

## CHILDREN WITH EPILEPSY: LEARNING, LANGUAGE AND BEHAVIOUR

### Educational Strategies Workshop

#### APPLYING THE THEORY TO THE PROBLEMS

	<b>Common Difficulties</b>	<b>Possible Causes</b>	<b>What to do next</b>
<b>1.</b>	Doesn't listen; 'in his own world'	Poor concentration/attention Work set at inappropriate level Work not presented appropriately, e.g. auditory processing (AP) difficulties Opting out, not engaged	Neuropsychological assessment. Adjust tasks and expectations according to child's ability. If AP problems, make sure child is placed near front of class – visual prompts.
<b>2.</b>	Not making progress - <i>across the board, or only some areas?</i> - <i>what is the history / pattern?</i>	Is there global learning disability? Or specific learning difficulty / verbal-performance discrepancy Or neuropsychological impairment, e.g. poor memory / attention / information processing Transient cognitive impairment (TCI)?	Cognitive assessment – recommendations for support as appropriate, in some cases may need to consider change of school  If TCI significant possibility, could request telemetry
<b>3.</b>	No real friends, 'immature' or isolated - <i>disinhibited or acting out' behaviours, aggression?</i> - <i>Other ASD features?</i> - <i>Evidence of anxiety or low mood?</i>	Developmental delay – peers are at a different level Autistic spectrum characteristics? Being teased or bullied?	Cognitive assessment Other info about child's behaviour. Screening questionnaire? Careful monitoring of social interactions- refer on if concerned.

4.	Appears tired/drowsy	Is there a sleep problem? Is it related to seizures/other epileptic activity/timing of medication?	Discuss with parents; refer for sleep assessment/intervention if appropriate Keep diary; consider altering timing of medication Adjust timetable to reduce demands during drowsy periods
5.	Can't concentrate, distractible, fidgety, over-active	ADHD, or some features of this disorder 'Executive' impairments, i.e. poor attention, disinhibited Think about sleep possibility of sleep problems (see 4)	Assess for ADHD-type problems (may medicate) versus executive dysfunction Reduce distractions in classroom 1:1 if possible; seat at front Start with small periods of sustained focus, gradually increase. Use rewards.
6.	Uncooperative, won't do as she's told, threatening/aggressive	Communication difficulties (receptive/expressive) Conduct problems? Is there evidence of ADHD type features (see 5)? Aggression related to seizures/other epileptiform activity? Low self-esteem?	Language assessment  Explore mood/affect
7.	Very fluctuant – good days and bad days - <i>monitor the pattern</i> - <i>related to events/times of day?</i> - <i>Home situation?</i>		Need flexible approach, ideally using 1:1 support