



“Psychology Works” Fact Sheet: Strategies for Supporting Optimal Psychological Function in Children with Epilepsy

Introduction

In an Ontario study of 144 parents, 111 expressed concerns about their child with epilepsy’s behaviour (ESWO, 2018).

Inattention, irritability, agitation, negativity and angry outbursts are frequent among children living with epilepsy. These issues may be primary or they may represent or mask anxiety and depression. Anxiety and depression do not necessarily present as the traditional signs of overt worrying, and changes in appetite or sleep patterns.

Feelings of irritability, anger, aggressiveness as well as anxiety and depression can occur from a few hours or a few days before a seizure occurs and then resume to a prior level after a child has a seizure. The change can be due to dysfunction in the neurons or seizures arising from the emotional control centres of the brain and/or be secondary to the consequences of living with epilepsy.

Anxiety and depression

The incidence rates of anxiety and depression among children with epilepsy are higher than in the general population, occurring in approximately a third of children living with epilepsy (Bermeo-Ovalle et al., 2016; Reilly et al., 2011; Ekinci et al., 2009).

There may be multiple causes for a child’s anxiety and depression:

Primary:

- There may be structural abnormalities in the areas of the brain related to emotion regulation and mood.
- Ongoing seizures may disrupt areas that control emotion regulation and mood.

Secondary:

- Approximately one-third of children with new onset seizures report worrying about having another seizure (Besag et al., 2016).
- Approximately one-third of children report worrying about talking to others about their epilepsy (Besag et al., 2016).
- Students may also experience periods of intense emotional distress related to the unpredictability of their seizures and the loss of control over their bodies (Elliott et al., 2005).





Strategies to support positive behaviour and emotional well-being

- Create a predictable schedule when possible.
- Talk about emotions, label them, and discuss and model strategies for coping with emotions to help students develop emotional self-regulation.
- Teach specific ways to identify and express feelings of stress and develop a concrete strategy for what to do in these situations:
 - Who should the child tell? What should the child say?
 - Give the student a script to follow.
- Provide time away from the desk (walk around) - all kids need an escape.
- Try to reduce or eliminate triggers.
- Practice "time-in" by placing the student close to an adult so that they can feel the adult's presence, which in turn may support the student to calm down and self-regulate.
- Think of activities that can help the student (e.g., visual activities might be useful for a student with language impairments, sensory tools may assist others, a quiet place in the room might be useful).
- Incorporate "Social Behavior Mapping" to support understanding of the outcomes of expected and unexpected behaviours.
- Use language that promotes self-regulation (e.g., "it is time to calm down", "try to think of something else", "count to ten and breathe out", etc.).
- Empathize with the student's feelings without focusing on the inappropriate behaviour.
- Help de-escalate problems by using distractions appropriate for the student (e.g., humour, change of scene/activity/person working with them).
- Organize family meetings.

Strategies to support the student's self esteem

- Set the student up to make progress in something that matters to them.
- Help the child to develop an "Island of Competence", for example: introduce them to sports, drama, music, art, mechanics, volunteering, friendships, computers, biking, martial arts, scouting, 4H, faith-based groups, etc.
- Assist in developing responsibility and making contributions.
- Find opportunities where the student can help younger children.
- Provide leadership roles in the classroom.
- Encourage the student in solving class problems.
- Offer choices regarding topics, schoolwork and homework.
- Give encouragement and positive feedback.





- Recognize the student's academic and non-academic accomplishments.
- Recognize at least one of the child's strengths each day.
- Acknowledge that it's ok to make mistakes.
- Model acceptance when you make mistakes.
- Avoid overreacting to mistakes.
- Accept mistakes as part of the learning process.
- Use errors as teachable moments.
- Praise the process.
- Praise effort.
- Praise persistence.

Some children may benefit from a psychological or psychiatric evaluation and may require psychological or pharmacological treatment.

For More Information

You can consult with a registered psychologist to find out if psychological interventions might be of help to you. Provincial, territorial and some municipal associations of psychology often maintain referral services. For the names and coordinates of provincial and territorial associations of psychology, go to <https://cpa.ca/public/whatisapsychologist/PTassociations/>.

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Your opinion matters! Please contact us with any questions or comments about any of the *Psychology Works* Fact Sheets: factsheets@cpa.ca

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References:

Bermeo-Ovalle, A. (2016). Psychiatric comorbidities in epilepsy: we learned to recognize them; it is time to start treating them. *Epilepsy Currents*, 16(4), 270-272.

Besag, F., Gobbi, G., Caplan, R., Sillanpää, M., Aldenkamp, A., & Dunn, D. W. (2016). Psychiatric and behavioural disorders in children with epilepsy (ILAE Task Force Report): epilepsy and ADHD. *Epileptic Disorders*, 18(s1), S8-S15.

Ekinci, O., Titus, J. B., Rodopman, A. A., Berkem, M., & Trevathan, E. (2009). Depression and anxiety in children and adolescents with epilepsy: prevalence, risk factors, and treatment. *Epilepsy & Behavior*, 14(1), 8-18.

Elliott, I. M., Lach, L., & Smith, M.L. (2005). I just want to be normal: a qualitative study exploring how children and adolescents view the impact of intractable epilepsy on their quality of life. *Epilepsy & behavior*, 7(4), 664-678.

ESWO (2018). *Living with Epilepsy: Voices from the Community*, www.clinictocommunity.ca

Reilly, C., Agnew, R., & Neville, B. G. (2011). Depression and anxiety in childhood epilepsy: a review. *Seizure*, 20(8), 589-597.

