

Tourette's Syndrome

Strategy

This is no cure for Tourette’s Syndrome however, there is treatment available that focuses on controlling tics that effect everyday functioning and activities (Mayo Clinic, 2023). Alternatively looking at (National Health Service, 2023) there is a commonly used technique called Comprehensive behavioural intervention for tics (CBiT) this involves reducing tics by learning a set of behavioural techniques.

In order for CBIT training to go ahead the person performing the treatment should be a trained professional such as a doctor, nurse, social, psychologist or counsellor and the number of visits each person needs varies on their condition (Cincinnati Children’s, 2021). According to (Tourette’s Action, 2017) CBIT therapy is often offered through 8-12 weekly or fortnightly sessions however it could be few if there are milder tics. The therapy often goes ahead after a referral has been made by a medical professional.

As evidence has shown CBIT is not a cure for Tourette Syndrome however, It is now the first suggested approach by experts when treating people as the therapy has the same effectiveness on patients as medication has however there are few side effects (Centres for Disease Control and Prevention, 2023)

As spoken about CBIT training is very beneficial for people who are diagnosed with TS however, for it to be implemented in childcare settings such as schools or nurseries there is training that needs to be undertaken. Currently Wales is in a cost of living crisis and by information from (BBC News, 2023) nurseries are currently struggling to provide food or pay staff wages so may not have the money to train staff for this. Therefore some children with this disorder may end up in a setting where they are no staff specifically trained to help them.

Inclusivity

Removing all barriers to learning to ensure all learners can participate without being vulnerable to exclusion and marginalisation. (United Nations Educational, Scientific and Cultural Organisation, 2023) (UNESCO) promotes inclusivity for the whole education system rather than looking at removing barriers one by one there is an emphasis on transforming existing systems.

Barriers

The first barrier will often take place while a child is in education as according to (Ludlow and Culter and Keville, 2022) It has been revealed that teachers lack knowledge and awareness of Tourette’s, they lack training provision and finding solutions for many children in the setting with Tourette’s. Even though many mainstream schools consider themselves to be an inclusive environment, there are many that still believe they lack the professional training and understanding of the disorder. According to (The Teachers Union, 2023) a survey was conducted in 2017/2018 by a total of 1,615 teachers with the results showing that almost two thirds of the teachers admitting that the support for learners was decreasing of the last five years. With teachers also admitting that they are often not equipped with the skills and knowledge to meet the needs of children with Addition learning needs.

it is important for teachers and practitioners be up to date with training to maintain highly knowledgeable to be able to all children that approach their settings by implementing new methods into their setting ensuring the classroom in inclusive for all children. (Sen, 2017)

Another barrier relating to Tourette’s Syndrome is misdiagnosis (Boyes Turner, 2017) 57% of teachers that were placed in a survey think that children are being misdiagnosed with 54% blaming it on pressure from parents. If a parent Parents often look for a diagnosis for an ALN, some reasons have come from (Action for Children, 2023) such as there is a lot of support that can follow with it such as an understanding of why their child is behaving the way they are, they will have access to emotional support and reassurance that there will be support for their child within their educational setting. However, there has been studies which have shown that parents have suggested there is a lack of services available for children with disabilities/additional needs as well as there being a lack of uniformity and consistency within the service provision. With a conclusion that a lot of services are system-centred rather than child-centred (Ryan and Quinlan, 2018).

What is Tourette’s Syndrome?

Tourette’s Syndrome is ‘is a condition that causes a person to make involuntary sounds and movements called tics’ (National Health Service, 2021).

The main symptom that is associated with Tourette’s syndrome is tics and these usually appear in childhood between 2 and 14 years old, with the average is 6 years old. (National Health Service, 2021)

There are two types the first is motor which includes eye blinking, shoulder shrugging, head jerks and facial grimacing. The second type of tic is vocal, and this includes throat clearing, tongue clicking, sniffing or other noises. There are also characteristics that are associated with the disorder such as compulsions, obsessions, impulsivity, inattention and mood variability (Tourette’s Syndrome, 2023).

According to (Dealing with disorder, 2023) tics can also fall into categories such as complex or simple. The category the tic falls into is down to the number of muscles that are used in the process, the duration of the tics and if there are thoughts involved with the movements/sounds rather than focusing on the severity of the tic. Complex tics usually involve more muscle groups and can include bending down to touch the floor, punching another body part or moving the eyes, nose and mouth at the same time. The duration of these tics is usually longer, more noticeable and they can be more tiring and harmful. Simple tics involve short and sudden movements within any part of the body and simple vocal tics are similar but include sound such as whistling, humming or grunting.

Diagnosis

(Tourette’s Action, 2023) Getting a diagnosis for Tourette Syndrome can help give people a greater understanding of the condition, give them access to needed healthcare and information of support networks and services available. For Tourette Syndrome to be diagnosed there must be multiple motor tics and at least one vocal tic must be present for at least twelve months. The condition can only be diagnosed observing the tics and evaluating the symptoms however some doctors may do blood tests or brain scans to rule out Tourette’s being confused with a different condition. Usually, the first pro to call is visiting your local GP who will then send you to a specialist with a referral.

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