

Introduction

Within this poster an introduction to Tourette's Syndrome will be discussed and two chosen strategies that can overcome the barriers children with Tourette's face will be assessed. Bloch and Lechman (2009) state that Tourette's Syndrome is a neuropsychiatric disorder categorised by multiple motor and vocal tics that starts in childhood. Cavanna and Seri (2013) state that Tourette's is seen in all cultures, race and within both genders, however it is four times more common in boys than girls. Eddy et al. (2011) states that Tourette's presents itself through tics. Tics are uncontrollable movements and vocalisations that cannot be prevented and can disrupt the child's education. Woods et al. (2008) describes Tourette's syndrome as a chronic and typically impairing childhood onset neurologic condition.

Tourette's Syndrome

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(Source: Pike, 2018)

Barriers

A child with Tourette's will face many barriers within education as stated by Eapen and Črnčec (2009). According to Woods et al. (2008) children with Tourette's can feel withdrawn from education, they find it difficult to maintain friendships and they can have low self-esteem, this can then affect a child's sense of belonging which can affect their development through Maslow's Hierarchy of Needs (Poston, 2009). Children with Tourette's find it difficult to process visual information when reading or seeing according to Stellin (2008). Another barrier to a child's education as stated by Fishley and Bedesem (2014) would be a lack of knowledge of Tourette's from teachers or other pupils. This can affect the child's education and mental development as others might perceive the child as being badly behaved and placed in time out which leads to missed classes as stated by Westwood (2012).

Strategy one

According to Woods et al. (2008) behavioural therapy helps a child with Tourette's manage their tics. Behavioural therapy according to Woods et al. (2011) was beneficial for Tourette's and research conducted by Woods et al. (2011) shows improvement in children's tics after six months on the treatment. Behavioural therapy must be conducted by a trained professional and the patient must be monitored closely as stated by Scahill et al. (2013). There are two types of behavioural therapy treatments, the first one according to Leckman (2012) is habit reversal behavioural therapy which is a way of developing strategies to prevent tics from occurring. The participants are taught to become aware when a tic is about to happen and they use a strategy of a movement or word that is opposite to that of the tic to prevent it from happening. The other method of behavioural therapy is according to Rowe et al. (2013) the influence of habit reversal therapy and a mixture of other additional strategies, such as educating others about tics and relaxing techniques to reduce stress that causes tics to occur. According to Franklin et al. (2011) and Woods et al. (2008) the advantage of the two strategies on Tourette's Syndrome are increased self-esteem as the child feels supported as knowing that others have a understanding of the condition which leads to a sense of belonging within the classroom will develop the child's self confidence. The additional knowledge others have on Tourette's the easier it is for a child to make friends as others are aware of the condition. The other benefit according to Woods et al. (2008) is the child will practice relaxation techniques which in turn reduce the stress in a child and can then reduce anxiety. However Woods et al. (2010) stated there is a barrier to this strategy by being time consuming and frustrating for the child to accomplish. Furthermore Scahill et al. (2013) states this barrier can be overcome by dedication and being focused on gaining the results.

Strategy two

The second strategy is a mixture of strategies within the classroom to include and support a child with Tourette's and to provide an education that can be modified to the child's needs. Cottle and Alexander (2014) state that informative parent partnerships within education for children with an Additional Learning Need (ALN) benefits the child's development through support from parents and teachers to enhance the child's knowledge and education. Stellin (2008) states children with Tourette's find it difficult to process visual information. Strategies to support this as suggested by Sulkowski et al. (2016) would be to sit the child closer to the information, provide a quiet area for the child to sit and read the information without distraction. Another strategy according to the Warnock report (Runswick-Cole and Hodge, 2009) would be for the teacher to modify the work for the child and break it down in manageable chunks for the child to accomplish in their own time. Westwood (2012) states that a quiet area for the child to go to when they feel the need to gather their thoughts or a place with less distraction to read is beneficial for the child's emotional development to overcome situations with time and peace. Foreman and Arthur-Kelly (2017) state that by providing opportunities for children with an ALN to feel a sense of belonging and feel included within the education is good practice within the classroom for the development of the individual child, and by providing work for the child to accomplish within their developmental stage will benefit their self-esteem to develop knowledge and skills. However Westwood (2012) states not all professionals accept children with an ALN into the classroom, and feel children with an ALN should be cared for within special schools. Furthermore Grove (2011) states the Education Act 2011 includes education for all which is every child has an equal right within the education system of Great Britain to be educated and treated like any other child whether they have a disability and ALN. Unicef (no date) supports this by stating within the United Nations Convention Of the Rights of the Child each child has the right to be educated.

Conclusion

To conclude, a child with Tourette's Syndrome is continually facing barriers within society and education. Barriers within education can be distressing for the child however if professionals support the child through these barriers by providing strategies to aid the child these barriers can be overcome. Professional parent partnerships with parents can benefit the child's development within education as teachers and parents work together to support the child through education. A child's self-esteem can flourish if these strategies support the child's education and children can create friendships with others within the classroom. A child can overcome tics that disrupt their education through the support of professional therapists to aid their understanding of when the tic is occurring and how to manage it. This is beneficial for the child to gain knowledge of how to prevent the tic from occurring. The knowledge and understanding of Tourette's by teachers and other pupils is beneficial for the child to be accepted into the classroom as others understand the unpredictable movements and vocalisations that occur with Tourette's Syndrome.

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