Useful sources of information

The Childhood Epilepsy Information Service Helpline: 01342 831342 enquiry@ncype.org.uk www.ncype.org.uk (Contact NCYPE for a free parents handbook and a seizure diary for young people with epilepsy)

Epilepsy Action Helpline: 0808 800 5050 www.epilepsy.org.uk

The National Society of Epilepsy Helpline: 01494 601400 www.epilepsysociety.org.uk

Youthhealthtalk: www.youthhealthtalk.org/epilepsy Young people talking openly about all aspects of living with epilepsy

Sibs www.sibs.org.uk supports brothers and sisters of disabled children or adults Tel: 01535 645453

This booklet is available in alternative formats (size, audio, Braille, etc.) on request from the service.

For other booklets in this series please contact the Specialist Teacher Advisory Service (PD)



The Educational Implications of Epilepsy



Developed by the

Specialist Teacher Advisory Service (PD)



This booklet is intended as a resource to support staff in improving educational outcomes for students who have epilepsy.

A Definition

Epilepsy is currently defined as a tendency to have recurrent seizures (sometimes called fits). A seizure is caused by a sudden burst of excess electrical activity in the brain, causing a temporary disruption in the normal message passing between brain cells. This disruption results in the brain's messages becoming halted or mixed up.



The brain is responsible for all the functions of your body, so what you experience during a seizure will depend on where in your brain the epileptic activity begins and how widely and rapidly it spreads. For this reason, there are many different types of seizure and each person will experience epilepsy in a way that is unique to them.

Classroom strategies to support pupils with low self-esteem

- Aim to find out as much as possible about the pupil's epilepsy from the parents, the child and all the professionals involved. It will help to reduce the pupil's anxiety if the condition can be treated in a "matter of fact" way as any other condition such as asthma or diabetes.

- Personal, social, health and education (PHSE) or science lessons can be good opportunities to make students aware of epilepsy and its effects. This can be done without referring to an individual student with epilepsy, but if they are happy to talk about their experiences this can be very valuable.

- Various organizations can come into school to talk to staff or teach groups about epilepsy (see "Useful Sources of Information")

- Allow the pupil to take as much responsibility for themselves as appropriate.

- Some children need professional support for emotional issues e,g, GP; CAMHs team

- It may be necessary to remove stress if the pupil is struggling to keep up because of tiredness or slower pace of learning e.g. reduce homework load; renegotiating deadlines etc.

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How self-esteem might be affected

There are many issues that may arise for children and young people with epilepsy. These will vary considerably with each individual according to the type and frequency of seizures, age, stage of development and level of confidence. A sense of low self-esteem, anxiety or depression can be caused by a wide variety of issues such as:

- fear of the seizures and their body being "out of control" during a seizure;

- being dependent on adults for care when their friends are becoming increasingly independent;

- fear of being hospitalized;

- coping with medication and possible side-effects;

- coping with a change in medication and even, for the seizure free, coming off medication;

- a lack of understanding from friends or school staff.



What causes epilepsy?

Sometimes the reason epilepsy develops is clear. It could be because of brain damage caused by a difficult birth; a severe blow to the head; a stroke; or an infection of the brain such as meningitis. Very occasionally the cause is a brain tumour. Epilepsy with a known cause is called 'symptomatic' epilepsy. For most people - six out of ten, in fact - there is no known cause and this is called 'idiopathic' epilepsy.

Treatment of epilepsy

At the moment there is no cure for epilepsy. However, with the right type and dosage of antiepileptic medication, about 70 per cent of people with epilepsy could have their seizures completely controlled.





Educational implications

Individuals with epilepsy cover the whole range of intelligence and accomplishments. However, evidence suggests that a disproportionate number of pupils with epilepsy do not achieve well academically, which has implications for teachers and schools.

Epilepsy may impact on:

- Learning
- Concentration
- Memory
- Behaviour
- Language and communication
- Self-esteem



Classroom strategies to support pupils with language and communication difficulties

- Always ensure that you have the pupil's attention and that he / she makes eye contact during the conversation / discussion



- Check the pupil has understood instructions through sensitive questioning.
- For problems in the area of social communication try to structure situations in which the pupil can practice a specific skill.
- When planning work give as many opportunities as possible for the pupil to use language meaningfully.
- If a speech and language therapy programme is in place, try to integrate as many aspects as possible into daily classroom interaction.
- See SLCN IDP (Inclusion Development Programme) for further ideas.





How language and communication might be affected

- Seizures can cause dysfunction in one or more areas of the brain. If these areas are concerned with the understanding and organization of language and communication, this will have a consequence for the pupil.
- Effects vary from delayed or interrupted development of language skills to more specific problems, e.g. difficulties with word-finding, social communication and slow or slurred speech.
- Pupils with certain types of epilepsy may also have pragmatic difficulties such as poor turn-taking, excessive or restrictive topic maintenance, and poor communicative intentions

How memory might be affected

Pupils with absence seizures will not only fail to hear instructions, but the disruption to the electrical activity in the brain will also result in poor concentration and difficulty staying on task.
Disruptive electrical activity may impair the development of long term memory, therefore there may be gaps in learning resulting in specific difficulties.
Anti-epileptic medication may result in a "dampening" effect on the brain activity with consequences for concentration and memory.

Classroom strategies to support pupils with poor memory or concentration skills

- Provide visual clues e.g. photographs / objects of reference; cue cards; display key words / ideas; visual timetables etc.

- Make "cue" cards - pictorial for younger pupils

- Teach organisational skills e.g. list making; use of post-its; remembering by association; mind-mapping, flow charts etc.



- Revisit work done on a regular basis
- Teach the pupil how to make effective notes
- Help the pupil plan and structure revision



How behaviour might be affected

- Influential factors may include the stress of having unpredictable seizures, low self esteem, or a consciousness of feeling different from their peers.
- Sometimes medication can affect mood, making pupils depressed or hyperactive. This tends to be dose related rather than the drug itself.
- Pupils with partial or focal seizures may demonstrate bizarre or repetitive behaviours as symptoms of the seizure. It is important that teachers recognize this and do not confuse it with physical or verbal aggression.





Classroom strategies to support pupils with behaviour difficulties

- Be firm, set clear boundaries for behaviour and state consequences of actions
- Give simple, concise instructions with visual cues if necessary
- Be consistent in expectations the pupil is part of the group and has to conform
- Ensure all staff are aware of the strategies being used and involve parents wherever possible
- Expect compliance
- Unacceptable behaviour within school must be treated in the same way as any other pupil i.e. with firmness and consistency. N.B. Reprimanding a pupil will not bring on a seizure