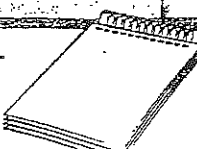


**ENRICHMENT
ACTIVITY**



16

Tourette Syndrome

Directions: Read the following material, then answer the questions in the space provided.

Tourette syndrome is a neurological disorder characterized by involuntary motor movements or vocalizations called tics. Georges Gilles de la Tourette identified the disorder in the 1850s. The *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV) published by the American Psychiatric Association establishes the following criteria for diagnosing Tourette syndrome. These are the criteria used for Axis I of the diagnostic process.

1. Both multiple motor and one or more vocal tics have been present at some time during the illness, although not necessarily concurrently [at the same time].
2. The tics may occur many times a day (usually in bouts) nearly every day or intermittently throughout a period of more than one year, and during this period there was never a tic-free period of more than three consecutive months.
3. The disturbance causes marked distress or significant impairment in social, occupational, or other important areas of functioning.
4. The onset is before age 18 years.
5. The disturbance is not due to the direct physiologic effects of a substance (e.g., stimulants) or a general medical condition (e.g., Huntington's disease or postviral encephalitis).

Up to twenty percent of children suffer from occasional tics, but those with Tourette syndrome have an ongoing problem with these involuntary movements and vocalizations. Often children attempt to hide the tics by incorporating them into normal activities. One boy whose primary tic was rapid eye blinking always claimed to have something in his eye. Common motor movements and vocalizations found in children with Tourette syndrome are:

Motor Tics

- eye blinking
- sticking tongue out
- shoulder jerking
- muscles tensing
- facial grimacing
- pinching others
- spitting

Vocal Tics

- throat clearing
- coughing
- belching
- yelling
- repeating words or phrases
- repeating obscene words
- making animal sounds

Although the tics are involuntary, meaning they occur without the person wanting them to, most people with Tourette syndrome do have some control over the tics. Through concentration they can keep the tics from occurring for minutes or hours. The longer they suppress the tics, however, the more severe the tics when they do let them occur. Psychologists have found that stress, fatigue, and anxiety increase the frequency and severity of the tics.

Tourette syndrome does not cause physical harm, but its consequences take a toll emotionally and socially. The tics are often at their worst during the early teen years when peer approval seems so important. Tourette syndrome sufferers often endure teasing and alienation.

Most children with Tourette syndrome have normal intelligence. They may, however, experience some difficulties in school. Some of the motor tics make note taking difficult. In addition, the stress related to tests may make the tics worse. Many schools accommodate such students by allowing them to tape record their classes and giving them extra time to complete exams.

Research indicates that Tourette syndrome has a genetic origin. Twin studies have shown that in 53 to 77 percent of the cases where one identical twin has Tourette syndrome, the other twin also has it. Among fraternal twins, only 8 to 23 percent both have it. The syndrome is more common in males than females and appears in all ethnic groups.

The good news is that the tics usually diminish with age. Most adults with Tourette syndrome lead productive, healthy, normal lives. Jim Eisenreich, former major league baseball player, struggled with undiagnosed Tourette syndrome for 18 years. He now openly talks with young Tourette syndrome sufferers about how he felt when others made fun of him. He wants these children to have the self-esteem that he did not have while growing up. In 1996, he won the Most Caring Athlete award for his work with children with Tourette syndrome. In 1999, he retired from baseball to devote more of his time to the Jim Eisenreich Foundation for Children with Tourette Syndrome. The foundation exists to create an awareness of the disorder and to improve the lives of children with the disorder. He doesn't want other children to have to spend 18 years wondering what is wrong with them.

Currently, there is no cure for Tourette syndrome, but there are treatments. Psychiatrists prescribe haloperidol for children with severe symptoms. Unfortunately, this medication can have severe side effects. Often the patient and doctor work together to find the best dosage. Behavior therapies may help by training the child to replace a noticeable tic with a less noticeable one. For example, a person who has facial grimaces may be trained through behavior modification to shake their leg up and down. Stress reduction techniques such as biofeedback or meditation can lessen the severity of the tics by reducing his or her stress level. Psychotherapy may be effective, especially when the person has repressed his or her anger at being teased or ignored.

Questions

Directions: Answer the following questions below or on a separate sheet of paper.

1. In what ways do you think your school should accommodate someone who suffers from a neurological disorder like Tourette syndrome?

2. What could a child who has Tourette syndrome learn from an adult like Jim Eisenreich about living with the disorder?

3. Create a fact sheet about Tourette syndrome for parents whose children have just been diagnosed with it. Use a question/answer format.
4. Using the three basic approaches to defining abnormality, discuss whether a person with Tourette syndrome is normal or abnormal.