



## Understanding Students with Epilepsy - Tips for Teachers

Most children living with epilepsy are typical learners — they perform well academically and socially. However, a significant proportion of children with epilepsy are vulnerable to school difficulties.

Those students who are most likely to run into problems usually have more severe forms of epilepsy. They may have specific types of severe epilepsy syndromes or their seizures may be associated with other brain conditions such as traumatic head injury, brain infection, or neurodevelopmental disorders. They tend to have poorly controlled seizures and to be taking more than one anti-epilepsy medication.

On the other hand, children with mild, well-controlled epilepsy, with no evidence of brain abnormality other than the tendency to seizures, are less likely to have learning or social-emotional problems.

### Impact of Seizures

Frequent seizures in the pre-school years can interfere with the acquisition of foundational skills and knowledge. The student may therefore start school behind in their readiness to pick up academic skills.

In school years there may be frequent days of missed school associated with seizures and medical investigations. The student will therefore miss opportunities to learn and engage in social interactions with peers.

Seizures can be very obvious, involving motor responses or more complex behaviours. Seizures can also be tiny, barely noticeable, lapses of attention. Regardless, attention and learning can be disrupted before, during and shortly after seizures.

Nighttime seizures can lead to poor sleep and daytime fatigue. Frequent or long-duration seizures can also be associated with a post-seizure lethargy.

### Impact of medication

Anti-epilepsy drugs, especially when the student is taking more than one drug, can have adverse side effects on learning. Decreased alertness and attention, slowing of fine motor and mental processing speed, and variability in mood and behavior are some of the side effects that can affect learning.

### Specific social-emotional aspects of having epilepsy

Epilepsy continues to be a misunderstood, stigmatizing condition. Teachers, family members and peers may have negative attitudes; they may underestimate the abilities of the student. Students may be unnecessarily restricted and protected. Seizures may lead to anxiety and shame; older students may come to doubt their ability to attain autonomy and control in their lives. Self-esteem and motivation to learn may be diminished.

### Learning issues:

Epilepsy is a symptom of a wide range of conditions affecting the brain. Thus, children with epilepsy will show a wide range of different types of learning difficulties, depending on the type of epilepsy, its cause and the brain regions affected.

Attention and memory may be particularly affected because these global functions are sensitive to seizures, medication, social-emotional difficulties as well as other more circumscribed cognitive difficulties.

A very small number of children with certain epilepsy syndromes, poorly controlled seizures or who are taking multiple medications may show very slow progress or declines in their learning.

Some children with epilepsy can show a marked variability in their ability to do work, at times performing normally, at others poorly.

Children in whom seizure control improves and no longer require medication often show improved learning and quality of life. However, they may continue to have learning problems because any associated brain conditions may persist and thereby continue to affect learning.

### **Tips for Teachers**

As far as possible, the student with epilepsy should be treated like the other students and integrated into the social fabric of the classroom.

Communication with parents and health professionals is essential in helping the teacher understand what to expect and what to do with respect to seizures and medication as well as to determine those activities that may be unsafe.

The teacher may also become aware of and document any previously unobserved medication-related behaviours or seizures. A daily communication book going between home and school can be a valuable tool.

Generally, the presence of seizures, medication effects, fatigue and a variable receptiveness to learning will necessitate flexibility in the child's program. Teaching staff will need to review lessons at a time when the student is more stable and alert. In some cases a classroom peer can be assigned to help with missed instruction or assignments.

A collaborative approach is also essential in understanding and addressing the learning and social-emotional needs of the student. The school-based team, health professionals, parents and student should be consulted. If an individual educational plan (IEP) is developed, it should include frequent reviews.

Specialized assessments such as EEG/behavior monitoring or a neuropsychological assessment can help evaluate specific learning and social issues as well as the roles of seizures and medication. They can help in defining the child's learning profile and suggest remediative and compensatory strategies.

*Social-emotional supports:*

Increased awareness and education on the part of the teacher, other staff and students are important to encouraging a climate of understanding and acceptance in the school. Discussions of the causes of epilepsy, teaching students to respond to seizures, becoming aware of many productive, well-known individuals with epilepsy, and so on will help the student feel understood and supported.

Medical staff (e.g. child neurologist, school or hospital nurse), other health professionals, or epilepsy organization staff can present interesting, age-appropriate materials to the class and answer questions.

Videos, books, and other teaching guides may also help to inform the child's classmates and school staff about epilepsy. They are often available at the local epilepsy association.

If a student is showing signs of serious emotional difficulties (depression or anxiety, e.g.), the teacher might consider discussing the option of individual or family therapy with the parents and student.

In the older student or adolescent, joining a peer support group can help normalize the experience and provide a social network. Facebook, Myspace, and other online-networking groups and pages also provide epilepsy-related socializing opportunities. As well, teen-specific epilepsy forums are available at: [www.epilepsy.com/community](http://www.epilepsy.com/community) and [www.epilepsyfoundation.org/efforums/forum/index.cfm?nocookies=yes](http://www.epilepsyfoundation.org/efforums/forum/index.cfm?nocookies=yes)

***The following web sites provide specific information for teachers as well as general information re: epilepsy:***

BC Epilepsy Society: [www.bcepilepsy.com/programs\\_and\\_services/Partners\\_in\\_Teaching.aspx](http://www.bcepilepsy.com/programs_and_services/Partners_in_Teaching.aspx)

BC Ministry of Education: [www.bced.gov.bc.ca/specialed/awareness/51.htm](http://www.bced.gov.bc.ca/specialed/awareness/51.htm)

Guide for Teachers and Parents: [www.epilepsy.com/info/family\\_guide.html](http://www.epilepsy.com/info/family_guide.html)

Epilepsy Advocate: [www.epilepsyclassroom.com](http://www.epilepsyclassroom.com)

Discovery Education: [www.discoveryeducation.com/epilepsy](http://www.discoveryeducation.com/epilepsy)

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**You can join the BC Epilepsy Society as a member and receive all the program and service benefits.**

**#510 – 999 West Broadway, Vancouver, BC V5Z 1K5**

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