



Are you teaching a student who has epilepsy? The following information and strategies may help you to provide them with the best possible environment for learning and development.

The importance of understanding epilepsy

To ensure each child with epilepsy has the opportunity to develop to their full potential, teachers need to understand:

- ❖ The diverse manifestations of epilepsy.
- ❖ The specific nature of each individual child's epilepsy and treatment.
- ❖ How epilepsy may affect the child academically, emotionally and socially.



What is epilepsy?

Epilepsy occurs when there are recurrent seizures due to a discharge of abnormal electrical activity in the brain cells.

Not all seizures are convulsive. Non-convulsive seizures are more difficult to recognise and are frequently misinterpreted. Daydreaming and unresponsiveness, confused or inappropriate behaviour and/or temporary speech impairment may all be signs of seizures.

Epilepsy types

There are numerous types of epilepsy or epilepsy syndromes. Individual children may develop an epilepsy syndrome:

- ❖ With one or more types of seizures
- ❖ With a known cause or no apparent cause
- ❖ With or without other neurological problems
- ❖ Which responds to medication with varying degrees of success
- ❖ Which they may or may not outgrow

Once the type of epilepsy has been correctly diagnosed, the aim is to prescribe a medication most effective for the seizure type which causes the least possible side-effects.

Epilepsy and learning difficulties

Learning disabilities are not an automatic consequence of epilepsy. Many children with epilepsy will achieve both academically and socially. Some children will, however, experience varying degrees of learning disability, and their individual needs must be met.

Learning and cognitive difficulties may be directly related to:

- ❖ The epilepsy syndrome
- ❖ Type of seizures
- ❖ The duration and frequency of seizures
- ❖ The time absent from school because of seizures
- ❖ The time it takes to recover from seizures

Seizures and medication can affect:

- ⚡ Attention and alertness
- ⚡ Cognitive functioning
- ⚡ Memory
- ⚡ Motor skills

Some children with epilepsy may experience difficulties with:

- ⚡ Visual and/or verbal learning – reading, spelling, rote learning, speech and language
- ⚡ Perceptual abilities, numeracy, problem-solving and memory recall
- ⚡ Motor ability – handwriting may be poor and performance slower
- ⚡ Psychosocial problems – low self-esteem, frustration, anxiety, and poor motivation
- ⚡ Maintaining consistency in learning
- ⚡ Inappropriate behaviour – either attention-seeking or withdrawing
- ⚡ Changes in mood

Further difficulties can be created by:

- ⚡ Unrealistic expectations, either above or below the child's abilities, of parents, friends, teachers and peers.
- ⚡ Socio-economic factors and differing family backgrounds.

Suggested teaching strategies

- 1 Co-operative Learning:** Group work develops listening and talking skills, encourages interaction with peers in problem-solving and allows children to ask questions and learn from each other.
- 2 Task Analysis:** By breaking specific tasks into their most basic steps, teaching and learning stages can be established that the child needs to achieve in order to succeed. Task analysis can be applied to any learning or social situation activity.
- 3 Cueing:** This proves effective especially with listening activities. Warn the child, ahead of time, of the purpose of the activity. Give a quick summary of the passage and ask comprehension questions before reading the passage. Knowing the purpose of the activity will help to keep the student on task.
- 4 Reviewing:** Reviewing the processes used to solve a complex task can be helpful for the child.
- 5 Repetition:** This leads to the consolidation of skills learned in mastering a task. Unconsolidated skills are not likely to be generalised to other learning tasks.
- 6 Mnemonics:** Use verbal, visual and symbolic techniques as memory aids. The acquisition of facts and procedural knowledge is governed by memory and the most effective measures for memory development are rehearsal related.
- 7 Regular evaluation** of the above strategies.

What teachers can do

- 1 Seek information from the doctor or Epilepsy Action** about the various types of epilepsy, how to recognise and administer first-aid for different types of seizures and the possible effects of treatment.
- 2 Obtain detailed information** about the specific nature, treatment and possible effects of each child's epilepsy on their educational, physical and emotional development. Primarily this information should be sought from the parents. If needed, consent should be obtained to talk to the child's doctor/specialist.
- 3 Observe seizures.** Apart from the parents, the teacher is the adult who sees the child more than anyone else and can be an important source of seizure description. Such observations and documentation can greatly assist

the doctor as they diagnose and treat the child.

- 4** Observe and monitor the pattern of each child's behaviour and learning processes. Share information and observations with the child's parents and educational support staff to develop a consistent team approach.
- 5** In conjunction with relevant others, develop an individual epilepsy management care plan to be used at school and for school activities.
- 6** Utilise resources available through Epilepsy Action's educational support services to develop individual student programs.
- 7** Help the child cope with their epilepsy and encourage active participation in all school activities in accordance with parental and medical advice.
- 8** Help other children, teachers and parents understand epilepsy and encourage social acceptance.

This information is given to provide accurate, general information about epilepsy. Medical information and knowledge changes rapidly and you should consult your doctor for more detailed information. This is not medical advice and you should not make any medication or treatment changes without consulting your doctor.