

Educational implications for children with epilepsy

Children with epilepsy may have the same range of intelligence and ability as other children. However, repeated seizures of any type are associated with cognitive impairment. Some of the learning difficulties are directly related to epilepsy, while others are related to treatment (e.g. medications) and psychosocial factors.

Be aware that epilepsy can lead to changes in ability from day to day. For example they may know something one day and have forgotten it the next. If a child is doing well in school, there is no reason to worry about the effects of epilepsy on learning. If the teacher reports problems, or if parents become aware that their child's performance is slipping, other strategies – both medical and educational may be necessary.

Absence seizures may not always be apparent, or they may be misinterpreted as day dreaming, inattentiveness, poor concentration or even hearing problems. These seizures may account for inconsistency in the pattern of a child's learning and performance and they may have considerable difficulty in learning. As a result they may withdraw, become frustrated, aggressive and lose confidence.

Missed schooling due to increased seizure activity, doctors appointments etc. can impact on learning and important peer socialising.

Sometimes confusion and exhaustion after a seizure can be quite prolonged, from minutes up to several hours and children may need a quiet place to rest or sleep or go home.

Educational Implication: Epilepsy and Memory

Short term memory problems are one of the main concerns for many children with epilepsy. This will affect learning and has implications for teaching. Children with short term memory problems may have difficulty remembering instructions or tasks.

Suggested strategies:

- Provide written instructions or a tick list of tasks for all pupils
- Its important to make sure that the child has a written record of homework activities
- Reduce the rate at which information is presented
- Practice new information daily
- Allow for processing time when requesting a response from the child
- Focus on one type of information at a time
- Use diagrams, graphs and pictures to illustrate information
- Monitor the child's attending behaviour and refocus if necessary
- Provide immediate and frequent feedback
- Additional adult support may be necessary

Self Esteem

- Encourage active participation in all school activities in accordance with parental and medical advice
- Help other children, teachers and parents understand epilepsy and encourage social acceptance. Have a matter of fact approach to normalize the condition.
- Encourage the child to deal with new or

difficult situations to help build confidence

- Act quickly on any teasing or bullying
- Accept that the child may feel angry and resentful about their epilepsy
- Recognise and record any changes of behaviour, mood, energy and performance
- Avoid letting the child use their epilepsy as an excuse

Sports and activities

The child should be encouraged to participate in sport and extra-curricular activities ensuring there is adequate supervision. A student with epilepsy must never swim alone and consideration must be given to playground equipment such as climbing frames which may pose a danger if the child has a seizure. The student who is denied the opportunity to participate may well have feelings of social isolation and rejection reinforced. Restrictions should be discussed with the student and family.

School camps and excursions

Parents must be notified of school excursions and camps well in advance to enable planning for:

- Seizure management training for teaching staff attending the camp/excursion
- Parents to supply medication
- Contact to be made with medical facilities local to the camp and the availability of emergency services
- Development of a camp plan in collaboration with the treating medical team if needed
- Parents to attend camp/excursion to manage the student's epilepsy if necessary

Epilepsy and behaviour

Possible causes of behaviour problems:

- Underlying brain damage
- Anticonvulsant medication often causes dose related or idiosyncratic behavioural side effects
- Aggressive behaviour that occurs during and immediately after a seizure may reflect confusion and maybe increased or induced by attempts to restrain the person

Common types of behavioural problems:

- Difficulty with attention and concentration
- Aggressive verbal or physical behaviour
- Lack of motivation and energy
- Inability to plan and organise behaviour
- Motor hyperactivity
- Depression
- Anxiety
- Irritability
- Poor social skills
- Impulsiveness
- Mood swings

Adapting strategies

People with epilepsy may be less responsive to the traditional methods of behaviour management. This does not mean that these methods should be disregarded. However, they may need to be adapted and altered. Finding a strategy that works is often a matter of trial and error.

Some strategies to try include:

- Environmental compensations to reduce stress
- Avoiding situations which are known to cause stress
- Reorganise less structured times of the day
- Separate goals into small sequential steps
- Use frequent repetition
- Model calm, controlled, predictable behaviour
- Redirect rather than confront organically based behaviours such as compulsions
- Use visual cues
- Have a consistent routine
- Keep rules simple and straight forward.

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Although every effort has been made to ensure accurate and up to date information is provided, Epilepsy Queensland and its advisors cannot accept any liability in relation to the information provided. It is strongly recommended that you discuss any information with your doctor or other relevant organization.