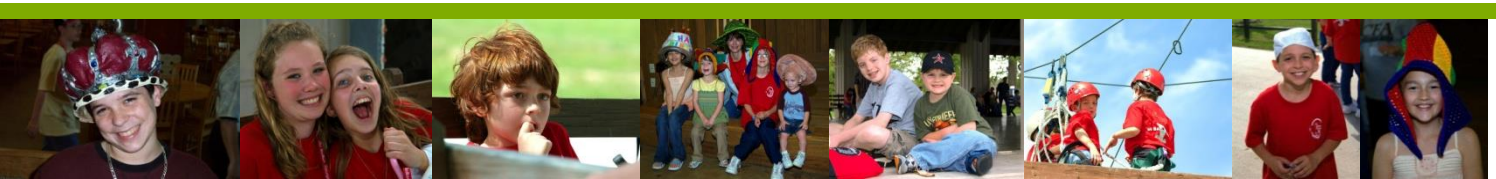
Obsessive-Compulsive Disorder (OCD)
COMORBIDLY OCCURING

- Obsessions
  - Intrusive and recurring thoughts and images which are disturbing
  - Cannot be suppressed and disrupt functioning
- Compulsions
  - Irresistible urges or impulses to repeat ritualistic acts over and over
- Shares chronic waxing and waning course of T.S. and is exacerbated by stress
- Auditory and short term memory deficit / mental tics
- Rewriting until “perfect”
- Counting words or lines on page prior to reading
- Checking things over and over
- Constant doubt and worrying
- Germ obsession
- Ritualistic behavior



Attention Deficit Disorder – ADHD
COMORBIDLY OCCURING

- Disinhibition
- Inability to remain seated
- Blurting answers when not called
- Restlessness
- Disorganization
- Getting started on a task
- Regulating the intensity of their emotional response
- Transitions



Educational Issues (cont.)

Tics

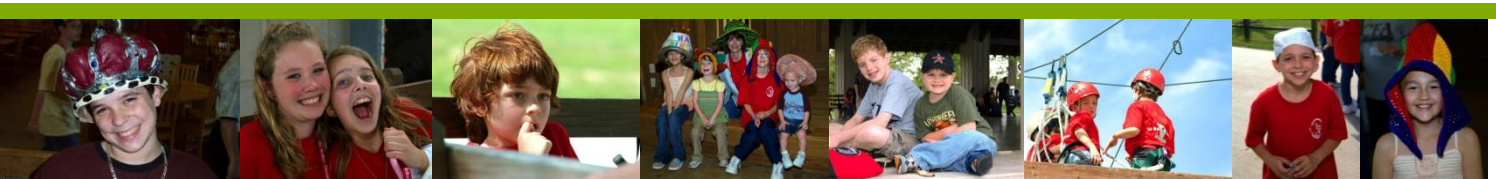
- Loud disturbing tics or distracting movements
- Hand, arm or body movements when writing
- Neck, facial or other body movements when reading

Executive Function

- Difficulty with:
  - Goal formation
  - Planning
  - Enaction
  - Evaluation
  - Self-regulation

Sensory Integration

- Sensory and tactile defensiveness
- Poor auditory discrimination
- Sensitivity to noises, light, touch, and/or odors



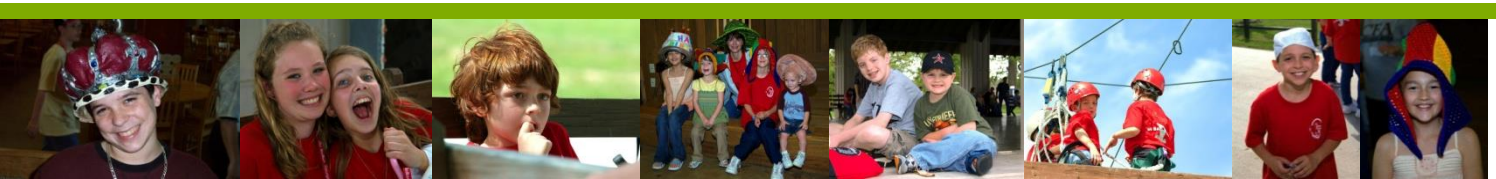
Educational Issues (cont.)

Social

- Difficulty in daily life
- Peer rejections – difficulty making friends and maintaining relationships
- Loss of positive body image – embarrassing tics
- Poor self-esteem
- Difficulty with group activities and with team sports
- Teacher intolerance
- Misreading social cues
- Socially clueless
- Maturation below age level
- ***Teased, mocked, bullied and shunned***

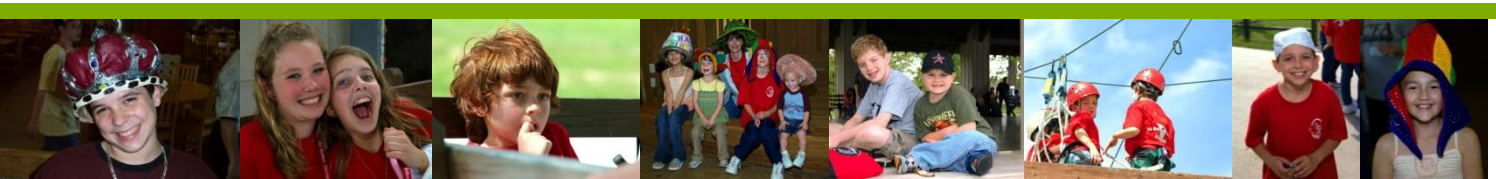
Medication Side Effects

- Drowsiness
- Fatigue
- Hyperactivity
- Depression
- Weight gain or weight loss
- Heat intolerance
- Loss of memory (short and long term)
- Irritability
- Light-headedness
- Dry mouth
- Tardive dyskinesia
- Aggression
- Absence of tics mistaken for resolution of Tourette's syndrome



Four Point Treatment Modality of Tourette's Syndrome

- Pharmacological Interventions
- Psychotherapy / Counseling
- Common Sense
- Adaptation of School Environment



Pharmacologic Interventions

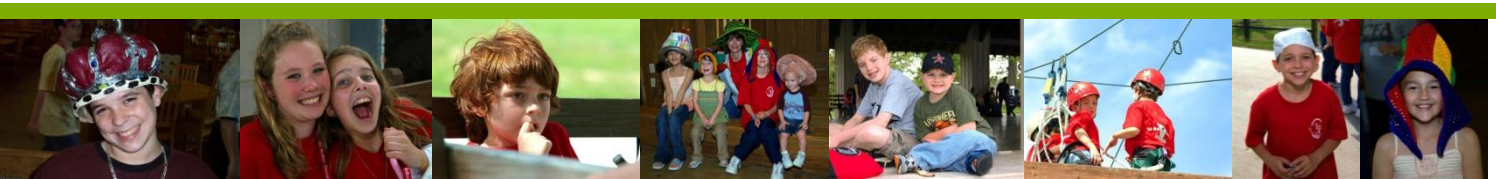
- **Since pathophysiology is unknown, pharmacologic treatment is purely symptomatic.**
- **Therapeutic doses change as symptoms wax and wane.**
- **No magic formula. Based on trial and error.**
- **The goal is to achieve a tolerable suppression of the symptoms.**
- **May be on multiple medications, each targeting a specific symptom.**

Tics (motor and phonic)

- Orap (Pimozide)
- Prolixin (Fluphenazide)
- Haldol (Haloperidol)
- Risperdal (Risperidone)
- Zyprexa (Olanzapine)
- Abilify (Aripiprazole)
- Topamax (Topiramate)
- Botulinum toxin injections for focal tics
- Xenazine (Tetrabenazine)
- Tenex / Tenex CR (Guanfacine)

ADHD

- Ritalin (Methylphenidate)
- Dexedrine (Dextroamphetamine)
- Intuniv (Guanfacine)
- Adderall
- Concerta (Methlyphenidate HC)
- Focalin XR (Dexmethlyphenidate)
- Strattera (Atomoxetine)
- Cylert (Pemoline)
- Catapres (Clonidine)
- Metadate CD (Methylphenidate HCl)
- Methylin (Methylphenidate oral solution or chewable tablets)
- Daytrana (Transdermal methyphendiate, once-a-day patch)
- Vyvance (Lisdexamfetamine)
- Kapvay (clonidine hydrocholoride)
- Vayarin (Phosphatidylserine and omega-3 fatty acids)



Pharmacologic Interventions (cont.)

OCD

- Celexa (Citalopram)
- Effexor (Venlafaxine)
- Lexapro (Escitalopramine)
- Luvox (Fluvoxamine Maleate)
- Paxil (Paroxetine)
- Prozac (Fluoxetine)
- Tofranil (Imipramine)
- Anafranil (Clomipramine)
- Zoloft (Sertraline hydrochloride)
- Risperdal (Risperidone)

Aggressive, Oppositional or Explosive Behaviors

- Catapres (Clonidine)
- Tegretol (Carbamazepine)
- Depakote (Divalproex Sodium)
- Risperdal (Risperidone)

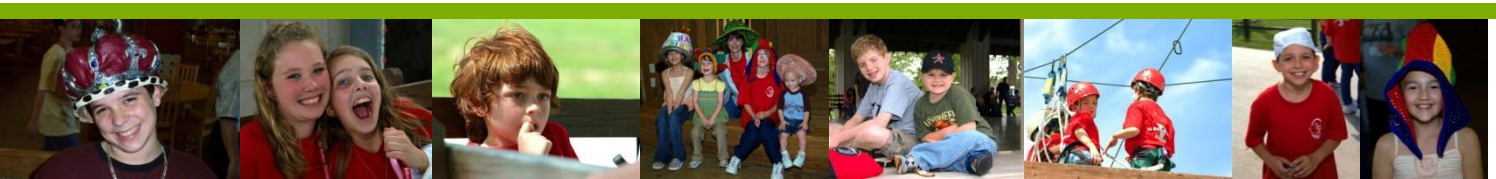
Anxiety Disorders

(phobias, panics)

- Buspirone hydrochloride (Buspar no longer manufactured)
- Klonopin (Clonazepam)
- Any of the SSRIs or SNRIs (Prozac, Paxil, Zoloft, Celexa, Lexapro, Effexor)

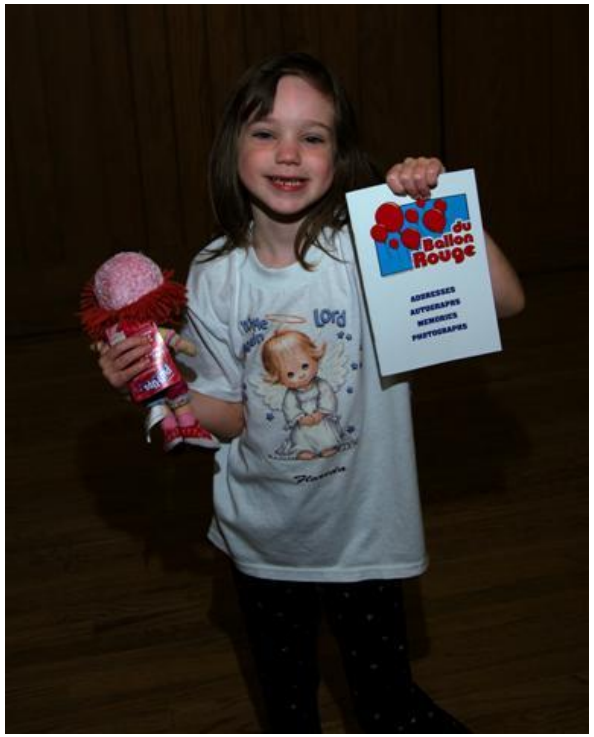
Depression

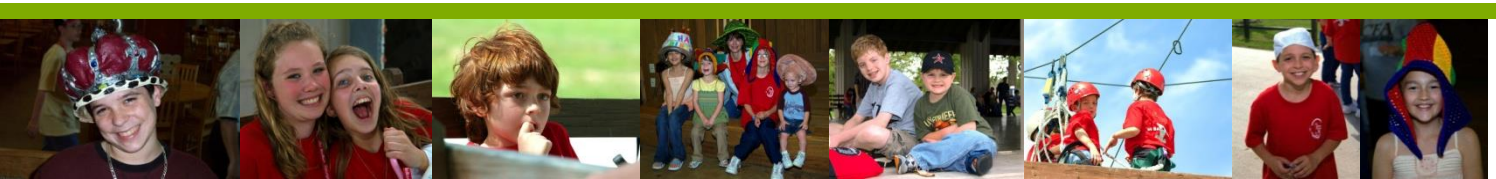
- Prozac (Fluoxetine)
- Paxil (Paroxetine hydrochloride)
- Seroquel
- Tofranil (Imipramine)
- Anafranil (Clomipramine)
- Eskalith (Lithium carbonate)
- Zoloft (Sertraline hydrochloride)
- Celexa, Lexapro, Effexor



Psychotherapy / Counseling

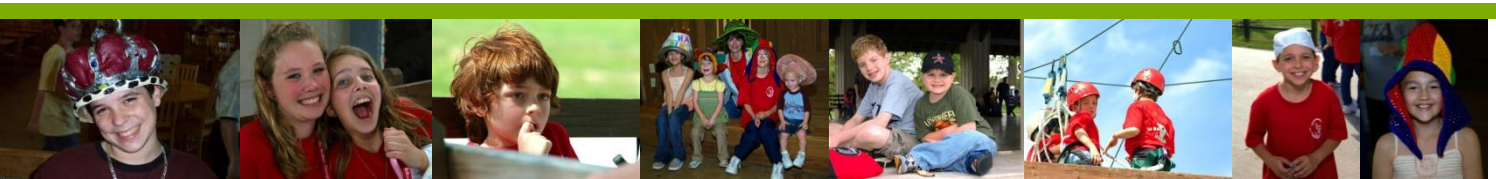
- Will not directly remediate behavioral issues associated with Tourette's Syndrome
- Will provide support
- Will help increase self-esteem
- Will help family cope





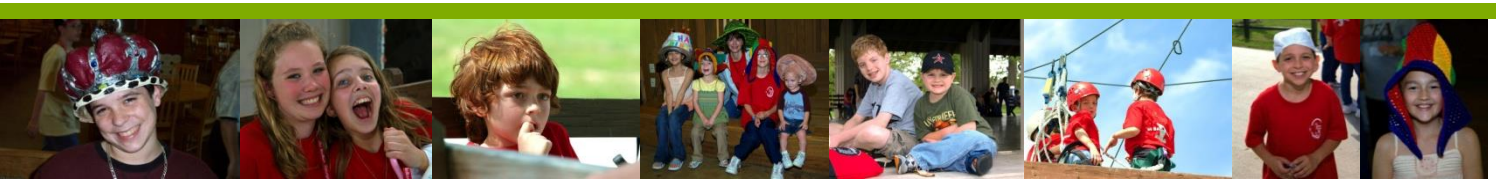
Common Sense Approach

- **Diet**
  - Well-balanced diet with emphasis on high protein, high nutrient values
  - Lower consumption of foods with high sugar content (simple carbohydrates)- can help control mood swings
  - Increase consumption of whole grains and vegetables (complex carbohydrates)
  - Avoid caffeine and foods with additives or dyes – can reduce anxiety
  - Multi vitamin and fish oil (Omega 3) could be helpful
  - B6 – may reduce tics and increase cognitive function
  - Magnesium – too little can cause irritability, hyperactivity, aggressive behavior and sleep disorders
- **Exercise**
  - Will increase endorphins and sense of well-being
  - Counterbalances possible weight gain due to medications
  - Improves focus and reduces stress
- **Rest**
  - Proper rest is critical for all cognitive processes



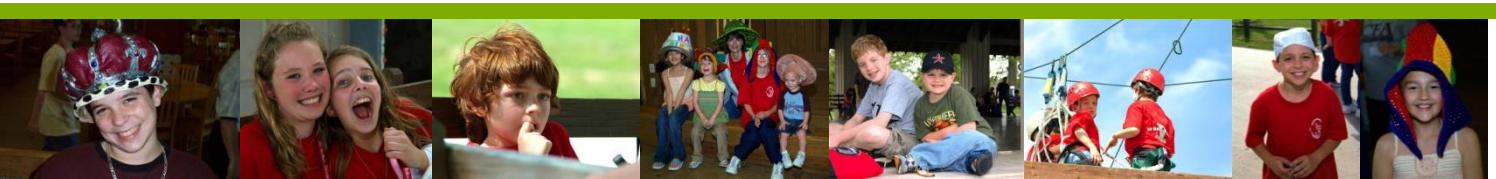
Other Psychological Approaches

- Comprehensive-behavioral intervention for tics (CBIT)
  - Teaches patients to tic less / Substitute one tic for another
  - Using three principles:
    - Teaching greater awareness of tics and urge to tic
    - Teaching "competing" behaviors when feel the urge to tic
    - Advocating daily activity changes in ways to reduce tics
- Cognitive-behavioral therapy (for OCD)
  - Contra-indicated when accompanied by ADHD
- Habit reversal therapy (for OCD)
  - Has historically been unsuccessful
  - HRT substitutes a competing action (e.g., looking at a watch) for a disabling or socially embarrassing tic
- Bio-feedback
  - May help promote relaxation
  - May decrease anxiety
  - Does not **directly** affect tics



Alternative Therapies

- Many alternative therapies available
- Most claims are unproven scientifically and promise remarkable results
- Most successful include:
  - Diet and vitamin supplements, often mega-dosed and based upon specifically determined allergies, are available through certified medical professionals.



Adaptation of School Environment

GOAL: ALWAYS MOVE THE CHILD TO THE NORM!

FOREMOST PRINCIPLE: Avoid academic frustration / stress by teaching compensatory strategies and utilizing appropriate accommodations. (Stress exacerbates all symptoms and behaviors of Touette's Syndrome.)

Classify Tourette student as **Other Health Impaired (OHI)** / Special Education

or under **Section 504 /** Regular Education

OHI: Must have an educational NEED and must result in academic benefit.

504: Does not require academic improvement. Based on Child's disability and resulting issues

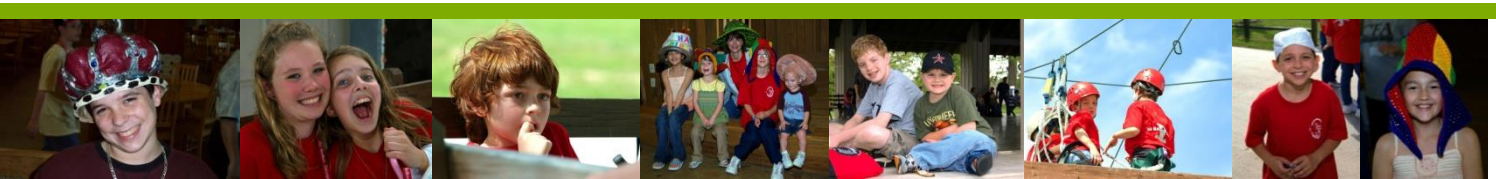
Special Education: IDEA – Individuals with Disabilities Educational Act

Requires Individual Education Plan (IEP):

- Each Tourette child is unique because of diverse range of symptoms.
- Assessed for associated learning disabilities (LD)
- Use of ancillary professional services:
- School counselor / psychologist, Speech Pathologist, OT, PT, adaptive PE
- Placed in regular classroom with modifications as necessary

504: ADA – Americans with Disability Act

- Tourette's syndrome uniquely qualifies under "Episodic Illness."
- Requires Accommodations



Generic Academic and Behavioral Accommodations / Modifications

(are appropriate for almost every student with T.S. - either OHI or Section 504)

GOAL: To always move the child to the norm

FOREMOST PRINCIPLE: Avoid academic frustration / stress by teaching compensatory strategies and utilizing appropriate accommodations. (Stress exacerbates all symptoms and behaviors.)

I. PRINCIPLES AND DIRECTIVES TO ENCOURAGE APPROPRIATE BEHAVIORS

Directives for Implementation OF Behavioral/Academic Accommodations

Contained classroom is not necessary nor appropriate to implement.

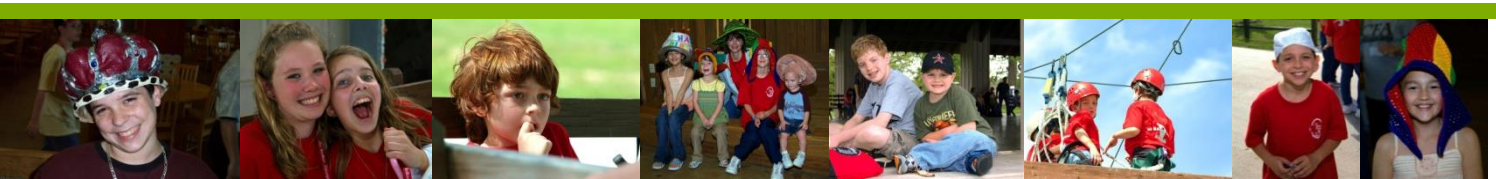
A. Provide planned ignoring – tics and OCD behaviors
   1. Tics and behavior will worsen if attention is focused on them (increasing anxiety)
   2. Pass to Nurse or safe place for a short time if tics are overwhelming or disruptive

B. Use calm, quiet voice for directives and corrections (child is neurologically over stimulated; quiet voice will help refocus)

C. Avoid direct confrontation. Use redirection whenever possible to prevent obsessive-compulsive neuro-rigidity "oppositionality."

D. Provide transition time both physically and for directives
   1. Allows brain to engage and disengage from tasks

E. Use Stepwise directives and rules
   1. Use positive redirection X2
   2. Please start the first math problem
   3. Please start the first math problem. You can have Lego time when you finish three.



Generic Academic and Behavioral Accommodations / Modifications (con't)

F. Provide structure and clear understanding of expectations with flexibiity for waxing and waning of symptoms

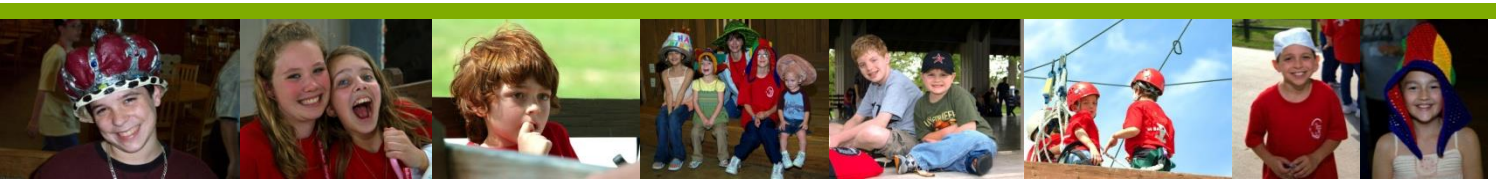
G. Provide increased supervision in unstructured settings, i.e., lunch, P.E. and recess

H. Provide quiet area to regroups/gain control when over-stimulated – both inside and outside of classroom

I. Use positive reinforcement

J. ***Intervene early before spiral of escalation occurs***

K. Do not apply immediate consequences (whenever possible) after escalated behavior has occurred. Wait until the child has calmed before disciplining. (Will avoid continued or rapid re-escalation.)

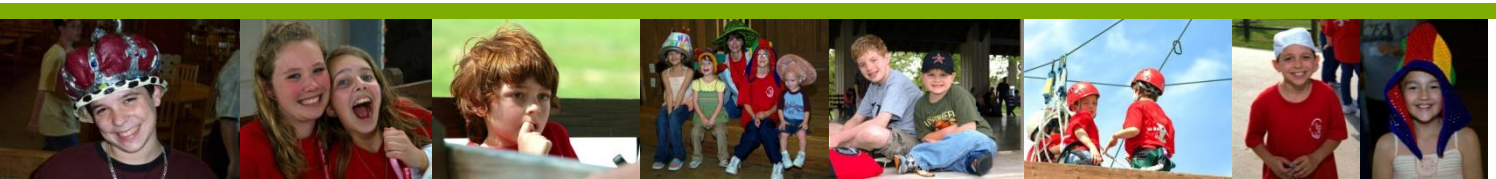


Generic Academic and Behavioral Accommodations / Modifications Con't.

Dysgraphia

(Over 90% of all boys with T.S. are dysgraphic)

A. Decrease all paper and pencil tasks
B. Provide notes (student must still attempt note taking)
C. Provide copy of homework assignment
D. Provide fill-in-the-blank overheads and worksheets
E. Use of keyboard/computer whenever possible
F. Utilize iPad
G. Allow dictation: Scribe at home/school if necessary
H. Shorten assignments without changing content
I. Extended time to complete assignments
J. Allow oral/typed responses
K. Avoid pressure of speed and accuracy
L. Grade on content, not handwriting
M. Allow voice activated computer typing programs
N. Utilize Books on tape



Generic Academic and Behavioral Accommodations / Modifications Con't.

ADHD

(Intrinsic disorganization/inattention/disruption/hyperactivity)

A. Special Homework Plan – *will avoid a string of zeros*

(Mom will need to check binder everyday at first)

1. Extra home set of textbooks
2. Parent-generated emails Tuesday and Thursday regarding assignments due and/or missing
3. Extended time (1-2 days) to complete missing assignments without penalty

B. Provide short structured breaks

1. Laminated pass for one three-minute break per 20 - 50 minutes

C. Allow increased movement in classroom

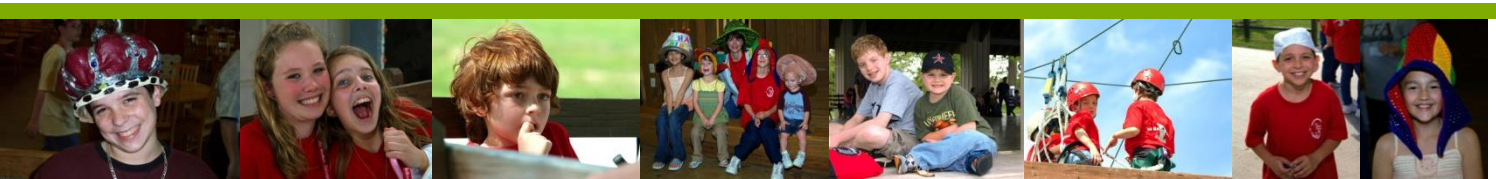
1. Especially with structured tasks – i.e., pass out papers

D. Use single instruction or directive

E. Allow headphones to diminish distraction

F. Allow manipulatives

G. Encourage self-management – i.e., self-removal to designated space in classroom when unable to remain on task.



Generic Academic and Behavioral Accommodations / Modifications (con't.)

Obsessive Compulsive Disorder (OCD)

A. Allow routines which are not disabling or intrusive, e.g., flipping light switch, sharpening pencil

B. Provide compensatory strategies/objects for annoying behavior:

1. Soft object on end of pencil for tapping
2. Place in front of line and instruct to keep one arm length between others for compulsive touching
3. "Chewelry" for chewing shirts, pencils or other objects

C. Assess inattention (intrusive thoughts seriously disrupt learning)

D. Avoid direct confrontation. Use redirection whenever possible to prevent obsessive-compulsive neuro-rigidity "oppositionality."

E. Provide transition time. (Allows brain to disengage and engage.)

F. Provide reassurance for worries, fears or extreme perfection.

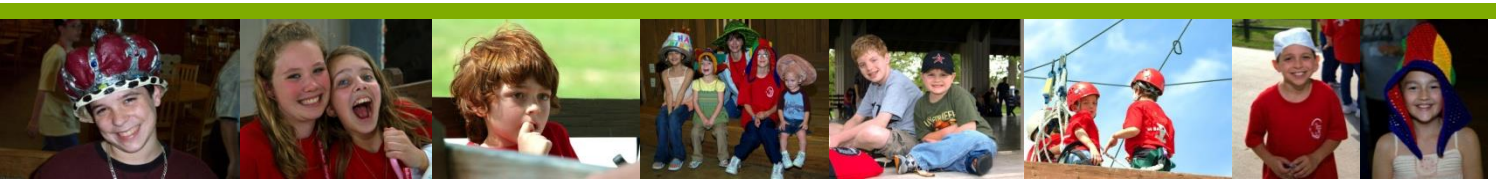
G. Avoid discussion/making promises that elicit anticipation

- **Tactile Issues**

Hypersensitivity to noise and crowds

A. Allow early dismissal from classroom (2-3 minutes)

B. Utilize earphones, earplugs, darkened glasses during designated times



Generic Academic and Behavioral Accommodations / Modifications (con't.)

Tics

A. Allow increased movement in classroom

B. Provide extended time for test taking

   - Increased difficulty testing due to blinking, hard, shoulder and torso movements

C. Allow untimed tests when possible

   - Increased anxiety increases tics

D. Provide safe place to discharge tics or emotions

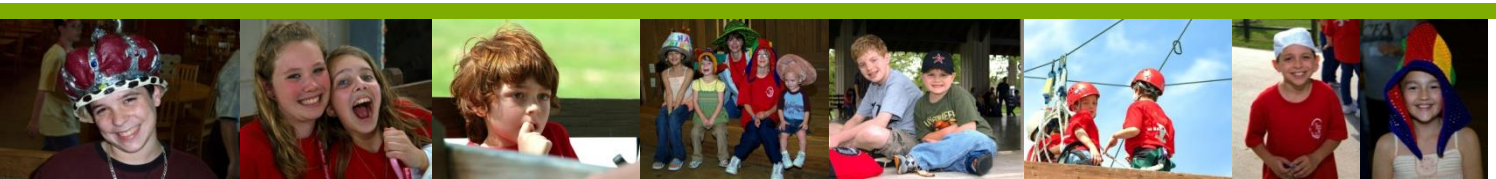
   - Pass to Nurse or other previously designated area

E. Utilize preferential seating – back of classroom close to door

F. Allow standing at desk to complete work

G. Allow manipulatives

H. Require updated symptom list (provided by parents)



Generic Academic and Behavioral Accommodations / Modifications Con't.

Episodic Issues

(Tourette's syndrome waxes and wanes and changes over time with no measure of predictability.)

A. Plan for worst case scenario – be proactive.

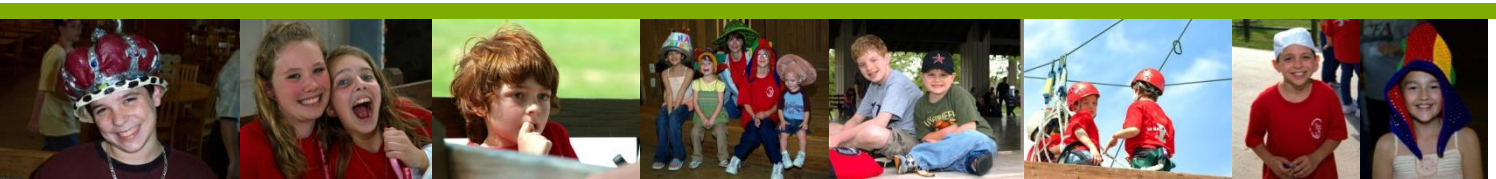
B. Practice flexibility with academic and behavioral expectations, especially when symptoms are exacerbated.

C. Plan proactive provisions for difficult days

   1. Arrive at school late morning
   2. Stay at school half day
   3. Attend specified classes only

Education of peers and school staff

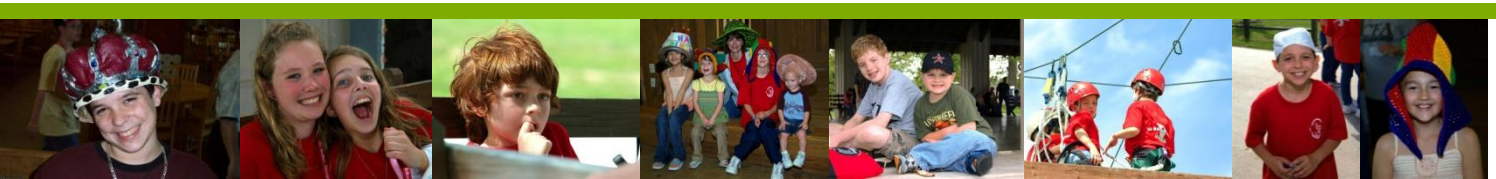
- Understanding promotes acceptance



Specific Additional Classroom Interventions

Classroom Environment

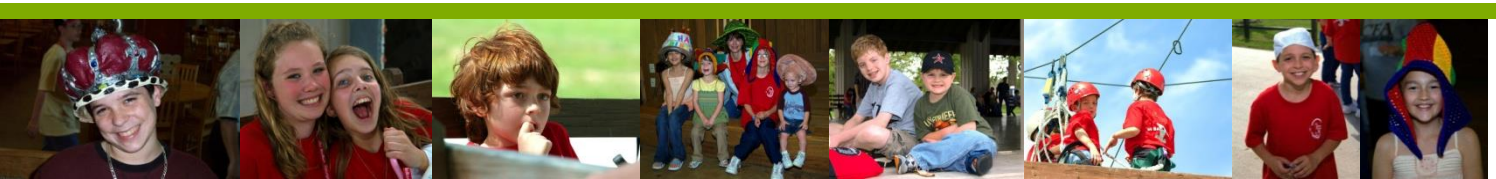
- Preferential seating
- Provide student with an “office” desk when they require privacy to do their independent work. Do not remove the student’s group seat. Allow two desks for child.
- Keep an extra supply of pencils, paper, etc, for student.
- Allow student frequent breaks from classroom and / or frequent movement within classroom to release tic and excess energy (drinks, restroom, errand runner, etc.).
- Eliminate all unnecessary materials from student desk to reduce unwanted distractions.
- Provide a quiet / safe place for student when tics are severe.
- Use checklists to help students get organized.
- Have agreed upon cue/special pass for student to leave classroom.



Specific Additional Classroom Interventions (cont.)

Time Management / Transitions

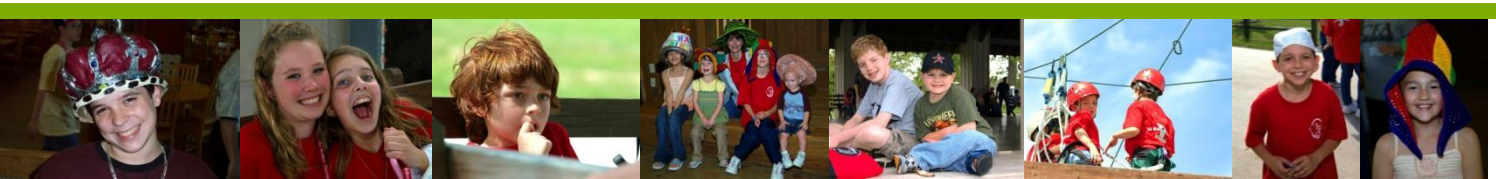
- Alert with several reminders, several minutes apart, before changing from one activity to another (classroom changes, lesson changes, recess, lunch, etc.).
- Provide additional time to complete a task. Allow extra time to turn in homework, without penalties.
- Reduce amount of work load (even #s, half of page).
- Space short work periods with breaks.
- Alternate quiet and active times, allowing for transition time.



Specific Additional Classroom Interventions (cont.)

Material Presentation

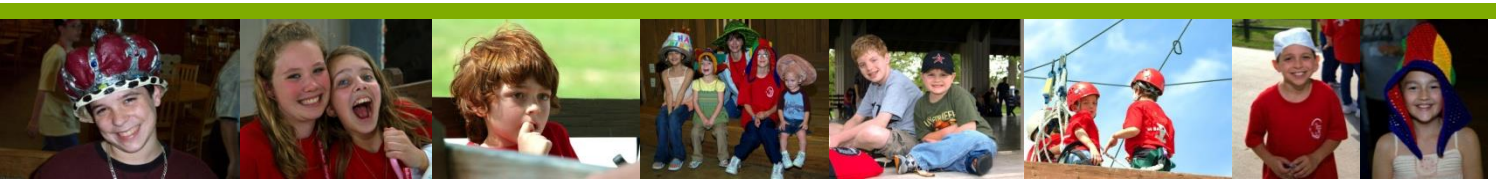
- Break assignments into segments or shorter tasks.
- Present written material ½ to 1 page at a time and decrease crowding.
- Introduce one concept at a time with as few words as possible.
- Give only 1-2 step directions; require students to repeat directions to ensure clarity.
- Break long term assignments into small sequential steps, with daily monitoring and frequent grading.
- Provide incentives for beginning and completing material.
- Allow student to utilize computer, i-Pad, tape recorder, and / or calculator.
- Allow peer to provide class notes for student or copy of teacher's notes.
- Teacher or peer may copy down daily homework assignments or check for accuracy.



Specific Additional Classroom Interventions (cont.)

Grading and Tests

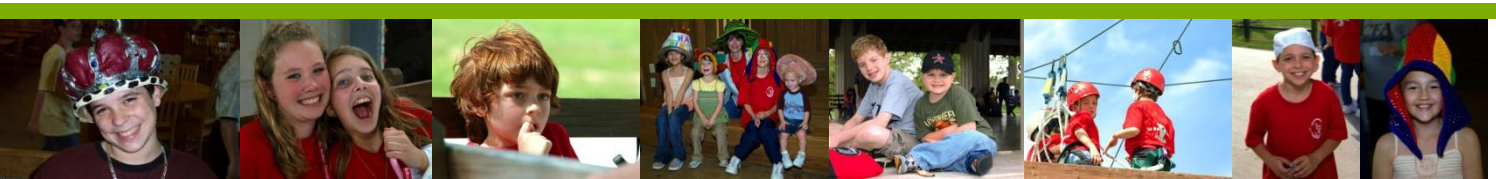
- Divide tests into smaller sections.
- Grade spelling separately from content.
- Provide additional time to complete test.
- Avoid all timed tests.
- Provide a quiet setting for test taking.
- Provide movement and breaks during tests.
- Permit student to rework missed problems for better grade.
- Oral testing, if necessary.



Specific Additional Classroom Interventions (cont.)

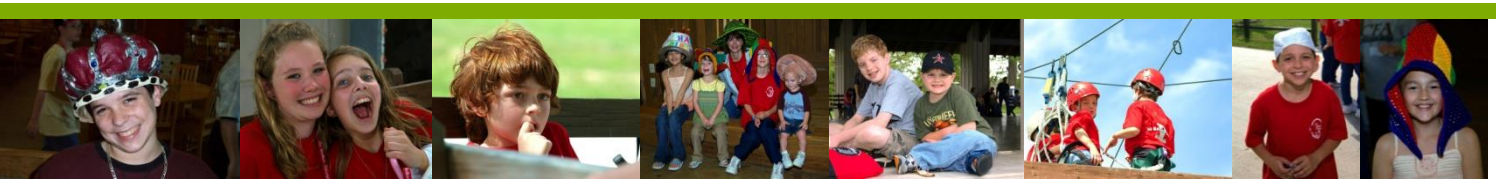
Reading

- Allow student to sit in comfortable position.
- Allow student to use marker to follow along.
- Allow recorded textbooks or reader.
- Have student read comprehension questions before reading passage.
- Break reading assignments into smaller segments.
- Allow parent to read to student at home.
- Encourage student to use headphones to block out auditory distractions.
- Allow student to read aloud to himself, to another student, or into a tape recorder.



Prognosis

- Symptoms generally begin in childhood, peak in severity in early to mid-teenage years, diminish in late teens and early adulthood.
- Symptoms generally worsen during puberty.
- After puberty (approximately 17 years of age), almost all will have a marked decrease in the severity of symptoms.
- Normal life span.
- Most will lead productive lives in adulthood.
- 10% or less will be functionally disabled.
- Many will reach high levels of achievement.



Tourette Syndrome Association of Texas Services

PROGRAMS and SERVICES ARE AT NO COST TO FAMILIES

Education and In-Service:

- In-service programs for professionals, students, parents, and community
- Educational programs, conferences, and conventions
- Dissemination of information – packets, brochures, telephone, web, Facebook, Social media
- Referral to physicians, therapists, services and agencies
- Video-tape and reference library

Advocacy and Consulting:

- Educational and legal empowerment
- Professional consulting
- "Whole" person recommendations for: medial diagnosis & management; educational needs & accommodations; social skills; career goals; family interactions.

Support Groups:

- Austin
- Bryan/College Station
- Dallas/North Texas
- Fort Worth
- Gulf Coast Area
- Katy/West Houston
- Lubbock *coming soon*
- Midland *coming soon*
- North Houston/The Woodlands
- San Antonio
- Sugar Land/Missouri City
- Tyler

Adult Social Groups: Austin & Houston

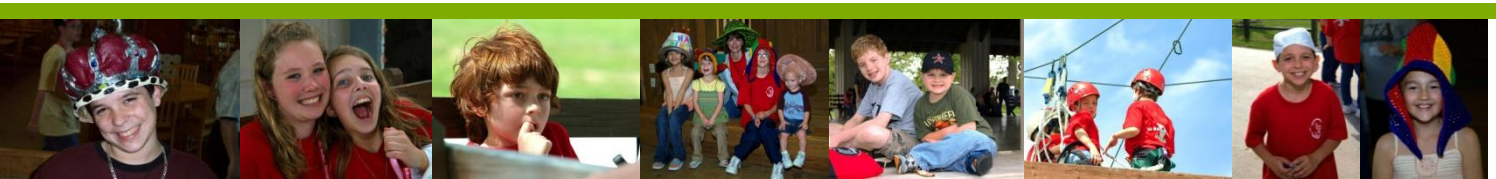
Spanish Statewide Support Group -- Zoom

Du Ballon Rouge

- Tuition-free weekend children's camping program in the Piney Woods on Lake Livingston

Medical Assistance Program
Scholarships and Direct Client Services
Youth Ambassador & Rising Leader Programs

- **Newsletter**
- **Brain Bank Program**
- **Crisis Intervention**
- **24 Hour Emergency Response at: 281-932-0632**



Helping Children **&** Changing **Lives**

Du Ballon Rouge

Tourette Association of Texas Children's Camping Weekend

- Sending your wish, by red balloon, into a clear, blue Texas sky with hopes that it will come true – anything is possible at du Ballon Rouge!

- **Du Ballon Rouge (dBR)** is a truly unique time and place. Held annually, dBR provides a setting for children with Tourette's syndrome to experience events and activities that can change the quality and outcome of their life.
- *"To enrich the lives of children diagnosed with Tourette's syndrome, through a unique outdoor experience that offers acceptance, provides hope, promotes discovery, and creates the opportunity to establish relationships with others affected by TS" – that's our mission!*



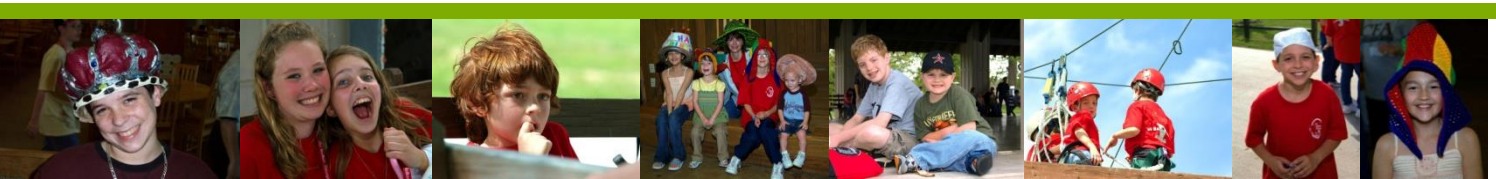


***Acceptance*.** Campers feel better because they can relax, have fun, and not be concerned about hiding their symptoms. They feel accepted because of who they are and not excluded because of their disorder.

- ***Hope***. Campers gain hope and success through challenging activities, interaction with peers, a supportive staff, and inspiring role models

- ***Discovery*.** Campers are exposed to activities and situations they may not have previously experienced. Smiles of accomplishment and understanding fill the weekend as campers discover unknown talents and interests.

- ***Relationships*.** The weekend provides the setting for participants to make new friends. New campers may be shy and uncomfortable with their new surroundings. However, new friendships can begin to develop immediately and continue to grow throughout the weekend. Many campers have shared similar experiences, remained in contact, and do things together once the weekend has ended.



Du Ballon Rouge Con't.

The Program

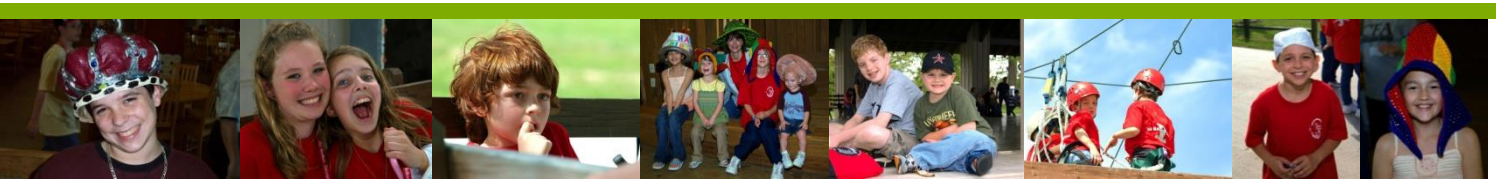
- The program, founded in 2003, is designed for children between the ages of 6 and 18 whose primary diagnosis is Tourette's syndrome (TS). Many participants exhibit other TS related conditions such as obsessive compulsive disorder (OCD) and attention deficit disorder (ADD). We are able to accommodate the needs of most campers, but the weekend outing has some limitations in accepting children whose needs are beyond the scope of its resources. Campers must be able to handle daily routines such as dressing and personal hygiene.
- The Leadership Program is for Campers ages 19 & 20 and is designed to develop self-esteem, leadership and cooperative skills necessary for young adults to be successful in today's challenging world.
- Campers are assigned to cabins based on their age and gender. They experience activities both as a cabin and as a group. Weekend activities include fishing, horseback riding, canoeing, arts and crafts, ropes challenge course, swimming, and team sports. The environment is fun, safe, and positive, and campers, while challenged to reach their individual potential, are not required to participate.

The Facility

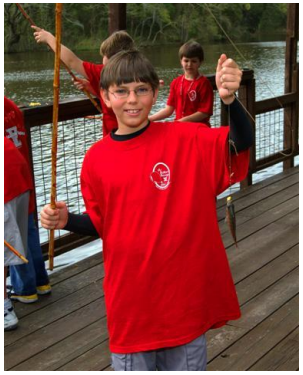
- Located in the beautiful Piney Woods on Lake Livingston, Camp Olympia is fully accredited and has on-site trained staff to handle all camp activities and to provide compassionate assistance to dBR Counselors and Campers.

Counselors and dBR Staff

- The staff of dBR are volunteers dedicated to providing the for our campers. Our staff includes physicians, nurses, rocket scientists and adults with Tourette's syndrome. All staff members attend training sessions and are fully prepared for a boisterous group of kids with TS. With properly executed parental authorization, the medical personnel handle all medications and medical issues for campers.

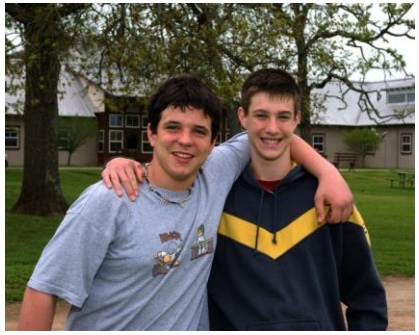


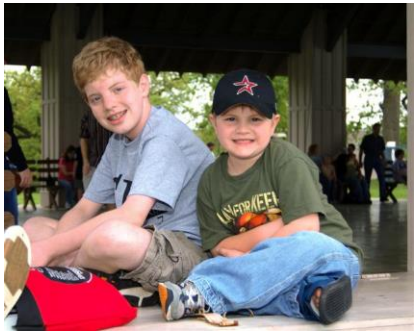
Helping Children **&** Changing **Lives**

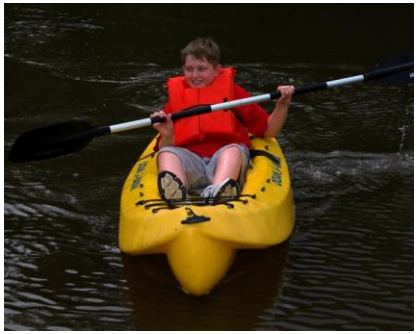


TS KIDS ARE

Tough…	but	**T**errific
Obsessive…	but	**O**utstanding
U nderestimated…	but	**U** nderstanding
Repetitive…	but	**R**emarkable
Embarrassing…	but	**E**xciting
Ticcing…	but	**T**remendous
Tiresome…	but	**T**op-notch
Exhausting…	but	**E**xtraordinary
Silly	but	**S**ensational
Y elling	but	**Y** outhful
N oisy	but	**N** ice
Defiant	but	**D**elightful
Restless	but	**R**ewarding
Ostracized	but	**O**penhearted
M isunderstood	but	**M** arvelous
Emotional	but	**E**xhilarating







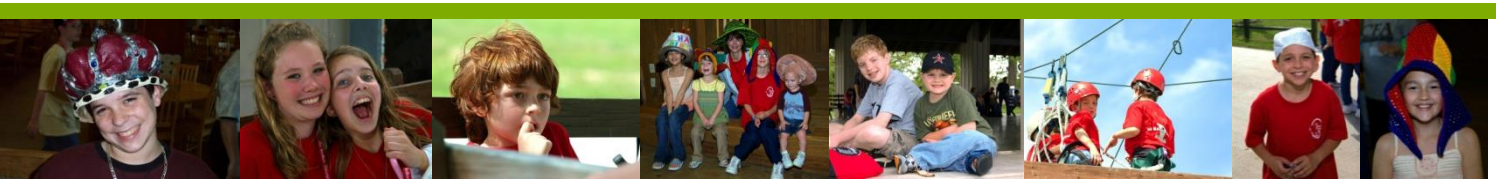
A Final Thought:

Susan Conners, M.Ed., a world renowned advocate and expert on educating children with TS states:

> **"Tourette's syndrome is not a fatal disease, but children die slowly from it each day. Their spirit, their potential, and their self esteem are affected.**
> **TS is not responsible – ignorance is."**

Thanks to:

Susan Connors, M.Ed.
Parkinson's Disease Center and Movement Disorders Clinic:/Tourette Center of Excellence
Joseph Jankovic, M.D.
Texas Children's Hospital, Blue Bird Pediatric Neurology Clinic: Amber Stocco, M.D.
Joshua Center: Becky Ottinger
Jamie Blassingame, LLSP
Carol Brady, Ph.D.
Margaret Farnsworth, MA, RD, LD



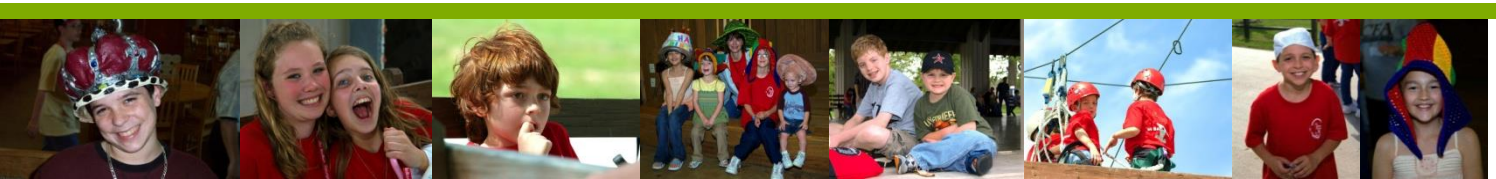
Release of Information to Appropriate Key School Personnel

I, _____, parent and/or legal guardian of _____,a student in your classroom at _____ School, give my permission to provide information regarding my child's disabilities (i.e., Tourette's syndrome, Obsessive Compulsive Disorder, Attention Deficit Disorder, dysgraphia and learning differences) in connection with his/her 504 Plan or Individual Education Plan as a tool to assist any substitute teacher, counselor, nurse or administrative staff who may be coming in contact with my child during a school day, field trip, after school activity or function related to the _____ Independent School District.

SUBSCRIBED TO AND ACKNOWLEDGED BY ME, _____, parent and/or legal guardian of _____, on this _____ day of _____, 2____.

_____

Notary Public, State of Texas



The Pledge of Allegiance

Your Tourette's syndrome Test!

_____

_____

_____

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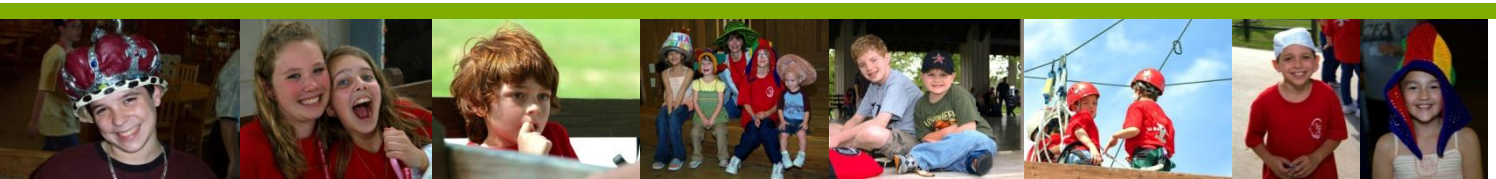

Contact Information

Tourette Syndrome Association of Texas

TOURETTE ASSOCIATION
TEXAS CHAPTER
Helping Children & Adults Change Their Lives

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