

TOURETTES

'Tourette's syndrome is a neurological condition that causes individuals to make involuntary and uncontrollable movements and sounds called 'tics' (Seideman and Seideman, 2020). Tics consist of quick and fast repetitive muscle movements that cause sudden body jerks or sounds.

In 1825, Jean Marc Gaspard Itard made the first medical description of Tourette's Syndrome which was primarily based on two cases, one being by the French neurologist, Jean-Martin Charcot (Teive, 2001). When first studying tics, Charcot who was considered a relatively common neuropsychiatric disorder, became recognised with a still rare condition. Furthermore, the second case which was classed as a more detailed and accepted description of Tourette's Syndrome, was written by a Charcot's student, Georges Albert Edouard Brutus Gilles de la Tourette in 1885 (Díaz-Anzaldúa and Rouleau, 2008). His findings were primarily based on a patient described by Itard. Gilles de la Tourette gathered information from previous parts of different reports and findings and wrote a complete formal and detailed description of the concept of Tourette's syndrome.

Signs and Symptoms

Tourette's Syndrome usually develops during childhood between the ages of 2 and 14 with 6 years being the average, however other symptoms can usually improve after several years as well as sometimes disappearing completely (Sacks, O., 1992).

Whilst tics are not usually dangerous or harmful to an individual's health, physical tics such as a jerking to the body can be painful. Some tics can be worse than others especially during periods of stress, anxiety and tiredness.

Neurological symptoms	Examples
Simple motor tics	Eye blinking, shoulder shrugging
Complex motor tics	Echopraxia, palipraxia
Simple vocal tics	Sniffing, grunting
Complex vocal tics	Echolalia, coprolalia
Psychiatric symptoms	Examples
Obsessive-compulsive behaviors	Counting, concerns for symmetry
Attention-deficit and hyperactivity disorder	Lack of concentration, restlessness
Affective symptoms	Mood swings, feeling isolated
Anxiety symptoms	Generalized anxiety, panic feelings in public

Cavanna, (2018).

Potential Barriers and Impact

Various barriers can cause long term issues for children who have Tourette's Syndrome. They could attract unwanted attention to others and lead to bullying which could have a negative effect on their confidence and self-esteem.

Children can often have difficulty with handwriting and issues can occur with examples being the time taken, difficulties with spelling and punctuation and being obsessed with neatness and perfectionism, sometimes hyper ventilating around rules and instructions. These frustrations can often lead to a child even refusing to write and complete tasks.

Children with Tourette's can find it difficult to be organised and have issues managing time, leading to tasks not being completed and therefore effecting areas of their development. Whilst some children find it easy to follow simple instructions, children with Tourette's Syndrome can struggle and are slow to respond to what they are being asked to do. Sometimes instructions may need to be repeated multiple times for them to understand. When carrying out sensory activities to support children's senses, consideration must be given to children with Tourette's who may have sensitivity to things such as light and sounds as well as display inappropriate behaviour and sometimes harm themselves. Shouting out answers in response to questions is another behaviour often exhibited by children with Tourette's, as they find it hard not to express their emotions and react without thinking first. This links to their social interaction with others as they can often behave inappropriately with as the inability to get along with their peers.

How is Tourettes Diagnosed?

To date there is no cure for Tourette's syndrome, however treatment can help to manage individual symptoms (Tourette's Action, 2023). Various options are available including both drug and non-drug options which support individuals who have Tourette's. A vast amount of evidence supports the effectiveness of certain Cognitive Behavioural Therapy and Habit Referral Training, however there is limited information available on other non-drug treatments.

Various types of Medication are also available which can assist in alleviating tics, usually neuroleptics and dopamine receptor blocking drugs. However, it is paramount to remember medication effects vary between individuals, with some having well-controlled tics when on medication, and others where medication makes very little difference.

Tic disorders can improve by themselves, and most children will not require any treatment. Tics often accelerate when attention is paid to them or during times of stress. Children need to be reassured that tics are not harmful to them and be reassured that they are in control.

To Diagnose Tourette's syndrome, unfortunately there is not one lab test available, therefore it is carried out clinically (Gill and Kompoliti, 2020; NHS, 2023). History of the individual would need to present with symptoms such as regular multiple motor or vocal tics for a year or longer. Doctors will also rule out any other conditions that could cause tics before diagnosing Tourette's.

Support Strategy

If medication alone has not been a success, children may find it more helpful to engage in behavioural therapy, whereby the focus is on retraining their thoughts and altering their behaviour, therefore giving them an understanding of how to react when tics are prominent. Behavioural therapy can act as a treatment that can support children to manage their symptoms. Whilst it is not a cure for Tourette's, this method can help reduce the number, severity, and the impact of tics. It can help to alter how children interpret and evaluate their emotions and behaviour when coping with negative experiences. It is important children realise that their emotions and behaviour can be regulated and managed, as this helps them develop emotional awareness and self-control (The Cognitive Behavioural Therapy Clinic,2023).

Behavioral therapy aims to help children deal with overwhelming problems in a more positive way by breaking them down into smaller parts. Unlike other counselling or talking treatments, behavioral therapy supports dealing with current problems as opposed to issues from the past.

In these cases, the child family or practitioner would engage with the school directly to incorporate different classroom approaches the child may require (NHS, 2023). Behavioural therapy can be structured verbally as well as using ICT and books. This will in turn support children to use positive strategies that can be incorporated into everyday life to help them cope with future stress and difficulties, therefore alleviating symptoms of Tourette's.

However, there are also disadvantages to behavioural therapy which include ensuring that children regularly attend and work on recommended strategies in between sessions. Behavioural therapy may not be practical for children with other complex needs or learning difficulties and would therefore not have any positive effect.

As Behavioural Therapy is used to address underlying causes, this could also cause children more distress and anxiety, especially if they've been part of an unhappy childhood. It is therefore vital that families and carers recognise that they have a significant impact on a child's health and wellbeing and support this process as much as possible.

Overall, if practitioners and teachers work together, they can build a better environment to support children with Tourette's and encourage behaviour therapy to incorporate into the child's education, to achieve the best possible outcomes for each individual.

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