Chapter 8
The Mystery of the Falling Grades: Seizure Disorder

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Working with children with epilepsy is like reading a good mystery. When learning or emotional problems occur, the neuropsychologist’s job is to help identify “whodunit.” The list of likely suspects from the epilepsy perspective include whatever is atypical about the brain that is the basis of the seizures, seizures themselves, abnormal electrical discharges between seizures (also known as subclinical seizures), and side effects of medications used to treat the seizures. These suspects may set the stage for problems with attention, learning, memory, and emotional functioning. The reactions of family and friends to the epilepsy diagnosis and/or seizures may lead to feelings of anxiety and depression. Children with epilepsy can also develop learning or emotional problems for the same reasons that other children do, such as genetics or life experiences. John was referred for neuropsychological evaluation to sort through these suspects to find the cause of his falling grades.

John was attending seventh grade at the time of referral. His parents reported that he started off well in school. He began reading prior to starting kindergarten. He was placed in a program for gifted students in first grade and continued in this program throughout elementary school. John developed complex partial seizures between fourth and fifth grade. John would become confused during seizures and was sleepy after a seizure ended. Since seizures were only occurring at home, his parents informed the school nurse, but no one else knew about his epilepsy. His antiepileptic drug (AED) supported good seizure control. During fifth grade, John seemed to work harder for his grades but continued to do well.

Just before John was to start sixth grade, he began to experience frequent seizures. His parents reported that sixth grade was very hard for John because of frequent changes in medication and in dose. John was often sleepy as he adjusted to each change. When seizures occurred in school, John was teased by peers. To make matters worse, his best friend throughout elementary school moved away, leaving him with no one to come to his defense. According to his parents, other friends just drifted away, failing to include John in activities. His grades dropped to Bs and Cs. An effective AED combination was identified over the summer following sixth grade, raising his parents’ hope that seventh grade would be better. However, at the
time of referral, John was in danger of failing seventh grade, with Ds and Fs in most subjects.

At the time of referral, John’s parents expressed concern about his memory. John would forget what he was told to do. Even when he would begin a task, he would get distracted and fail to complete it. He needed prompts to do things that should be habit, such as brushing his teeth or taking his medication. He had trouble finding possessions he had put away. Regarding schoolwork, John’s parents reported that he often forgot to write down assignments and to turn in homework he had completed. They tried organizing John’s binder for him, providing color-coded folders for each class. They put reminder notes on his completed work. However, even with this help, he was still inconsistent in turning in work. Late assignments were one factor in his poor grades.

John’s teachers noted inconsistency in memory, stating that John would appear to understand a concept one day but not the next day. Poor performances on tests were also contributing to his poor grades. However, his parents indicated that he could remember material for tests if he studied for them. John could remember upcoming events that were important to him and past events he had enjoyed. He was doing relatively well in his Spanish class, remembering new vocabulary and grammar as it was introduced.

Although his seizures were once again well controlled, John did not make new friends. His school counselor reported that he sat with other students during lunch but did not talk to them. John’s parents described his interests as more “immature” than peers. They also indicated that John had difficulty adjusting to change, such as the move to junior high. Although his parents provided no further examples, his difficulty adjusting to change became a very important clue in understanding John.

When John arrived for testing, he was like many adolescents referred for testing. He responded to the questions with one-word answers, providing little help in understanding his perspective on his problems. He knew school was hard. He complained that teachers went too fast, making it hard to take notes or write down assignments. John spent the rest of the interview staring at his shoes and offering “I don’t know” or shoulder shrugs as answers to the questions, all while his parents were struggling to remain quiet, barely controlling the urge to jump in and answer for him.

John’s behavior during testing provided two important clues regarding his problems. First, his affect remained flat throughout testing. He showed no reaction to praise or pride in his accomplishments when successful. He appeared to have little confidence in his skills, becoming easily overwhelmed. He gave up on some tasks (saying “I don’t know”) before he had even heard the complete question or direction. However, with encouragement to listen again and then take a guess, he often did know the correct answer. He became visibly anxious with the introduction of each new task. Second, he seemed to have problems with expressive language. He knew lots of facts but had difficulty organizing them to effectively answer test questions. He could engage in conversation if asked a series of yes/no questions but could not elaborate on answers in a way that continued the conversation. He also had trouble communicating in writing. Generation of written sentences