

Children with Epilepsy

A teacher's resource

EDUCATE ME
INCLUDE ME



**EPILEPSY
NEW ZEALAND**
Kia titiro ki te tangata | See the person

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"I'm not different to others"



About **1 in 200** children live with epilepsy

What you need to know about your student's epilepsy

- 1 What does the seizure/s look like?
- 2 What (if any) are the seizure triggers?
- 3 What defines an emergency and what do I need to do?
- 4 Are there any risk or safety issues?
- 5 What should I do to minimise these?
- 6 Are there any potential impacts on learning? How can I support the student?

A *Seizure Management Plan* (SMP) should document this information. Epilepsy New Zealand can help your school or the family develop a SMP

Key information

Epilepsy is unique

There are virtually no generalisations that can be made about how epilepsy may affect a child. There is often no way to accurately predict how a child's abilities, learning and skills will be affected by seizures. Because the child's brain is still developing, the child, their family and doctor will be discovering more about the condition as they develop. The most important thing to do when working with a child with epilepsy is to get to know the individual child and their condition – all children with epilepsy should have an Epilepsy Management Plan.

Impact

Many children and their families cope with ongoing stress and anxiety associated with epilepsy. This may be related to the unpredictability of seizures, possible medication side effects, fear of injury, social exclusion, multiple medical appointments and the impact on the parent's employment and family dynamics. The impact of epilepsy on the child and their family is often far greater than the seizure itself.

What is epilepsy?

Epilepsy is characterised by recurrent unprovoked seizures due to abnormal electrical activity in the brain.

There are broadly two types of seizures; focal seizures (previously known as partial seizures) that involve one part of the brain and generalised seizures that involve both sides of the brain. A seizure can take a variety of forms, depending on what part of the brain is involved.

Focal seizures may or may not cause an alteration of awareness. Symptoms are highly variable and may include lip smacking, wandering behaviour, fiddling with clothes and feeling sick, 'edgy' or strange.

Generalised seizures result in a loss of consciousness. Symptoms may include blank stares (known as an absence seizure – these seizures are no longer called petit mal), jerking, suddenly falling down or convulsing (known as a tonic-clonic seizure – these seizures are no longer called grand mal).

Medication

A high percentage of children will gain good seizure control with medication. Seizures and medication can affect:

- | | |
|---|--|
| <input type="radio"/> attention | <input type="radio"/> alertness |
| <input type="radio"/> cognitive functioning | <input type="radio"/> concentration |
| <input type="radio"/> responsiveness | <input type="radio"/> memory |
| <input type="radio"/> motor skills | <input type="radio"/> mood and behaviour |



Use the term *'person living with epilepsy'* rather than referring to the person as *'epileptic'*

Depression and anxiety disorders are far more common in children with epilepsy.

The altered brain activity that causes epileptic seizures can lead to depressive moods and the stress of living with a chronic condition can worsen feelings of depression and anxiety.

Schools can play an important role in identifying and supporting children who may be experiencing depression or anxiety. Some of the more common symptoms may include irritability, moodiness, social withdrawal, repeated absences from school and difficulties with concentration

Epilepsy and learning difficulties

Not all children living with epilepsy will have learning problems. Learning and cognitive difficulties may be influenced by many factors, including:

- the type of seizures
- the length and frequency of the seizures and recovery time
- missed school days
- medication side effects
- any underlying neurological abnormalities
- social environment

What is the impact on the child's learning?

Cognition can be affected:

- during the seizure
- during the recovery phase after the seizure
- as a result of 'sub-clinical' activity (i.e., seizure activity that is not noticeable by the observer, but which may influence the child's thinking, feelings or behaviour)
- by underlying cognitive problems
- by other effects such as mood, behaviour or medications

There are many different types of seizures. Some of the more common seizures may look like:



Going stiff, dropping to the ground and jerking



Feeling sick, 'edgy' or strange



Fiddling with clothes



Lip smacking



Brief staring



Wandering around

Note: many students daydream – this does not mean they are having a seizure

What can teachers do?

As a teacher you can be an important source of information for the parent and treating doctor.

Understand your student's epilepsy and the impact it has on them – read and implement their *Epilepsy Management Plan*.

- Observe and record seizures accurately – this will help the doctor in their diagnosis and treatment of the child.
- Observe behaviour – share your observations with parents and then develop a consistent team approach within the school.
- Develop strategies to meet any identified individual learning needs.
- Be aware of mood changes and communicate your observations early to parents.
- Create an inclusive environment for the student by educating the class about epilepsy when the child is comfortable about this.
- Seek support from Epilepsy New Zealand. Freephone 0800 37 45 37

What you may notice in a student with epilepsy

A student with epilepsy may:	What you may notice about the student:
<ul style="list-style-type: none">• have periodic episodes of fatigue and concentration	<ul style="list-style-type: none">• slow at finishing work• gets overwhelmed by more challenging tasks
<ul style="list-style-type: none">• have difficulty with memory	<ul style="list-style-type: none">• often confused with what she/he is meant to be doing<ul style="list-style-type: none">– forgetful– has difficulty learning new concepts
<ul style="list-style-type: none">• have slowed cognitive processing (thinking skills)	<ul style="list-style-type: none">• slower to grasp new concepts• becomes easily frustrated<ul style="list-style-type: none">– inattentive during class– has difficulty following multi-step instructions
<ul style="list-style-type: none">• have difficulties with executive functions (higher order thinking skills)	<ul style="list-style-type: none">• careless• poor organisational and problem solving skills• has difficulty starting/staying on task• impulsive, risk taking behaviour

What teachers can do to help

- Be aware that epilepsy can lead to changes in abilities from day to day
- Set expectations that are realistic, neither above or below the student's abilities
- Allow opportunities for rest breaks as required
 - allocate an agreed place for the student to rest when needed
 - modify expectations when necessary
 - reserve more challenging tasks for when the student is most alert
- Provide a predictable environment
 - wherever possible build structure into the classroom environment using daily routines and clear expectations
- Give instructions that are brief and concise –
 - write down instructions, especially homework tasks
 - ask the student to repeat instructions to ensure comprehension
 - break big tasks down into smaller parts
- Consider establishing a support structure for the student
- Decide whether the student would benefit from a cognitive assessment



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This fact sheet is part of a suite of resources that are targeted to both parents and teachers to assist students with epilepsy in the primary, secondary and special school settings. Special thanks to Dr Silvana Micallef, Snr Clinical Neuropsychologist, Austin Health, for her help in compiling this fact sheet.

The information contained in this publication provides general information about epilepsy. It does not provide specific advice. Specific health and medical advice should always be obtained from a qualified health professional.