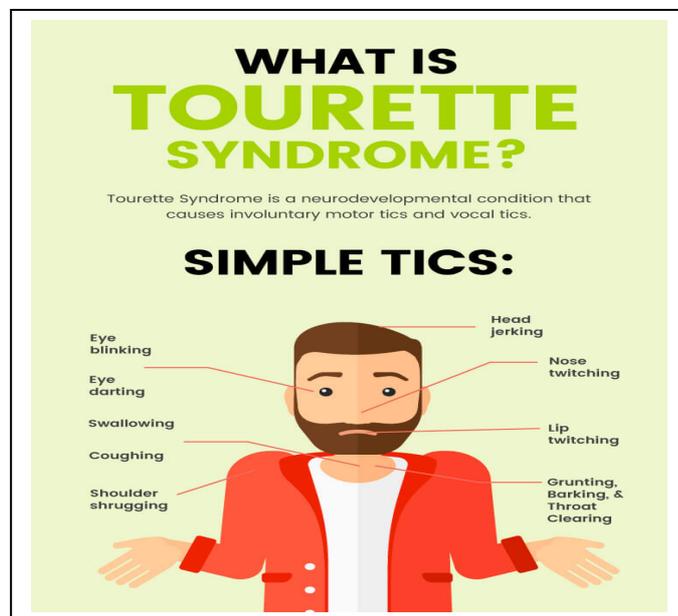


SEND Bulletin NO. 13



Tourette syndrome

Tourette syndrome is a hereditary neurological disorder, characterised by repeated involuntary movements or sounds called 'tics'. Symptoms of Tourette syndrome usually appear in the teenage years or earlier and affect about one in 200 people, with three to four times as many boys as girls being affected.

There are two categories of tics. Simple tics are short, sudden, repetitive movements, involving only a few motor or vocal muscles. Complex tics are coordinated patterns of movements involving a larger number of motor or vocal muscles. Tics are irresistible and their severity will come and go from one day to the next. They can be suppressed, but they build up and will reappear with greater frequency and severity once the sufferer relinquishes control. They can become worse if a situation is stressful and improve if a person is relaxed. A number of other disorders are sometimes associated with Tourette syndrome, including ADD, self-harming behaviour and obsessive compulsive disorder, though these are rare.

Most children who have Tourette syndrome suffer with a mild form of the condition, often with transient tics that last for a few weeks or months. However, some young people suffer with chronic tics that last for years. The condition can improve late in adolescence. Young people with Tourette syndrome need to be given support to cope with their own frustrations and with the social difficulties which are inevitably associated with this condition.

Key characteristics

Young people with Tourette syndrome may:

- have facial tics, such as eye blinking, nose twitching, sniffing, grimacing, squinting, lip smacking or tongue poking
- have other motor tics, such as head jerking, foot stamping, body twisting, neck stretching, shoulder shrugging or arm extending

- have vocal tics such as throat clearing, grunting, spitting, swearing, hissing, shouting, barking, moaning or stammering
- have organisational difficulties
- have low self-esteem and sometimes suffer from depression and moodiness
- have compulsions or obsessions
- repeat what others say (echolalia)
- shout out obscenities (coprolalia)
- repeat obscene gestures (copropraxia)
- imitate the actions of others (echopraxia)
- be unable to carry out an action (apraxia).

Support strategies

You may need to:

- provide opportunities for the learner to have short breaks from the classroom
- encourage them to recognise when they needs a break
- allow extra time for them to do tasks in order to minimise stress
- develop fine motor skills, using a motor skills programme
- give short, clearly defined tasks
- give opportunities for practical tasks using multi-sensory strategies
- encourage the student to talk about their difficulties with an adult mentor and to share their concerns with trusted members of their peer group
- allow extra time for taking tests
- teach keyboard skills so that written work can be typed
- break instructions into chunks and check for understanding by asking the learner to repeat each part
- use visual and concrete materials to focus attention and aid understanding
- suggest that the pupil sits in front of the teacher to avoid visual distractions from other children
- suggest that they sit away from windows and other distractions
- look out for signs of depression.

Support agencies

- Tourettes Action: www.tourettes-action.org.uk
- Tourette Syndrome Association (USA): www.tsa-usa.org

If you have any interesting information or resources which you would like to share with your colleagues via this fortnightly bulletin, please e-mail them to me:

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Many thanks

Anne