Epilepsy and Behavioural problems

There are thought to be several reasons why behavioural problems are more common in children with epilepsy than those without.

- A child may be fearful, stressed and anxious about having seizures.
- It may be that the child is not achieving at school.
- Frustration may play a part if a child has learning or language difficulties.
- The area of the brain that controls emotions and behaviour may be abnormal and not function as it should.
- There may be abnormal epileptic activity going on which inhibits normal brain function resulting in verbal and physical aggression.
- Some antiepileptic drugs may alter the chemical balance in the brain that regulates behaviour.
- Sometimes there may be changes in behaviour, personality and mood for minutes/days before seizures.

If a child starts to exhibit behavioural problems let the child’s epilepsy team know as soon as possible and keep a diary of events to help them determine the cause of the behaviour.

If the medication is thought to be part of the problem, the child’s neurologist will decide whether a reduction in the dose or a change of medication is needed.

Whatever the cause of the behaviour, it is very important that every attempt is made to curb difficult or aggressive behaviour. Do not let the fact that a child has epilepsy stop you disciplining the child in the same way you would if they did not have it.

Remember, physical aggression or violence that is manageable when a child is small, is going to be very different when they are a fully grown adolescent.

Behavioural strategies

Below are some things you might like to try:

- Try to find out if there are any recognisable triggers to the child’s bad behaviour so that you can remove them and defuse bad behaviour early.
Because most children like to have a routine that they recognise, try to keep some structure to the day.

Give the child plenty of warning before moving from one activity to another (if the child is very young, you can use visual, rather than verbal, clues to demonstrate what is going to happen next).

Decide which behaviour you are going to tackle and concentrate on achieving the goals you set.

Try to be consistent when dealing with the child’s difficult behaviours.

Use the child’s name at the beginning of the sentence to attract attention.

Get the child’s full attention before you attempt to give any information or instructions.

Maintain eye contact with your child throughout the exchange.

Give the information/instruction to the child in a clear, calm and positive manner.

If the child has memory problems make sure you give only one or two staged commands at a time.

Break down any instruction or task into small stages.

Remember to reward the child for having achieved/attempted what was asked of them.

If you see that the child is becoming angry, try to calm the situation by attempting to distract them, encouraging them to take deep breaths or if possible by counting to 10.

For bad or aggressive behaviours consider using ‘time out’ in a corner of a room, their bedroom or on a stair.

When using ‘time out’ explain to the child why they have been put there and how long they will have to stay.

If the child is older and can understand the concept, a written contract between you and the child makes clear the expectations which, if achieved, can be rewarded by a token system.

Talk to the child’s doctor and ask if you think that the child might benefit from counselling.

It is important to note which, if any strategies help with dealing with the challenging behaviour. When you have decided on the strategies that are helping, make a note of them and ask teachers and any other adults caring for the child to use them.