Classroom Adjustments: Epilepsy

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| 00:00:00:00 | MICHAEL DAVIES | There's mandatory testing that we do within the school, and we may have done them back-to-back. And then all of a sudden, you go, "I didn't realise the kid was that bad at maths or that bad at reading." In actual fact, the student is not bad at it. It was the way I planned it, that the poor kid was fatigued and worn out that when she went to do that second test, it was just going to be a bad result no matter what the test was. It could have been her passion or a stronger subject. But, yeah, the poor kid was already fatigued, so... It is a matter of just making sure that I do plan things better, that if it's going to support Ava, it's going to support every kid in the room. |
| 00:00:41:01 | SERPIL | Michael Davies is a primary school teacher in Victoria, and he's talking about Ava, a student living with epilepsy. When Ava joined his class, it was the first time Michael had encountered epilepsy, but not his first experience with a learning challenge. |
| 00:00:57:17 | MICHAEL DAVIES | I didn't specifically get into it to help students with learning difficulties. I guess the starting point for that was one year, I had a student in the class who was dyslexic. And I felt really bad that I could actually do nothing for that student. Great kid, wonderful kid, and very supportive family. And I just felt bad that I didn't know what to do. So I kind of just did a bit of professional reading myself and sought out some professional development and then, from there, followed that along, and then, over the years, you just get a variety of different students that need different assistance in different situations and...kept going with that professional reading and professional development to help them learn better. |
| 00:01:40:13 | SERPIL | Over the next 20 minutes, you'll have the opportunity to work on your own professional development, and you'll meet Ava and her mum, Lisa. My name is Serpil Senelmis, and this podcast is part of an NCCD portal series to give you some ideas for adjustments you can make in the classroom. So let's start with an expert explanation of epilepsy. |
| 00:02:15:13 | MARG JARVIS | Epilepsy occurs when there's a disturbance to the normal electrical activity in the brain. Epilepsy can be a result of that. Sometimes people will just have seizures for another reason. The electrical activity still becomes disturbed, and they can still have a seizure, but they may not go on to have an epilepsy diagnosis. So, somebody who has recurring seizures that are unprovoked, they can then have a diagnosis of epilepsy. |
| 00:02:43:16 | SERPIL | Margaret Jarvis is a nurse educator with the Epilepsy Foundation. |
| 00:02:47:18 | MARG JARVIS | We all have electrical activity normally. So all of our actions involve electrical activity. During a seizure, that activity is disrupted and it becomes heightened, and it's thoroughly disturbed during that time. Doesn't shut down. We can have seizures where a person can still remain aware. So you might see them doing something that's a little bit strange. They might get a movement in their arm or maybe a tic in the eyebrow or the mouth, but they will still be fully aware of what's going on around them. Some other sorts of seizures like that might involve a smell that the person is smelling, but there's actually not a stimulus for the smell. These were sometimes called auras. And some people might be familiar with that term where it was thought that something happened that preceded a seizure. In fact, it's a little focal seizure that's happening during that time. |
| 00:03:47:21 | LISA | My name's Lisa, and I'm Ava's mum, and Ava was diagnosed with epilepsy when she was nine. Yeah, and then I'm going to get in trouble from her tonight if I answer it wrong. And she'll say, "Oh! What did you say that for?" |
| 00:04:03:17 | SERPIL | That's funny. |
| 00:04:06:06 | LISA | Wandering, in both senses, can be certainly part of Ava's epilepsy. Just before having a seizure, Ava can get an aura and she can suddenly just sort of walk away. And that can be a sign of her about to have a seizure. So that's something that all teachers need to be aware of. |
| 00:04:27:00 | MICHAEL DAVIES | Yeah. One thing would be that she might just wander. And I might think that she's getting a pencil or going to speak to...have a chat, social chat, with a friend or something, and it's actually part of her make-up that she might just wander. That is part of it, or, you know, even just the daydreaming. I know they could daydream, but... It's different to how other kids might daydream as such. Hers might just be kind of this stare, and you think, "Oh, she's thinking." |
| 00:04:54:13 | LISA | And, also, just losing concentration and just drifting off and looking like they're just lost in a daydream. That also impacts on some children, because they're missing big gaps of learning. When it can be mistaken for daydreaming, they can be having an absence seizure at that time as well. |
| 00:05:13:20 | MICHAEL DAVIES | When you realise other kids are thinking that...they've actually got their eyes pointed in one direction or they're kind of looking backwards and forwards, so... Yeah, tiny little things that are... little nuances, I guess, that you just are totally unaware of until she explains it to you. You go, "Wow. That's fascinating, nearly." It just helps me understand her or recognise how I might need to help her. |
| 00:05:33:04 | MARG JARVIS | Look, there are many different forms of seizures. And the one that you've described, it sounds to me like an absence, what would be called an absence seizure. And it can look like somebody's just daydreaming, and you can obviously understand why it could be misinterpreted as a behaviour rather than an actual seizure. And, interestingly, with the absence seizure, the same as with a convulsive seizure, the whole of the brain is involved in abnormal electrical activity. Even though it's very short, the whole brain has been involved. So... We've got a group of seizures that we call generalised seizures, where it involves the whole of the brain, and then there's another whole group called focal seizures, which involve part of the brain on one side of the brain, so... Many, many different presentations other than the classic one that everyone seems to know of where the person will fall to the ground and convulse. |
| 00:06:24:14 | SERPIL | So, I have to admit, before I started researching epilepsy, that's exactly what I thought it was - falling to the ground and convulsing. Nurse Educator Margaret reassured me that I wasn't alone in that misconception and went on to bust a few more big myths about epilepsy. |
| 00:06:44:22 | MARG JARVIS | So, no, it is not catching. It's perfectly safe to be around somebody who has epilepsy with no thought that they might catch it, that there is brain damage if a person has a seizure. That would be very unusual, for somebody to have brain damage. So the seizure can occur. It might go for a few minutes. The person might be very tired and need some recovery time but then will be back to normal. So it would be in very unusual circumstances that brain damage did eventuate and would be associated with the person being in seizure activity for a prolonged time and maybe deprived of oxygen during that prolonged seizure time. |
| 00:07:32:19 | AVA | Hi. My name is Ava, and I'm in Year 6. |
| 00:07:36:17 | SERPIL | Now, Ava, in your own words, how would you describe epilepsy to me? |
| 00:07:41:24 | AVA | Someone that is just like everybody else but sometimes has seizures and side effects from medication. |
| 00:07:51:24 | SERPIL | Sometimes it's just easiest to go straight to the source for a simple answer. Don't you think? |
| 00:07:58:01 | AVA | Well, I got it in Grade 4. Well, I got it at the end of Grade 3. And then when I was going into Grade 4, I was kind of scared. But then the teacher had a book and she read it to all the kids. |
| 00:08:10:24 | SERPIL | And why were you nervous? |
| 00:08:13:05 | AVA | Because I didn't really want people to know. |
| 00:08:16:14 | SERPIL | Why didn't you want people to know? And now you can answer. |
| 00:08:26:02 | AVA | Because people would just think that I was different or something. But a lot of kids... I told them this year. My grade knows. But a lot of them didn't even know I had it. |
| 00:08:40:20 | SERPIL | And when you have a seizure, can you tell me about how that affects you at school? Do you feel tired? Do you feel unwell? How does that make you feel? |
| 00:08:53:20 | AVA | Well, I feel tired, and... It's a bit hard to concentrate. But mostly just tired. |
| 00:09:02:16 | MICHAEL DAVIES | I guess there have been days where she's had some not great nights with sleeping and that where you can see that she's a bit tired, so... It is just a matter of working in shorter blocks as such, instead of... If we have a 50-minute session, we might do a 20-minute task that might be mental thinking, comprehension, pretty taxing as such, but then the next 20 minutes might be a hands-on task. So it might be a game of some description. |
| 00:09:26:22 | SERPIL | As Ava's teacher, Michael has tried several different adjustments in the classroom and found changes that help prevent tiredness are some of the most effective. |
| 00:09:36:17 | MICHAEL DAVIES | So all of a sudden, the brainpower's not as full-on and more hands-on, so it's getting her moving as well. It's a matter of making sure that when we are planning the work that it's just not full-on mental exertion for 50 minutes six sessions a day. It is breaking that...each session up into smaller sessions. We probably don't do brain breaks, as people call them, but we do change tasks regularly, which is as good as a brain break. And we do try to go from a very intense sort of comprehensive task to a more hands-on task or an individual task to a group activity so all of a sudden, there's that bit of relaxation because you're chatting with your friends more so, so that's probably the biggest change-up. I know I do talk to Ava a fair bit. Like, if I'm roaming around the room, I'll just kind of give a tap on the shoulder or tap on the desk and say, "How you going? You OK?" And, I think, at this stage of the year, she's very, very open. Start of the year, she was probably more conservative and very quiet. But by middle of the year, she was pretty comfortable in saying, "No, I don't get it," or now even just approached me and saying, "I don't get it," so we can have those individual conferences. As opposed to me always checking, she's taking that accountability, responsibility herself to make sure she is learning what she wants to learn. |
| 00:10:50:21 | MARG JARVIS | I think having an understanding of whether it's the epilepsy itself or whether it's the sort of recovery the person needs following seizure time. For some... So, you mentioned the absence seizure before, or the daydreaming episode. There's usually immediate recovery from that. So, apart from... The person might have actually missed what happened during that time. So it's important that that's recognised. And then, whatever education was happening in that time, that it's reinforced, because the child will have missed it, to where the person might actually... Well, they might just need to rest for a little while. So... Just being aware of what the individual's epilepsy looks like and what recovery and support they're going to need around that. |
| 00:11:36:07 | MICHAEL DAVIES | I feel that one of the biggest things I do is give limited instruction. So, I try to make sure there's only ever two, three steps maximum. And when I give those instructions or those steps, I try to have gestures with it as well. So if I want them to put stuff in their tub, I'll make sure I point to the tub, so I'll walk and stand over where the tubs are, which is really funny, because at the start, I had to work hard to remember to do those things, whereas now it's just kind of subconsciously, I just move and point and do those things. And I also try and have the cues written on the board. So, whatever the steps of the instructions were, we try to have them written up on the whiteboard so the kids can hear it, and I normally repeat them two or three times. And quite often, I might walk past a student that needs assistance and just say, "What did I ask you to do?" and get them to actually repeat it back to me as well, or if there is a teacher aide in the room... At the start of the year, we kind of have discussions, so they'll know that they'll also go up to that student, instead of me, and just go up to them and ask, "OK, what were you asked to do?" and get them to repeat it back, and if they can't, then we repeat it to them again. So it's kind of that multiple exposure of, or repetition of, the instructions. |
| 00:12:46:16 | SERPIL | Before making any adjustments in the classroom, Michael caught up with Ava's mum, Lisa, to get a better understanding of the impact of epilepsy on Ava. |
| 00:12:56:12 | MICHAEL DAVIES | Yeah - one of the first things, obviously, was having a chat with the family and just finding out what the triggers were for Ava and understanding what I should or shouldn't be doing. So, an example of that was we know that heat is something that does affect her. So we make sure that she's not sitting near the windows in summer and all that sort of stuff, or make sure she's kind of in the draught of the aircon. So, subconsciously, you're just always thinking about that. And she's aware of what she needs to do as well. So that was one of the first things that we did. |
| 00:13:27:18 | LISA | Yeah, I think communication is really key between the families and the school. And we've been very clear with our expectations in making sure that Ava's included in every aspect of schooling. And that extends to all parts of school life, in terms of sporting activities, camps, excursions. And the school has been absolutely brilliant with Ava and making sure that she participates in everything at school. |
| 00:13:58:17 | MICHAEL DAVIES | So you try and just build her confidence, self-esteem, that, "This is a safe place. This is a great environment for you to be in," and really have that good rapport with her, so she can come and talk to me about anything that she needs to or feel...to make sure that I am approachable at any stage, and being aware that she would talk to me if she's not feeling great that I know what she will do. She doesn't need to come and talk to me about it. I know that she's going to just go for a walk. |
| 00:14:23:00 | LISA | I think there's just been so many little adjustments, and that's probably the combination of the little adjustments that we don't actually see. The fact that Ava's got a teacher that doesn't make it obvious in the classroom that Ava even has epilepsy. It's not obvious to the majority of students in the room that... You know, Ava just said it herself that most of the students that didn't know she had it still don't know she has it. Ava's teacher does make sure that new concepts are repeated a couple of times so that if she misses it the first time because she might be tired - you know, she might have had a seizure over the weekend and she's still a bit tired or the medication that she's been on has made her still a bit tired - she's had those new concepts repeated. |
| 00:15:05:14 | MICHAEL DAVIES | And not every strategy is successful for every student. I've definitely failed trying a few strategies. Going, "No, that didn't work. We need to discard that one and then try another one," or go with a tried and proved method before. So, yeah, I definitely feel more confident knowing that these things have been successful, or certain teaching strategies have been successful, to try and implement next time that comes around. |
| 00:15:29:02 | SERPIL | So, what's a moment that you thought that you failed, and what did you learn from that experience? |
| 00:15:34:08 | MICHAEL DAVIES | Probably early in the year. There's mandatory testing that we do within the school, and we may have done them back to back. And then all of a sudden, you go, "I didn't realise the kid was that bad at maths or that bad at reading." In actual fact, the student is not bad at it. It was the way I planned it, that the poor kid was fatigued and worn out, that when she went to do that second test, it was just going to be a bad result no matter what the test was. It could have been her passion or a stronger subject. But, yeah, the poor kid was already fatigued, so... It is a matter of just making sure that I do plan things better, that...if it's going to support Ava, it's going to support every kid in the room. |
| 00:16:08:08 | LISA | You know, the iPad Program has been wonderful for Ava, because she can consolidate new concepts that she's learnt that day at home that night. She can look over things that she's learnt. She's taken a photo of things on her iPad and she can look at that at night. |
| 00:16:23:01 | SERPIL | So, could you, perhaps, define the iPad Program for me? What's involved in that? |
| 00:16:28:00 | LISA | At this school, students in Year 5 and 6 all have an iPad, and they use their iPads and they have a program called Essential Assessment. And I'm probably not the best person to explain this, but... |
| 00:16:43:20 | SERPIL | That's alright. I might ask Ava. |
| 00:16:45:08 | LISA | That's probably best, yeah. |
| 00:16:46:20 | AVA | One of the apps in the iPad Program is called Essential Assessment. And you do pre-tests, and then you get tasks for whatever you got wrong, and then you complete them, over 85%, and then you're able to do your post-test and you can see how much you've improved. |
| 00:17:07:15 | SERPIL | Oh, OK. So it's a bit like racing yourself. So... |
| 00:17:10:19 | AVA | Yeah. |
| 00:17:11:19 | SERPIL | You keep doing it until you get better. |
| 00:17:13:17 | AVA | Yeah - you do it yourself, but if you're stuck on anything or you don't know what to do, then you just ask the teacher. |
| 00:17:21:05 | MICHAEL DAVIES | So, they can take photos of instructions that are on the board or examples that are on the board, so they've got them. We use, like, social media as such, in terms of Google Classroom, where we can post instructions, we can post examples, we can put exemplars of, "This is what it should look like," so the kids can constantly refer back to those images or those instructions to know what to do, as opposed to trying to always remember it. |
| 00:17:47:14 | SERPIL | That would help with memory as well, being able to have a fallback with the images... |
| 00:17:52:19 | MICHAEL DAVIES | Yeah, and there are several students in the class that require that. I've got probably four or five other students that, in terms of recollection of what they've learned or transfer of knowledge, it's a bit slower than other students. So, quite often, yeah, they do go back to that, and I remind them, when we're doing maths or literacy, say, "Hey, if you go back to Google Classroom, go back to this date, there's stuff there that we've used before. How about you use that again?" |
| 00:18:21:11 | SERPIL | What about in the classroom or in the playground? Do you have to do some things that make sure that they keep in mind that you might have a seizure? |
| 00:18:33:08 | AVA | I just stay with my friends. And, like, if I did have a seizure, then my friends would just go and tell a yard duty, but I've never had a seizure at school. |
| 00:18:44:02 | SERPIL | Oh, that's fantastic. |
| 00:18:45:15 | AVA | Because they're normally at night. |
| 00:18:47:13 | MICHAEL DAVIES | They're just a good bunch of kids. Like, she's got this really good circle of friends that...I think, has helped her be more confident around them and not feel worried about, "Oh, will I have a seizure? What's going to happen?" Like, "Am going to be embarrassed?" And I know she does feel embarrassed and is worried about those things. Whereas, with this bunch of friends, they're just all together all the time, always supportive of each other and helpful and caring of each other. |
| 00:19:10:05 | AVA | Well, my best friend, she came to the training that was at my house where all my family came. So she even knows how to do the emergency medication. But she's the only child that knows how to do it. The others are just adults. |
| 00:19:32:09 | MARG JARVIS | So, for a student living with epilepsy, and that's the term we like to use, rather than 'epileptic', because they're living with epilepsy but lots of other things too. They're living a life. So we know if a seizure presents like this, for whatever reason, for whatever is happening in the brain, and they might be treated in this way with this drug, so we know if the seizure impairs their awareness, we know that there will be certain strategies that will be required for that. So it's not so much the seizure looks like this but the seizure has caused that impaired awareness, and we need to be able to manage, then, what happens with that, so if that involves losing some of class time or losing the input of information in that time, then this is what the response will need to be. And depending on the part of the brain that the seizures are happening in, it's known that if it's from the temporal lobe that there may be impacts with speech or the processing of speech. So, knowing that, then, that can help you in your adjustments for what you need to do for that particular student. Or if they're on this medication and we know that it causes issues with memory or it might sedate them, so they're tired in class, then we know that we'll need to use these strategies to help them to adjust to that. So, it would be a combination of the presentation of the seizure but the part of the brain also that the seizures might be arising from. |
| 00:21:03:14 | SERPIL | So, it sounds like understanding epilepsy itself isn't all that's required to enable students living with epilepsy to participate fully in the classroom. It's more important to know the student and their parents or carers personally to be able to make customised adjustments based on real needs. |
| 00:21:23:10 | MICHAEL DAVIES | I can say that the teacher that teaches in this classroom with me, we were a bit nervous at the start, when you're going, "Oh, my God. We got to make sure we understand what the procedures are when it happens and..." I think we read over them just about every day at the start of the year going, "Right, if this happens, this happens, this happens," and... As the year's gone on, we've kind of definitely relaxed with it in the sense that we don't read over the script every morning of what needs to happen. But if we do have excursions or sport or camps, we do make sure as the Grade 6 team that we sit down and go, "OK. Now, we've got to be aware. We know what the processes are if a seizure was to eventuate." But, I think, as the year's gone on, we just kind of realised that it's just part of the day-to-day process. It's no different to if any other kid gets sick that we have to work with that kid and treat that kid and go through the right processes, and now that we know, we're pretty confident with what to do if it was to eventuate within the school setting. |
| 00:22:16:08 | MARG JARVIS | Know the child, know the condition, be educated around the child, and then actively work to including the child in the programs, just as they would anybody else. |
| 00:22:36:03 | SERPIL | And, recognising the wisdom of the student, well, I think the last word goes to Ava. |
| 00:22:42:15 | AVA | I think that they should just treat them like everybody else but check on them, like, just to make sure. But otherwise, just treat them the same as everyone else. You can do anything you want and nobody can stop you. |
| 00:23:07:23 | SERPIL | This podcast is part of a series that highlights adjustments that could be made in the classroom to enable students with disability to access and participate in education on the same basis as their peers. You can find all episodes on the NCCD portal. I'm Serpil Senelmis. Thanks for listening. |
| 00:23:44:01 | JAMES | This podcast is supported by the Australian Government Department of Education for the Nationally Consistent Collection of Data on School Students with Disability, or NCCD, Portal. Copyright 2019 Education Services Australia Ltd, unless otherwise indicated. Licensed under Creative Commons Attribution 4.0, unless otherwise indicated. |