

What is Tourette's ? What are Tics?

- Tourette's is the failure to inhibit movement.
- OCD, ADHD and Tourette's are an issue of inhibiting responses. This is a neurological issue.
- Tics are more common than Tourette's. Tics are more common than ASD, 1 in 4 children have Tics.
- Tics are a negative reinforcement cycle: the Premonitory urge (the sensation before the tic), the tic, the relief, the relief reinforces the tic.
- Tourette's sufferers have multiple motor and one or more vocal tics that happen regularly (although not necessarily at the same time).
- For a diagnosis, tics must have been present for more than a year and there should not have been a tic-free period of more than three months.
- If tics are transient, children will not be diagnosed with Tourette's.
- Vocal tics can include animal noises and singing. They don't cause stress to the child, others just need to be aware and supportive.
- Tourette's is usually diagnosed by the age of 6 or 7 . However, most children with mild Tourette's symptoms will never get diagnosed.
- Tics may worsen over time, they may go or stay the same. A tic can be reinforced if the sufferer becomes anxious about it.
- There is a genetic factor to Tourette's therefore it is hereditary. This does not always represent linear heritability but rather a cluster of responsible genes.
- It is possible for an adult to develop Tourette's following a traumatic event.
- Not all parents of sufferers are well informed, parents can present as difficult, but actually they are just anxious, embarrassed and confused.

- Tics are highly suggestible, talking about them raises the likelihood that they are going to happen.
- A Tourette's sufferer can "catch" tics from another Tourette's sufferer, but these tics will fade quickly once they are no longer in contact and their own tic will remain dominant.
- You may see only part of the tic, e.g. leg raising accompanied by tummy tightening and muscle tensing.
- Tics may include low humming noises when concentrating.

The majority of people seeking medical support have been first to an opticians or investigated allergies as most tics start with blinking or sniffing.

If the tic is significant and impacting on learning and wellbeing to the point where the tic is dangerous, Habit Reversal Training can be used, this is for children at secondary school age and they would need to be committed to this. It is made up of 10-12 weekly sessions based on tic resistance and suppression.

Medication can be problematic as is a neuro-suppressant, resulting in the sufferer feeling tired, zombie like, withdrawn and difficult to interact with.

In school

Breaks out of the classroom may help. Movement breaks or interventions which include singing or any type of vocal activity. At Halfway we have a daily yoghurt / bagel club in the afternoon.

Tics are extremely common in children. In most cases the tic will improve significantly over time or even stop completely. Sometimes they just last a few months, but often they come and go over several years.

We need to consider the implications of the words we use and the support we can offer.

Have a 'thumbs up' for recognition that they are ok during a tic.

NHS guidelines say that:

You should see your GP if you are concerned about your child's tic if : you need support or advice; if the tics occur very regularly or become more frequent or severe; the tics cause emotional or social problems, such as embarrassment , bullying or social isolation: pain or discomfort; they interfere with daily activities such as work or school; they are accompanied by other worrying moods or behaviours such as anger depression or self—harm.

Factors can effect the severity of tics, such as :

Time pressure (particularly during tests)

Environmental pressures (the need to be quiet or discrete)

Anticipation (birthdays, holidays)

Substances (caffeine or stimulants)

Oestrogen and Progesterone changes during menstruation and hormone changed during puberty

Fatigue



Tics and Tourette's

Tics are involuntary, they cannot be controlled but sometimes can be suppressed. If the child is able to suppress the tic it requires concentration, energy and can be physically painful.

We need to be mindful of ensuring that children do not feel pressure to simply suppress their tics as this distracts from focussing on learning.

“Attention seeking” behaviours are usually a way to distract from difficulties and reduce expectations.

Echophenomena (repeating back what you have just heard) can also be a type of tic, however this can make the sufferer appear rude, defiant or arrogant.

Coprolalia is the clinical term for involuntary swearing, although this is often thought of as a common condition of a TS sufferer, only 10 % of those with Tourette's are affected by it.

Tiredness

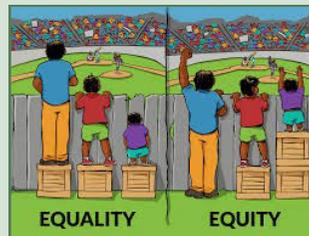
Tics are tiring. The effort to suppress tics, the effort to engage in activities despite the distraction of tics can cause mental and physical fatigue that impacts on academic and personal development. This can lead to frustration, behavioural difficulties, anxiety and disengagement. A tic certainly doesn't stop someone being clever but it can effect their engagement in class.

Once a child receives a diagnosis of Tourette's it is rare for them to have any formal support to understand what this diagnosis means.

Lack of understanding means increased anxiety and social isolation.

Different is Normal

Schools that celebrate difference are more inclusive. Inclusion does not mean being treated the same, it means having fair access.



Pre arranged plans help reduce anxiety for everyone and helps ensure consistency of response. Physical comfort is also something that needs looking into. Are there any adaptations that can be made to the setting, such as task boards, help cards or time out? Fiddle toys can help support or suppress a tic. Exercise has been shown to decrease the rate and severity of tics.



Info taken from:
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Parent, staff and pupil
input and other
sources

