

CHRONIC CARE MANAGEMENT PLAN TOURETTE'S DISORDER OVERVIEW

What is Tourette's Disorder?

Multiple motor tics and vocal tics are the essential features of Tourette's Disorder. These may appear simultaneously or at different periods during the illness. The tics occur many times a day, recurrently for a period of more than 1 year. During this period, there is never a tic-free period of more than 3 consecutive months.

The location, number, complexity, and severity of the tics change over time. Tics might be simple or complex and may affect any part of the body. Commonly, tics are seen in the head and neck, but they can also occur in the torso and extremities. Tics might be simple movements, such as an eye blink, or complex movements, which involve multiple muscle groups. These complex movements may include touching, squatting, deep knee bends, and twirling. Vocal tics can include various sounds such as clicks, grunts, yelps, barks, sniffs, snorts, and coughs. Coprolalia, a complex motor tic, involves the verbalizations of obscenities. This is present in less than 10 percent of the Tourette's Disorder population.

Individuals with Tourette's Disorder present with the following symptoms:

- Both multiple motor and one or more vocal tics that have been present at some time during the illness, although not necessarily concurrently
- Tics that occur many times a day, usually in bouts, nearly every day or intermittently throughout a period of more than 1 year. During this period there is never a tic-free period of more than 3 consecutive months
- Onset before 18 years of age
- The disturbance is not due to the direct physiological effects of a substance (e.g., stimulants) or a general medical condition (e.g., Huntington's disease or post viral encephalitis)

Treatment

Tourette's Disorder tics require treatment only when they interfere with the student's ability to function. Treatment goals should not be to completely eliminate all tics, but to relieve tic-related discomfort or embarrassment and to achieve control of Tourette's Disorder symptoms, allowing the student to function as normally as possible. As tics are aggravated by stress, stress-reduction techniques can help reduce the symptoms of Tourette's Disorder to a more manageable form. Habit reversal training (HRT) is a multicomponent behavioral treatment program that has shown some success in decreasing tics caused by Tourette's Disorder.

Most persons with Tourette's Disorder do not require medication for their tics. Some patients with co-occurring disorders will require medication; however, sometimes the medication's side effects can cause more difficulty or discomfort than the tics themselves. The current treatments available do not cure Tourette's Disorder but can suppress tics and make life more manageable. Tourette's Disorder symptoms are neurological in origin, but psychosocial stressors, such as anxiety-provoking situations, can exacerbate them. Furthermore, Tourette's Disorder symptoms themselves can cause various mental health issues in dealing with the day-to-day stress of living with a chronic neurological disorder.

Applicant Name: _____

Date: _____

**CHRONIC CARE MANAGEMENT PLAN
TOURETTE'S DISORDER**

OUTREACH AND ADMISSIONS PERIOD

Please provide us with the following information regarding the applicant's self-disclosed diagnosis of Tourette's Disorder. [To be obtained from applicant's physician or other health provider.]

1. Classification of Tourette's Disorder

- _____ Mild intermittent—symptoms absent with or without medication, and no pressure
- _____ Mild persistent—symptoms more than twice a week, less than daily
- _____ Moderate persistent—daily symptoms, but can usually ignore
- _____ Severe, persistent—continual symptoms, even with compliance

2. Date of diagnosis: _____

3. Age of onset: _____

4. What are the current symptoms?

5. List **current** (within the past 6 months) self-harm behaviors, if applicable.

6. List current medications and/or treatment, including dosage and frequency.

7. Has applicant been compliant with medications and treatment? If no, explain.

8. List past hospitalizations for Tourette's Disorder, including dates, reason admitted, and discharge summary.

9. What is the current status?

10. What is the applicant's prognosis with medication?

10a. What is the applicant's prognosis without medication?

11. When was last appointment? _____

12. Will applicant need to continue follow-up under your care? If yes, please list date and/or frequency of follow-up appointments.

Applicant Name: _____ **Date:** _____

13. In your opinion, will the applicant be able to self-manage his/her medications unsupervised and participate in a non-mental health residential vocational training program? If no, explain.

14. In your opinion, will the applicant be appropriate to reside in a non-mental health dormitory-style residence with minimal supervision? If no, please explain.

15. Are there any restrictions or limitations related to this specific illness?

16. List any precipitants that could induce increased symptoms.

17. List any environmental features that might trigger worsening symptoms (e.g., noisy room, crowded room with strangers, family gatherings, etc.).

Please sign below and return the form in the attached addressed envelope.

Print Name and Title

Signature

Phone

Date

For any questions, please call

Admissions Counselor/Health and Wellness Staff

Phone

Name: _____

Student ID#: _____

DOB: _____

**CHRONIC CARE MANAGEMENT PLAN
TOURETTE'S DISORDER**

Goals:

1. Enhance employability by optimizing control of symptoms
2. Educate the student regarding recognition of symptoms and self-management
3. Reduce environmental triggers, which might set off increased symptoms
4. Optimize pharmacotherapy, based on student's past and current experience
5. Help student develop outline of plans to arrange for optimal care after graduation

This care management plan includes suggested clinical activities and accommodations that are not mandatory for any particular student. In keeping with the importance of individualized care, please choose those that are most appropriate for this particular student's care plan, considering the specific presentation of the problem and needs of the student. The overall goal is to develop a care plan that supports the student's goals toward employability.

Mark each item with an **X** that is part of the student's case management plan.

OUTREACH AND ADMISSIONS	
<input type="checkbox"/>	Conduct clinical file review
<input type="checkbox"/>	Request additional health and educational information for file review, if needed
<input type="checkbox"/>	Refer and participate with IDT team for accommodation planning

CAREER PREPARATION PERIOD	
<input type="checkbox"/>	Establish a symptom action plan for current or returning symptoms. Solicit student input. Ask how the student has dealt with classroom situations in the past, including how he or she deals with interpersonal issues
<input type="checkbox"/>	Evaluate for co-occurring disorders, especially depression, ADHD, and OCD
<input type="checkbox"/>	Evaluate need for brief on-center treatment
<input type="checkbox"/>	Evaluate need for outside mental health resources
<input type="checkbox"/>	Arrange for continued off-center appointments with physician and/or therapist
<input type="checkbox"/>	Discuss vocational training match
<input type="checkbox"/>	Develop safety/behavior plan with student
<input type="checkbox"/>	Review center emergency response plan
<input type="checkbox"/>	Refer to center physician or consulting psychiatrist for medication evaluation if indicated. Note: It may be helpful to arrange medication monitoring prior to entry, as the medication management of Tourette's Disorder can require specialists
<input type="checkbox"/>	Consult with center physician or consulting psychiatrist to provide a written schedule of medications and calendar of compliance
<input type="checkbox"/>	Consult with center physician or consulting psychiatrist to provide a written description of possible medication side effects
<input type="checkbox"/>	Consult with oral health and wellness staff about the effects of psychotropic medications on oral care, if applicable. Reduced saliva (dry mouth), a side effect from some medications, can cause oral health care problems
<input type="checkbox"/>	Consult with oral health and wellness regarding dental care for students with tics
<input type="checkbox"/>	Consult with the center physician regarding any procedures performed on center that require the student to remain still
<input type="checkbox"/>	Make over-the-counter analgesics available to those students whose tics cause muscle pain by the end of the day
<input type="checkbox"/>	Provide student with sleep hygiene brochure (http://jchealth.jobcorps.gov/health-topics/gh/gh-docs/)
<input type="checkbox"/>	Refer to TEAP
<input type="checkbox"/>	Refer to anger and/or stress management group
<input type="checkbox"/>	Refer to TUPP/smoking cessation enrollment
<input type="checkbox"/>	Refer to recreation to practice social and group recreation skills
<input type="checkbox"/>	Educate student about self-care plans to monitor and cope with symptoms of Tourette's Disorder: <ul style="list-style-type: none">• OCD coping skills if needed (co-occurring)• Coping with teasing• Compliance with therapy and/or medical appointments• Medication compliance if needed• Managing symptoms of Tourette's in the employment setting• Referral to http://www.tsa-usa.org/ for further support
<input type="checkbox"/>	Document weekly or agreed-upon case management review with counselors

I agree with the care management plan for the Career Preparation Period:

Student signature: _____ Date: _____

Name: _____

Student ID#: _____

DOB: _____

CAREER DEVELOPMENT PERIOD	
	Monitor adherence issues: <ul style="list-style-type: none">• Regular counseling planned and kept on or off center, if applicable• Participation in groups on center• Self-monitoring, asking for assistance when needed• Medication regimen, including anticipate getting refills• Rest, exercise, nutrition• Address any tobacco, alcohol, drug use
	If off-center treatment is sought, assure communication with treatment provider is documented
	Encourage active participation in CSS and social skills training. Standards that could be particularly helpful are Workplace Relationships and Ethics, Communications, Interpersonal Skills, and Independent Living
	Participate in review of accommodations with the disability coordinator
	Document weekly or agreed-upon case management review with counselors

I agree with the care management plan for the Career Development Period.

Student signature: _____ Date: _____

CAREER TRANSITION PERIOD	
	Conduct a health and wellness center exit interview approximately 4 weeks before program completion and review self-management skills
	Work with the career transition specialist to identify potential sources of mental health care, and specialty care if needed, in the work community
	Work with the HWM to obtain signed HIPAA authorizations for the transfer of student health records to identified health care providers
	Work with the HWM and career transition specialist in assisting the student in enrolling or maintaining enrollment in a public or private health insurance program
	Provide student with copy of SF-93, SF-88, and management plan, including sleep and mood charts, if any
	Work with HWM and/or center physician to provide student with adequate supply of medication(s) at departure
	Consult with the disability coordinator and review accommodation needs for future employment, and give student a written description of ideas to be reviewed with providers in the work community

I agree with the care management plan for the Career Transition Period:

Student signature: _____ Date: _____

Name: _____

Student ID#: _____

DOB: _____

SUGGESTED TRAINING AND ACCOMMODATION ACTIVITIES	
	Attempt to meet with student prior to entry to establish accommodation plan to make smoother transition into Job Corps
	Provide education so that oral health and wellness staff do not misinterpret or react negatively to tics, as student might experience great stress of inhibiting tics during a dental exam and procedures. Oral health staff might need to give many breaks while student tics
	Conduct ongoing training with students and staff to help them understand the tics and reduce ridicule and teasing. School counselors, psychologists, and information from the Tourette Syndrome Association (www.tsa-usa.org) chapter can provide information and appropriate audio-visual materials for students and staff
	Continue education of other students who come into contact with the student with Tourette's Disorder. Some people with Tourette's Disorder are very open about it and provide education, while others feel very uncomfortable or embarrassed in talking about the tics. Get agreement from student prior to any class discussion of Tourette's Disorder
	Consider a private room if student has vocal tics which will keep other students awake and cause conflict and humiliation in the dorm. Residential assistants should be aware that tics are not oppositional or defiant behavior
	Provide instructor education. Some movements and noises can be annoying or disruptive to the class. Remember that they are occurring involuntarily and do not react with anger or annoyance. If the instructor is not tolerant, others in the class may feel free to ridicule the student with Tourette's Disorder
	If some aspect of the student's tics affects the privacy or safety of others (e.g., touching others), it is important to find ways to work around the problem, but acceptance of the student is critical even when the behaviors are unacceptable
	Provide opportunities for short breaks out of the classroom. Time in a private place to relax and release the tics can often reduce symptoms in class. Private time may also enhance the student's ability to focus on schoolwork because energy will not be used to suppress the tics
	Allow the student to take tests in a private room, so energy will not be expended on suppressing tics during a quiet time in the classroom. Time limits might be waived or extended depending on severity of symptoms
	If tics are particularly disruptive, consider eliminating recitation in front of the class. Oral reports might be tape recorded, so those skills can be judged without the added stress of standing before the class
	Allow the student to leave the classroom 2 to 3 minutes early to avoid crowded hallways, as sometimes being in crowds can exacerbate symptoms
	Provide preferential seating in the classroom for easy access to the door or in the back for reduced pressure to inhibit tics (less visible to classmates)
	Shorten assignments if the student cannot concentrate for long periods of time before getting discouraged and distracted by symptoms of the disorder. Once shorter assignments are mastered, gradually lengthen assignments until they reach normal level
	The student should be followed by mental health if symptoms are causing impairments in social, vocational, or academic functioning, for continued evaluation and support. If student with Tourette's Disorder is coping well, then there is no need for mental health follow-up, as the neurological disorder may not be causing any secondary interpersonal or emotional impairments
	Counseling and health and wellness staff should be aware that depression might occur secondary to chronic unmanaged tics