Tourettes Syndrome

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The onset of Tourettes Syndrome (TS) occurs before the age of 21 and is a neurological disorder characterised by tics - involuntary, rapid, sudden movements that occur repeatedly in the same way. The term "involuntary", used to describe TS tics, is sometimes confusing, as it is known that some people with TS do have some control over their symptoms. What is not recognised is that the control, which can be exerted from seconds to hours at a time, may merely postpone more severe outbursts of symptoms. Tics are experienced as irresistible and (as the urge to sneeze) eventually be expressed. People with TS often seek a secluded spot to release their symptoms after delaying them at school or at work. Typically, tics increase as a result of tension or stress, and decrease with relaxation or concentration of an absorbing task.

Possible effects

Include:

- Both multiple motor and one or more vocal tics present at some time during the illness, although not necessarily simultaneously.
- The occurrence of tics many times a day (usually in bouts) nearly every day or intermittently throughout a span of more than one year; and
- Periodic changes in the number, frequency, type and location of the tics, and in the waxing and waning of their severity. Symptoms can sometimes disappear for weeks or months at a time.

There are two categories of TS tics and several of the more common examples are:

Simple:

Motor - Eye blinking, head jerking, shoulder shrugging and facial grimacing.
Vocal - Throat clearing, yelping and other noises, sniffing and tongue clicking.

Complex:

Motor - Jumping, touching other people or things, smelling, twirling about, and only sometimes self-injurious actions including hitting or biting oneself.
Vocal - Uttering words or phrases out of context, coprolalia (vocalising socially unacceptable words), and echolalia (repeating a sound, word, or phrase just heard).

The range of tics or tic-like symptoms that can be seen in TS is very broad. The complexity of some symptoms is often perplexing to family members, friends, teachers and employers who may find it hard to believe that the actions or vocal utterances are involuntary.

Linked Behaviours
Many individuals with TS have additional problems which may include:

Obsessive Compulsive and Ritualistic Behaviours are when the person feels that something must be done over and over. Examples include touching an object with one hand after touching it with the other hand to "even things up" or repeatedly flicking the light switch on and off.

Attention Deficit Hyperactivity Disorder (ADHD) occurs in many people with TS. Children may show signs of hyperactivity before TS symptoms appear. Indications of ADHD may include: difficulty with concentration; failing to finish what is started; not listening; being easily distracted; often acting before thinking; shifting constantly from one activity to another; needing a great deal of supervision; and general fidgeting. Hyperactivity (e.g. fidgeting) and attention deficit (e.g. concentration problems) can be present independently of one another. Adults too may exhibit signs of ADHD such as overly impulsive behaviour and concentration difficulties.

Learning Disabilities such as reading and writing difficulties, arithmetic disorders and perceptual problems.

Difficulties with Impulse Control which may result, in rare instances in overly aggressive behaviours or socially inappropriate acts. Also, defiant and angry behaviours can occur.

Sleep Disorders are fairly common among people with TS. These include frequent awakenings or walking or talking in one's sleep.

Implications for learning

During tutorials, the use of tape recorders, typewriters, or computers for reading and writing problems, extended exams in a private room (if vocal tics are a problem), and prior agreement with the tutor to leave the classroom when tics become overwhelming are often helpful.

Tutorials, Residential Schools and Tutoring Generally

There are a number of issues that tutors may wish to consider:

- Ignore the tics - in the sense that you don't comment on them publicly at all. Pointing out the student's tics or commenting on them may produce a worsening of the tics.

- If tics are directly interfering with student's ability to receive information, find alternative ways to present the material. If reading becomes too difficult due to eye or neck tics, use books on tape or have someone read to the student or record the reading for them. Be sensitive, however, to how the student may feel about having someone read to them. For other kinds of learning activities, using multi-sensory, hands-on approaches is often effective. Importantly, some students can still learn during very rough periods if you pitch to their strengths. There is usually (but not always) something that the student can do to be academically engaged, so be creative.

- If a student has vocal tics, consult with them privately about how they feel about class discussions, presentations etc.

- If a student cannot physically write without frustration or limitation due to tics, allow alternative means of production such as keyboarding, tape recording, or use of voice dictation software for older students and/or longer assignments.

- Some settings may be stressful for the student. Students with loud or frequent vocal tics may find study hall, the library, or other large areas especially stressful since they will feel under greater self-imposed or other-suggested demands to "keep quiet." Under such conditions, the student should probably be permitted to excuse him/herself from that activity or setting.

- Students with TS frequently do not want to be "front and centre" where others may stare at them as they tic. Consult with the student as to where they'd feel most comfortable. Seating near the door for graceful and unobtrusive exit works best for some students, but for others, distractions from noise in the hall may be problematic.

- Consider any medication effects in scheduling the student's tutorials.

- Model acceptance. If the students see you making faces or being distracted by the student's tics, they will react, too.

- Encourage the student to let you know what supports he or she feels are needed to work around the tics. Recognising the student's struggle and joining with them in a collaborative approach can make a world of difference.

Assessment and examinations

As the symptoms of TS are linked to stress, it is likely that worries over assignments or exam nerves are going to increase the likelihood of involuntary tics. Extended time for will be useful for individuals on assignments or examinations if the individual has eye, head/neck/shoulder, or arm tics. Research has demonstrated that extended time can make a significant difference for individuals.

A student with TS may prefer to take their examination at home since attendance at an exam centre could prove very stressful. Their invigilator would need to have some understanding of the nature of TS and its possible effects. Extra working time might be allowed in their examination to compensate. Such arrangements need to be requested using Facility Request Form 3 (from the Regional Centre).

Further information

Tourette Syndrome (UK) Association
Website www.tsa.org.uk

WHAT IS ATTENTION DEFICIT HYPER ACTIVITY DISORDER (ADHD)?

Attention Deficit Hyper Activity Disorder (ADHD) is common throughout childhood and adolescence it may continue into adulthood although many childhood cases gradually lessen themselves before adulthood although ADHD is a lifelong condition.

It is legally recognised as a disability.

This is what the National Institute of Clinical Excellence says about ADHD

"ADHD is a heterogeneous behavioural syndrome characterised by the core symptoms of hyperactivity, impulsivity and inattention. ADHD is thought to affect between 3 - 9% of school age children and young people in the UK" (http://www.adhdfoundation.org.uk/whatisadhd.php)

20-30% of children diagnosed with ADHD also have a learning disability

There are three subtypes of attention deficit hyper activity disorder:

Predominantly inactive type

The majority of symptoms (more than 6) are in the inattention category with fewer than six being in the hyperactivity- impulsive category. Although some aspects of hyperactivity impulsiveness may still be noticed. Symptoms of this type of ADHD include forgetfulness, losing materials needed for tasks, poorly organised as well as easily distracted, poor attention span and does not follow instructions closely enough to allow task to be completed.

Predominantly hyperactive-impulsive type

This type of attention deficit hyper activity disorder has the majority of symptoms within the hyperactivity- impulsive category and fewer symptoms within the inattention category.

Symptoms include hyperactivity, fidgets, leave seat without permission as well as appearing to be driven and talks excessively.

Combined inattention and hyperactive impulsive type

This type of ADHD combines the other two subtypes and is most common, six or more symptoms are present from both the inattention category and the hyperactivity- impulsive category. Above are just a number of the symptoms of ADHD these combine in this type of ADHD.

These often lead to some of the difficulties mentioned below.

For ADHD to be considered as a possible to cause to a child's misbehaviour the following criteria need to be addressed:

- Symptoms must start before the age of seven
- They must occur in at least two or more places (work, home or school)
- The symptoms must have a negative effect on the child at home, school or when socialising
- The symptoms must not be due to either a mental health problem or a be easily explained by another condition

Difficulties of ADHD

Difficulties of an ADHD sufferer include being careless and not completing tasks properly or at all. Interrupting others and being unable to be quiet. The diagnosis of ADHD may be made more difficult by the presence of another underlying learning disability or mental health problem such as Tourettes, bi-polar or developmental co-ordination disorder (DCD).

The strengths of an ADHD student

- Understanding the context of remarks and comments not linked to current tasks
- Set routines
- Can become "Hyper focused" on one topic or activity

For further guidance and information please see "Resources" on the Reach webpages

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