

Fact Sheet

Tourette Syndrome

General Overview

Tourette Syndrome is an inherited movement disorder caused by a problem with the brain. This disorder results in repetitive movements and uncontrollable sounds called tics. In some cases tics can include inappropriate language use.

Symptoms of Tourette Syndrome generally appear before the age of 18 and may range from mild to severe. Early symptoms of Tourette Syndrome may include facial tics such as eye blinking. This can however also include nose twitching and grimaces. Other motor tics may become evident over time including head jerking, neck stretching, foot stamping, or body twisting and bending.

Tics are categorised as simple or complex. Simple tics involve sudden, brief movement within a limited number of muscle groups. These occur in a single and isolated fashion and are often repetitive. Complex tics involve distinct, coordinated patterns of movements which involve several muscle groups. These may include jumping, smelling objects, touching the nose, other people etc.

Though people with Tourette Syndrome may experience additional problems, not all people with TS will have disorders other than tics. Some of the other disorders that may be experienced by people with TS include:

- Obsessive compulsive behaviour
- ADHD
- Learning disabilities
- Sleep disorders

Prior to diagnosis of Tourette Syndrome, both motor and phonic tics must be consistently present for a period of 12 months. TS is a clinical diagnosis and there are no blood tests or other laboratory test that definitively diagnose the disorder. Medications are available for people with TS to help when symptoms interfere with regular day to day functioning. These medications must always be prescribed by a medical professional.

Tourette Syndrome

EFFECTS ON DEVELOPMENTAL AREAS

Social and Emotional

- May be lacking self-esteem
- May lack incentive to engage in social activities/experiences
- May be open to being ridiculed a or laughed at.
- May be self conscious
- The child may mask the tic by adding a more acceptable movement e.g. a sudden arm twitch may be masked by continuing the movement to brush the hair back.

Physical Development

- Tics are variable. They come for no apparent reason, change, go away, not come back or come back later.
- May have repetitive motor movements
- Stress may exacerbate the tics
- Infections may worsen the tics.
- Tics lessen when asleep or when a child is engrossed in an activity

Language and Communication Development

- May have difficulty in reading allowed or speaking in public
- Language development may be delayed due to the tics.
- May not be confident in initiating a conversation
- Vocal ticks involve noises such as sniffing, throat clearing squeak, bark or echoing of what was just said.
- Small minority of people with vocal tics may have "coprolalia" which is the involuntary shouting of obscenities.

Cognitive Development

- May have learning disabilities such as reading ,writing or drawing
- May spend enormous amounts of time trying to suppress the tics that the child may appear inattentive.

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Inclusion Strategies

Each child diagnosed with **Tourette Syndrome** will be different and individual. It is important to gain information from the parents as to what characteristics of **Tourette Syndrome** their child displays. It is important to work closely with the parents as well as any additional support specialists e.g. therapists who may be involved with the child. It is also important to gain an understanding from the parent as to what is the most important aspect of their child attending your service. What is it that parents hope to gain from using your service? The following inclusion strategies are just some examples which may be applied to support the inclusion process. This list is only the start and it is dependant on a variety of factors such as environment, length of time child is in care, child's interest, likes, dislikes, skills already achieved. The strategies are divided into developmental areas however some strategies overlap and assist in a variety of developmental areas.

Social and Emotional

- Provide opportunities for children to experience success in developing and maintaining friendships
- Support emotional development through providing clear routines and organisation throughout the day
- Give children the opportunity to make choices and attain ownership over the program
- As tics become more sever in stressful situations—be aware of the circumstances that may stress children and ensure a peaceful and calm environment is maintained
- Allow the child to leave the room or have time to himself if the tics becoming too overwhelming.

Physical Development

- Be aware of motor related tics.
- Provide preferential seating.
- Provide opportunities to develop gross motor skills in the child's own time.

Language and Communication Development

- Speak in clear sentences
- Give children one instruction at a time (or only as many as they are able to cope with and remember)
- Be patient when listening to the children's response.



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Cognitive Development

- Be aware of any learning difficulties that the child may have
- Encourage children to stay at a task by providing activities that children are interested in and will be appropriately challenging

References

- Kutscher ML (2005) *Kids in the Syndrome mix of ADHD, LD, Asperger's, Tourette's, Bipolar and More!* Jessica Kingsley Publications UK
- Kutscher ML *Tics and Tourette Syndrome – A handbook for Parents and Professionals* Uttom Chowdhury

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