

Haley Krueger

Tourette Syndrome in Children

Zinner, S., Conelea, C., Glew, G., Woods, D., & Budman, C. (2012). Peer Victimization in Youth with Tourette Syndrome and Other Chronic Tic Disorders. *Child Psychiatry & Human Development*, 43, 124-136.

This article started out talking about what Tourette syndrome is and how it is related to victimization from the child's peers. Tourette syndrome is the unpleasant premonitory sensations, often precedes and is relieved by performing a tic. A tic can be chronic, repetitive, semi-voluntary irregular movement and vocalization. The movement and vocalization can be separate or together. The participants for the research included 211 children, ages 10-17 years of age. The parents claimed the children had been diagnosed with Tourette syndrome and the children agree to participate in the research program. The research was done by a computerized survey that asked parents and children separately questions about the tics. The research included asking the parents about the severity of the child's tics and the children were asked questions about if they were bullied, how often they were bullied, and if they were bullied because of their tics.

This study concluded that victims and non-victims are similar in ages, genders, ethnicity, education level, socioeconomic status, and parent marital status. 88.6 percent of victims associated being bullied to their tics. They reported that people picked fights with them or physically harmed them because of the tics. Many of the victims also associated people gossiping about their tics. This study also talked about the comorbidity of Tourette syndrome to also have anxiety, depression, and also attention deficit hyperactivity disorder was seen.

Hwang, G. C., Tillberg, C. S., & Scahill, L. (2012). Habit Reversal Training for Children With Tourette Syndrome: Update and Review. *Journal Of Child & Adolescent Psychiatric Nursing*, 25, 178-183.

This article also starts out with understanding what Tourette syndrome is. I think it is very important to have a clear definition of the syndrome before reading the study about it. I feel that this article gives more information about what exactly Tourette syndrome is and how it is diagnosed. The child experiencing Tourette will experience them before the age of 18 and they tend to decline into early adulthood. This article talks about different treatment including different medications, antipsychotics, alpha agonists, and anticonvulsants. The other treatment this talks about is behavior interventions. The behavior intervention that this article mainly studies is habit reversal training. This is behavior intervention consists of awareness training and competing response training. The study looks at the efficacy of habit reversal training in children and adolescents with Tourette syndrome.

The results of the habit reversal training were shown to be pretty beneficial for most of the children with Tourette syndrome studies. The age of the students were from about the age of seven to sixteen years old. A decrease of the frequency of tics went from 16 percent to 71 percent. With the follow on the children ten weeks later also showed positive with the frequency of the tics still being down.

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Abnormal Psychology

April 1, 2014

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As an Elementary Education and Special Education teacher I do not think it would be uncommon to see someone with Tourette syndrome in the classroom. Since I work in an elementary school I have actually already seen a couple children with this syndrome. I also have a roommate that has Tourette syndrome, which is what interested me the most into looking up more information.

Some symptoms I might see in a student with Tourette syndrome would be body movement tics. These body movements might include facial tics, most commonly eye-blinking, and nose twitching. The student might also experience vocal tics such as grimaces, clearing throat, coughing, sniffing, grunting, yelping, barking, or shouting. Some more rare symptoms that have been seen in students with this syndrome might be involuntary shouting obscenities, constantly repeating words, touching others, or lip and cheek biting. If these symptoms are present it is important to make the class aware of it to try and prevent bullying. Since bullying is known to be so high in children with Tourette syndrome I would want to bring it to my class's attention that bullying will not be tolerated in my classroom.

To make modification for a child with Tourette syndrome I would first make sure to adapt it to the severity of the syndrome. For more severe cases I would allow extra time to complete work or test, allow the student to have an extra text book at home to study material they may have missed out on during class and also frequent breaks so that they are not stressed

out or anxious about the amount of work. I would also allow a time out area or cool down area in my classroom. If the child is getting bullied or has high anxiety about their tics I think it would be important to allow them an area of the room to sit down and setting down for a few minutes so that their tics do not increase causing more attention. Another form of modification that I could make for a person with Tourette would be to use a seating chart. This could make sure that you are aware of where the student is sitting and if they have body movement tics they will not harm other students around them. It can also allow the student to sit in a location to allow them to not be as distracting to the other students around them. It is also important to provide the student with a schedule. Having a schedule can prepare the student to keep their anxiety level down. If changes are going to be made to the schedule, make sure to prepare the student ahead of time so that they can prepare for the changes also.

I might see progress being made with this student if they are starting to be able to control their tics better. Rewarding students for having a good day might help them with the habit reversal training. If they are rewarded they can feel good about being able to control their tics and work harder to try and control them. I would also make sure that they are still focusing on their school work and not just focusing on trying to control the tics. Also noticing fewer breaks for cooling off would be something to notice in the student. If they are being able to control the amount of breaks and distractions in the classroom is very important.