6. Medical Conditions Autism Spectrum Disorders



An Autism Spectrum Disorder (ASD) is a developmental condition that affects the ability of the individual to:





Think flexibly.

It affects the way that individuals are able to interact with others and they often find the world to be a confusing place.

The term Autism Spectrum Disorder reflects the fact that no two people with the condition are the same, and even though they may all live with difficulties associated with communication, socialisation and flexibility of thought, each person may be at a different point on the spectrum and therefore no two people are alike.

Autism is usually evident at age 3 and is characterised by repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

Some people with ASD have other conditions as well, including speech and language difficulties, intellectual disability, epilepsy, sleep problems, attention problems, anxiety and depression and problems with fine and gross motor skills. Many have difficulties interpreting sensory information, and may therefore be over or under sensitive to touch, sound, taste, smell, and vision. This can be very distressing.

ASDs occur in 1 in 100-110 people, and are 4 times more likely to occur in boys than girls. It is a lifelong disorder and there are no known cures. The causes of ASDs are unknown but at this point it is believed to be changes in brain development, which may be caused by a range of factors including environment and genetics. These disorders are not caused by parenting or social factors, or vaccination or medical treatment.

Autism Spectrum Disorders include: Autism, Asperger's Syndrome and Pervasive Development Disorder, not otherwise specified.

Children with ASDs vary widely in abilities, intelligence and behaviours. Some children do not speak; others have limited language that often includes repeated phrases or conversations.

People with more advanced language 'skills tend to use a small range of topics and have difficulty with abstract concepts. Repetitive play skills, a limited range of interests, and impaired social skills are generally evident as well.

Autism Spectrum Disorders

Programming Considerations



Explanations of program or activity rules and skills should be structured, consistent and predictable.

- Less confusion will occur if information is presented visually as well as verbally, in short clear instructions.
- Prepare people well in advance for change of routines.
- Individuals with ASDs may not understand imaginative play or make believe games.
- They may not learn through imitation.
- They will have trouble forming friendships, playing cooperatively, understanding other's feelings, therefore may not be interested in participating.
- Select an environment with reduced distractions.
- Be aware that often explanations will be ignored; many non-verbal participants with autism will elect to watch first and then join in when they feel comfortable, but they may not be able to communicate this to leaders.
- Be aware that due to issue of over sensitivity to sound, touch, smell, etc., the reaction may appear extreme and tantrum like.

Strategies for Inclusion

- Encourage the participant to see others in the group as useful in their play.
- They may appear to tune out so you will need to consciously draw them into the group.

Behaviour Management Issues

- Be aware of what is stimulating the child and whether that is appropriate.
- They may resist change in routine and be aware of ritualistic behaviour such as smelling food before eating.
- Respect the child's need for solitary play.
- "Compic" cards can be used to visually give the person a timetable of the activities.
- There may be resistance to putting badges, hats or sunscreen on so you may need to seek agreement first.
- Meet with the child and his/her parents or carers prior to the program. Clarify triggers for reactions and discuss appropriate behaviour management strategies.

Medical Conditions Asperger's Syndrome



Asperger's Syndrome is an Autism Spectrum Disorder and is 4 times more common in males than females. It is characterised by an inability to fit into peer groups due to a lack of social skills and language skills. It is sometimes considered that higher functioning Autism is equivalent to Asperger's Syndrome.

People with Asperger's Syndrome generally do not make friends easily. They have little imagination and cannot perceive how others may feel in particular situations. They have difficulty initiating and maintaining conversations.

They rarely use facial expressions, gestures, and intonation and will not necessarily understand other's use of non-verbal communication and body language. They may develop odd, repetitive movements, e.g. finger twisting. And may develop rituals that they refuse to alter, e.g. getting dressed in a particular order. Some people with Asperger's Syndrome have extraordinary memory and may develop intense interests in a few areas, e.g. weather patterns. Many find it difficult to generalize learned skills and therefore need to relearn procedures. They need to be prepared for any changes in routine and rely on structure and predictability. They also do not necessarily understand the concept of cooperative play.

Programming Considerations

- Sport and active recreation games and social skills need to be taught.
- Written instructions may assist comprehension.
- Speech is taken very literally so metaphors need to be explained clearly.
- A person may focus on specific objects and may not want to part with them, so be understanding of wanting to keep items.

Strategies for Inclusion

• Structured activities and small groups will work best.

Behaviour Management Issues

• Repetition and familiarity makes the participant feel safe so when distressed the individual may relax when allowed to indulge in repetitive interests.

(Source - Amaze Fact Sheets)



Asthma is a treatable health condition. It is caused by the narrowing of the small breathing tubes in the lungs due to the tightening of the muscles in the tube wall, the swelling of tube lining and an increase in mucus production, creating a difficulty in breathing.

Asthma attacks can be bought on by many factors and these will vary for each individual affected. These factors include:

0 Allergens, e.g. grass, pollens, house dust mites, pet fur, etc.; 0 Sudden changes in temperature; 0 Dry hot winds; 0 Nervous tension; 0 Cold air; 0 Stress and anxiety; 0 Exercise; 0 Smoking; and Sensitivity to certain types of food or food additives such as preservatives.

Exercise is a medically recognised trigger factor for asthma and may place limitations on participation in a range of activities. Most asthmatics can be fully involved in physical activities if they are aware of how they can control their wheezing.

Some forms of medication have been found to be effective in preventing the symptoms of asthma and enable participants to participate in activities.

Asthma

Early signs of an asthma attack -

breathing becomes more difficult and a wheezing sound develops;



breathing is rapid and sometimes with a rasp; and



the person becomes distressed, pale and sweaty and has a rapid pulse.

During an asthma attack the participant requires a quiet environment with clean air and access to treatment. The person's medication should always be available. The instructions will prescribe dosage and the procedure for taking medication. Medication involving inhalants usually work quickest. If no medication is available, it is important to seek medical attention immediately.

Programming Considerations

- Participants with asthma should be able to participate fully in sport and active recreation activities if the condition is under control.
- This will involve knowledge of the activity that brings on an asthma attack and taking account of these in program planning.



The leader should be aware of a person's medication requirements and the procedure to follow during an attack.

Medical Conditions Multiple Sclerosis



Multiple Sclerosis (MS) is a disease of the central nervous system - the brain and spinal cord. The material surrounding nerve fibres is destroyed causing interruption to messages from the brain to other parts of the body hence affecting motor and sensory functions. The course of the disease is often unpredictable and the progression varies greatly from individual to individual.

It is a progressive disease that will affect individuals differently at different stages of the progression.

Some of the symptoms include:

- Initially the participant may experience vague feelings of tingling or numbness in an area of the body;
- As the disease progresses more severe symptoms develop including general weakness, muscle spasm, poor coordination and loss of sensation in parts of the body;
- Slurred speech, blurred or double vision, dizziness, numbness, loss of balance, incontinence and changes in mood may also develop;
- Memory, attention span and judgement may be affected; and
- Periods of stability are usually followed by a series of attacks.

Symptoms vary greatly from individual to individual and therefore it is difficult to recommend interventions. Safety approaches should be adopted as with all people with disabilities. It is best to ask the participant concerned the best way of approaching the situation.

Multiple Sclerosis

Programming Considerations



Fatigue can be brought on by routine daily activities; therefore individuals with MS are likely to be more fatigued in the afternoon.



Schedule rest periods during the day.

 Heat will tend to bring on fatigue more quickly so do not plan too much activity in hot weather.

Strategies for Inclusion



Not everyone is affected in the same way so always ask what a participant needs and what he or she feels they are able to participate in.

• Activities may need to be modified to include them in a group activity.

 1:1 support may be required for some activities, so this needs to be taken into account when developing staffing rosters.

Behaviour Management Issues



Fatigue can induce depression.

Medical Conditions Arthritis



Arthritis means inflammation of the joint. However, arthritis is not a single condition. There are well over 100 kinds of arthritis, all of which affect one or more joints in the body, and some forms of arthritis do not involve any inflammation.

Dr James Fries has developed eight categories of arthritis, which help explain how arthritis affects different structures in the body. Pain, stiffness and inflammation are hallmarks of arthritis with the two common forms being osteoarthritis and rheumatoid arthritis.

Osteoarthritis (OA), the most common form of arthritis, is a progressive degenerative joint disease characterized by the breakdown of joint cartilage associated with risk factors, such as overweight/obesity, history of joint injury and age. Symptoms include pain, stiffness, muscle weakness and cramps or muscle spasm around the infected joint.

Rheumatoid Arthritis (RA), a systemic disease characterized by the inflammation of the membranes lining the joint, which causes pain, stiffness, warmth, swelling and sometimes severe joint damage. Rheumatoid arthritis is a complex, frequently progressive disease.

The types of medication used to treat arthritis range from analgesics such as paracetamol and aspirin (also an anti-inflammatory) to prescription medications such as the non-steroidal anti-inflammatory drugs. Physical activity and weight management are important and can help manage the pain and stiffness from many forms of arthritis.

Arthritis

Programming Considerations

0	When joints are inflamed, rest is needed but if joints are stiff, they need more activity and movement to relieve the stiffness.
0	Altering activities or ensuring adequate rest breaks should be considered when participant suffering from arthritis are involved in active recreation activities.
0	Mobility may be an issue with some people so too much walking is not desirable.
0	Swimming in warm water is an excellent activity to relieve the symptoms.
0	Bike riding encourages muscle development without straining inflamed joints.
0	Arthritis in the hands may affect the ability to grip everyday items and spor and recreation equipment.
0	It may be necessary to spend some time learning how much modification is required for a person with equipment, etc.

Strategies for Inclusion



Be aware of the limitations and what assistance is needed to participate successfully.



Avoid activities requiring fine motor skills.

Behaviour Management Issues



Provide continuous encouragement.

Medical Conditions Diabetes



Diabetes is a disorder of the body's system that regulates the amount of sugar in the blood. For our bodies to work properly we need to convert the glucose (sugar) from food we eat, into energy. A hormone called insulin is required to convert the sugar to energy. People with diabetes do not produce enough, or any insulin, to make this conversion happen, and therefore the glucose travels around their body in their blood, and causes the blood sugar level to rise above normal.

There are two types of diabetes:

Type 1 diabetes – occurs in 10 -15% of people with diabetes and is more common in children and young adults. People with Type 1 diabetes do not produce insulin and treatment involves daily injections of insulin, diet control and exercise.

Type 2 diabetes – 80 – 90% of people living with diabetes have Type 2 diabetes It is more common in middle aged or elderly people, and occurs when insulin production occurs, but not at a rate high enough to do what is required. Type 2 diabetes is increasingly occurring in younger people, and is very much a life style related disease. People, who are overweight, do not exercise, have high blood pressure, have poor diets, and carry weight around their stomach are at risk of developing Type 2 diabetes. It can be controlled with diet and exercise, and medication for some.

Diabetics can possibly suffer three reactions:

Hypoglycaemia - the most common complication of diabetes is due to a drop in blood sugar levels and can be caused by:

- Not eating enough, missing meals or delaying meals;
- Missing or delaying morning or afternoon tea;
- Too high a dose of insulin injected;
- O Unusual strenuous exercise, emotional shock, impact of alcohol; or
- Change in injection procedure;
- Drinking alcohol.

Diabetes

An insulin reaction may involve the following symptoms: sweatiness, light-headedness, headache and dizziness, lack of concentration, irritability, intense hunger, numbness around lips and fingers.

A diabetic usually knows the warning symptoms and how to avoid a reaction - usually by eating sweet things - sugar, orange juice, soft drinks or chocolate will increase the blood sugar. If there is no improvement in 10-15 minutes, give more sweet food and seek urgent medical help.

Hyperglycaemia - occurs when the blood sugar level is too high. This can take several days to happen, and can only be confirmed with a finger prick blood test. It can be caused by sickness, infection, too little insulin, and too much carbohydrate food at once, stress.

Symptoms include:

Excessively thirst;
Passing high amounts of urine;
Blurred vision;
Feeling tired;
Weight loss;
Infections.

Ketoacidosis - a serious complication in people with Type 1 diabetes, due to insufficient insulin. This may have been caused by:

- Omission of insulin dose or insufficient insulin in dose;
- 0

Infections such as flu, gastric upset, not maintaining diet; or

- Iniury or excell
 - Injury or excessive alcohol.

Ketoacidosis may involve the following symptoms: thirst, flushed cheeks, abdominal pain, deep rapid breathing, vomiting and may result in coma if not treated. It is very important to seek urgent medical treatment.

Diabetes

It is important to find out from parents/caregivers, the symptoms associated with a participant's diabetes and what treatment is most appropriate.

Programming Considerations

- 0
- Some diabetics have to adhere to very strict meal times and this needs to be taken into account when programming activities.
- Important to have constant breaks for fluid and fuel replacement during exercise and eating quality carbohydrates at each break.
- 0

Be aware of triggers and monitor the participants, as they will not be able to explain what they need once a reaction starts.

Strategies for Inclusion



Educate all participants about diabetes and tell them what to do if the participant with diabetes has an insulin reaction.

Medical Conditions Heart Disease



There are many different forms of heart disease. The most common cause of heart disease is narrowing or blockage of the coronary arteries, the blood vessels that supply blood to the heart itself. This is called coronary artery disease. It happens slowly over time, and is the major reason people have heart attacks.

Other kinds of heart disease may be due to the heart not pumping properly and causing heart failure, or the heart valves not working properly or some people are born with heart disease.

In general, participants with heart conditions should be able to participate in many activities, as being physically fit should reduce the risk of heart disease. It is the work intensity and the ability of the person to cope with the physical stress that will limit their involvement.

A participant with heart disease becomes tired quickly and requires regular rest periods, but taking this into account the person should be encouraged to participate at a level that they can manage.

If a participant with heart disease displays one or more of the following conditions seek medical help immediately:

- Severe pain in the centre of the chest that may radiate to neck, jaw, one or both arms;
- Pale complexion, sweating, nausea, vomiting or shortness of breath; or
- Sudden collapse and unconsciousness.

Programming Considerations



Be aware of triggers, monitor the participants and know the first aid procedures.



Epilepsy is a disorder that takes the form of recurring seizures caused by sudden excessive discharge of electrical energy in the brain. Under certain circumstances, anyone can have a seizure. A diagnosis of epilepsy occurs after recurrent seizures. It can affect any person at any age, and many factors can contribute to the development of epilepsy including: brain infections; head injuries; cerebral tumours; and strokes.

The effects of epilepsy are characterised by a seizure. Though you cannot stop a seizure you can assist a person to make a quick and safe recovery.

There are many different types of seizures. Seizures can be divided into three major groups: focal (previously called partial), generalised and unknown. Focal seizures start in one part of the brain, and may move to other parts. Generalised seizures are due to abnormal activity in both sides of the brain. Because of this, consciousness is lost at the onset of the seizure. Unknown seizures are a grouping of seizures that cannot be diagnosed as focal or generalised.

Most people with epilepsy will only experience one or two types of seizures, although a person with severe epilepsy or significant brain damage may experience multiple types.

The effect that a seizure has on a person depends on which part of the brain is involved. The effects may involve:

- A change in a person's conscious state;
- Uncontrolled body movements;
- Alterations in sensation, perception, emotion;
- Changes in autonomic functions such as pulse rate; or
- All of the above in various combinations.



Focal seizures were previously called simple partial seizures. Lasting less than a minute, they are often described as 'auras' or warnings of the focal dyscognitive or tonic-clonic seizure that may follow. There is no loss of awareness or consciousness. The seizure may involve: movements like stiffness or shaking; an abnormal feeling in one part of the body such as numbness or an unpleasant smell or taste; feelings of deja-vu; or increased heart rate, nausea, or blushing.

Usually a person with a focal seizure does not require any particular help, although you should make sure that they do not hurt themselves.

Focal dyscognitive seizures

These seizures were previously called complex partial seizures. These seizures result in an altered state of awareness or responsiveness. People often appear confused and dazed and may do strange things like fiddle with their clothes, make chewing movements with their lips or make unusual sounds. The seizure only lasts for one to two minutes but the person may be confused and drowsy for some minutes to several hours afterwards.

Following this seizure a person should be guided gently to a place of safety. They should not be restrained, as this is not necessary. Stay with them until they have fully recovered.

Medical Conditions Generalised seizures



Tonic-clonic are the most recognised seizures. They usually begin with

- A sudden cry, and some people may experience an 'aura' as a warning to the onset of the seizure;
- The body becomes stiff and the person suddenly falls to the ground;
- This is shortly followed by a jerking of muscles;
- Saliva may be bubbling from the mouth, and teeth may tighten on tongue or lips, causing bleeding;
- 0
- there may be a loss of bladder control.

The seizure usually lasts for 2 minutes, followed by a state of confusion, anxiety and extreme tiredness. The person usually sleeps following this type of seizure.

For a seizure such as a tonic-clonic seizure adopt the following procedures:

- Keep calm;
- Roll person on front side with head turned to one side;
- Only move the participant if they are in physical danger, it is better to move the objects around them;
- Let the seizure run its course, you can't stop it;
- Watch the participant for signs of breathing;
- Offer support when the participant regains consciousness, often they are confused or embarrassed;
- A change of clothing may be needed; and
- Assist the participant to a place where they can rest or sleep.

If the seizure lasts longer than ten minutes or another seizure begins, get medical help immediately.

Generalised seizures

Absence seizures

These seizures almost always begin in childhood, and are often mistaken for day dreaming or inattentiveness. They are characterised by unresponsiveness, loss of facial expression, staring, eyes rolling back and eyelids fluttering. The seizure starts suddenly, lasts for 2 -10 seconds and then stops suddenly. There is usually no memory of the event. They may occur many times each day.

Myoclonic seizures

These are brief but significant muscle jerks, which generally involve the upper body, but can also involve the lower body. There is no loss of consciousness, but the person may fall off a chair or drop their cup. If multiple seizures occur over a short period, the person may feel confused. They often occur just after waking.

The participant who experiences an absence seizure usually does not require any help, though it will be useful to repeat any information the person may have missed during the seizure.

Tonic seizures

These are brief sudden stiffening of the muscles, whereby, if standing, the person will fall to the ground. Recovery is swift, although Injuries may be sustained from the fall. They often occur in sleep.

Atonic seizures

These are brief losses of muscles tone, which causes the person to fall to the ground. The fall is often head first, which results in facial and head injuries. No loss of consciousness takes place and recovery from the seizure is quick, although injuries from the fall may be quite serious.

Unknown seizures

These seizures comprise of sudden forward movement of the upper body, followed by stiffening. Often the arms are flung out and the knees bend up as the body bends. Less often, the head will be thrown back as the body and legs stiffen out. Each seizure only lasts 1-2 seconds, although they can occur in clusters.

A participant with epilepsy will have medication prescribed, and it is important to know the dosage and frequency of dosage. Most people with epilepsy achieve good control through their medication and can become seizure free, and live full and active lives

Generalised seizures

Programming Considerations

- A participant with epilepsy should be supervised during all activities and should not participate in activities where a sudden seizure will jeopardise their safety.
- Never let them swim alone or undertake any high risk activity unsupervised.
- Ensure all safety precautions and equipment is provided such as helmets, appropriate harness, etc. to minimise the risk but not limit the challenge. and

In hot weather keep people hydrated.

Strategies for Inclusion

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Although additional supervision may sometimes be required, it is important for leaders to be as unobtrusive as possible, so that the person with epilepsy does not appear singled out.

Behaviour Management Issues

- 0
- It is important to know what may trigger a seizure and if possible avoid these situations.
- Be sure leaders have basic information on the kind of seizures, how long they last, what first aid is required, what triggers seizures, medication requirements and when their last seizure occurred.
- Encourage fluid replacement with water and not sweet fluids and juices.

(Source – Epilepsy Action Australia Fact Sheet)

Medical Conditions Acquired Brain Injury



An acquired brain injury is an injury to the brain tissue or nerve fibres that is permanent in nature and results in some impairment to an individual's physical, behavioural or emotional function. It may be acquired through an accident; infection or disease; poisoning through alcohol, drug or household chemicals; or other causes such as stroke, coma, epilepsy, aneurism, or depleted oxygen supply.

The onset of the brain injury can be sudden:- due to trauma, infection, stroke, lack of oxygen or drug use episodes, or insidious: due to prolonged alcohol or substance abuse, tumours or degenerative neurological conditions.

The effects of the injury can be mild to profound, and each individual can be affected in the varying ways, including:

- Physical paralysis, poor balance, coordination or limb weakness;
- Sensory impaired sight, touch, smell, taste or body temperature control;
- Thinking concentration, planning ability, or problem solving and memory;
- Communication ability to speak clearly or quickly; and
- Behaviour readily fatigued, lack of control over behaviour, poor initiative, motivation and mood changes.

Acquired Brain Injury

Programming Considerations

- Step by step instructions and be patient.
- Write down the sequence of an activity.
- Plan for breaks in activities.
- Balance may often be affected therefore the participant cannot or will not think they can ride, skateboard, surf or get involved in activities requiring balance.
- Plan and program for the levels of fatigue that participant may experience.
- Plan for lack of motivation that may sometimes be evident.
- Make sure you get to know a bit about the participant prior to the start of the program.

Behaviour Management Issues

- For memory problems use photos to recall and write down events.
- To counteract fatigue ask individuals what time of day is best for activities.
- Be aware how medication affects individuals.
- Discuss why some behaviour is inappropriate, provide clear consequences of misbehaviour and be consistent and clear.
- Do not pretend to understand if you do not and establish how the participant communicates.
- 0
- Time out is an effective strategy that allows them to think about their behaviour.
- Encourage participation, spend time to develop rapport and get to know what they like or dislike.

Medical Conditions Down Syndrome



Down Syndrome is a genetic condition. People living with Down Syndrome are born with an extra copy of chromosome 21. This leads to altered physical characteristics, some level of developmental delay and intellectual disability.

Some common characteristics include:

0 Physical – nearly all people with Down Syndrome have an upward slant of the eyes, and a rounded, flatter profile. Individuals with Down Syndrome are usually smaller in size than their peers.



Delayed development - everyone with Down Syndrome will experience some degree of delay in learning, but the extent and specific areas of delay vary from person to person

Programming Considerations



- Less confusion will occur if information is presented visually as well as verbally.
- 0 Frequent reinforcement and consistent feedback will help in providing a sense of achievement in activities.
- 0 Make activities fun and keep them moving to keep their attention.
- Some people are non-verbal but will use sign language, Makaton or Compic.
- 0 They are usually very athletic and flexible if encouraged to participate fully and if they are doing something they find exciting.
- 0 Participants with Down Syndrome have varying abilities to achieve and respond well to stimulation.

Strategies for Inclusion



Do not assume what a participant can or cannot do.



Ask if they need assistance and help them with those things.



Maintain encouragement and keep goals achievable.

Behaviour Management Issues

May be very stubborn so distractions work well to modify behaviour.

Medical Conditions

Attention Deficit Hyperactivity Disorder (ADHD) is a behavioural disorder that affects a young child's behaviour or development. It is not an illness or a sign of low intelligence. The 3 main characteristics are:

Inattention – difficulty concentrating, forgetting instructions, moving from one activity to another without completing anything.

Impulsivity – talking over the top of others, having a short fuse, being accident prone.

Overactivity – constant restlessness and fidgeting.

The cause of ADHD is not known, although researchers suspect it is due to a combination of factors, rather than only 1 factor. As many as 5 out of every 100 children in school may have ADHD, and boys are 3 times more likely than girls to have ADHD.

These symptoms give rise to three types of ADHD:

- Inattentive type where the person can't seem to get focussed or stay focussed on a task or activity;
- Hyperactive impulsive type where the person is very active and often acts without thinking, they have difficulty playing or taking part in leisure activities quietly; and
- Combined type where the person is inattentive, impulsive and too active.

Of course all participant, from time to time, are inattentive, impulsive, and too active. With participant who have ADHD, these behaviours are the rule, not the exception.

These behaviours can cause a child to have real problems at home, at school, and with friends. As a result, many children with ADHD will feel anxious, unsure of themselves, and depressed.

Attention Deficit Hyperactivity Disorder

Programming Considerations



Keep to a routine and timetable where possible.

- Keep rules clear and simple.
- Give only one or two instructions at a time.
- Make sure you have the participant's full attention when you talk to them.
- Encourage responsibilities, offer options and be flexible and negotiate what the limits are and how far you are prepared to tolerate behaviour.
- Do not continually accelerate the excitement level of the program, especially before meal times.

Strategies for Inclusion

- Focus on what the participant is good at and encourage them to develop their abilities.
- Enlist their help for a task or errand as this provides an opportunity for positive feedback and self-esteem enhancement.

Strategies for Inclusion

- Be clear, consistent and positive. Set clear rules for behaviour and tell them what they should do rather than what they cannot.
- Be clear about what happens if they do not follow behaviour and have a reward system in place for good behaviour.
- Try to ignore minor irritating behaviour.
- Timeout by themselves is often a good coping strategy and assists them to focus on an activity when they re-join the group.
- Breaking activities into specific steps or smaller tasks helps them to stay focussed on the task at hand.
- If punishment cannot be avoided, make it immediate; relate the punishment to the offence.
- Instructions and explanations may need to be repeated daily.
- Recognise that dignified retreat is preferable to a bloody victory, be prepared to walk away rather than lose self-control.

Medical Conditions Tourette Syndrome



Tourette Syndrome (TS) is a neurological disorder, which most often begins between the ages of 2 & 21 yrs. and lasts for life. TS is characterised by rapid, repetitive, involuntary muscle movements and vocalisations, called 'tics'. TS often involves behaviour difficulties.

People with TS do have some control over the 'tics', but the period of control only delays more severe outbursts of the symptoms. Their struggle to control their tics leads to poor concentration and can result in a build-up of tension - a vicious cycle of wanting to control their tics but simply being unable to do so. Consequently people may suffer from bouts of anxiety, depression or social withdrawal. Typically, an increase in tension or stress increases the 'tic's and periods of relaxation or concentration on a task, decreases them.

Behaviour problems that may be associated with TS include:

Obsessive Compulsive Disorder – people feel a need to do something over and over again e.g. check a door is closed.

Attention Deficit Hyperactivity Disorder - may include difficulty in concentrating, being easily distracted, failing to finish tasks, acting on impulse, not seeming to listen, shifting constantly from one activity to another, needing a great deal of supervision, being unable to sit still, calling out and lack of self-control.

Each person with TS is unique and most are able to lead normal lives.

Tourette Syndrome

Programming Considerations



Encourage responsibilities, offer options, be flexible and negotiate the limits to how far you are prepared to tolerate certain behaviour.



Do not continually accelerate the excitement level of a program, especially before meal times.

Strategies for Inclusion



Focus on what the participant is good at and encourage them to develop their abilities.

 Enlist their help for a task or errand as this provides an opportunity for positive feedback and self-esteem enhancement.

Strategies for Inclusion

- Be clear, consistent and positive. Set clear rules for behaviour and tell them what they should do rather than what they cannot.
- Be clear about what happens if they do not follow acceptable behaviour and have a reward system in place for good behaviour.
- Timeout by themselves is often a good coping strategy and assists them to focus on an activity when they re-join the group.
- Breaking activities into specific steps or smaller tasks helps them to stay focussed on the task at hand.
- If punishment cannot be avoided, make it immediate, and relate the punishment to the offence.
- Instructions and explanations may need to be repeated daily.
- Recognise that dignified retreat is preferable to a bloody victory; be prepared to walk away rather than lose self-control.