

iDecide



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Pupils with Mental Health Difficulties

Schizophrenia



Erasmus+

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Schizophrenia



Classroom-based tips (focus on instructional methods)

1. Accommodations

Use accommodations for pupils with schizophrenia, that is, use alternate ways of teaching and providing instruction. Pupils with schizophrenia often have problems with comprehension and memory recall. Graphic organisers are a visual map of ideas or concepts that help a pupil comprehend complex issues. They are worksheets used to organise thoughts. They help a pupil to comprehend what they are reading. Pupils are first taught how to use the graphic organiser, and then practice using it during study or lessons. The pupil can then use these in later assignments to help with comprehension.

Provide alternative modified ways of learning. A modification is a change to what the pupil is expected to learn and how they will be tested and graded. If a pupil is placed in a regular classroom, there will be little, if any, modifications. The pupil will learn what other pupils are learning. A modification has more value in a special education classroom. Pupils who are schizophrenic will have modifications which include working on a lower grade level book. A pupil who takes a different, easier standardised test, would also be taking advantage of a modification.

2. Environment

Stress is a factor that can worsen the schizophrenic pupil's chances for success. Reduce stress from the environment, for example by allowing the pupil to have a quiet secluded place to complete assignments and tests. Consider seating the pupil near the door to allow the pupil to leave the class more easily for needed breaks. Assign a classmate as a volunteer assistant.

[Reference: <http://www.articlesforeducators.com/>]

Have clear rules and consequences to help to give the pupil a highly structured learning environment. Another problem that pupils with schizophrenia might face is selective attention. Ways to increase selective attention include seating a pupil in a desk free of distractions, and breaking down longer assignments into shorter ones. Social problems such as difficulties developing and maintaining a friendship, can often be a challenge for pupils with schizophrenia. Offer help by engaging in frequent interactions to gain trust, and facilitating the pupil in practicing how friends interact with one another (Riester, 1986).

3. Communication

Reduce stress by going slowly when introducing new situations. The pupil may be reluctant or unable to ask questions so be proactive in your communication.

- Don't wait for the pupil to ask for help
- Check how the pupil is doing
- Ask the pupil for his/her opinion
- Check the pupil understands as; s/he may not be unable to ask questions

4. Goal Setting and Engagement

Help pupils set realistic goals for academic achievement and extra-curricular activities. Obtaining educational and cognitive testing can be helpful in determining if the pupil has specific strengths that can be capitalised upon to enhance learning.

[Reference: <http://www.prairie-care.com/files/5913/3173/1960/schizophrenia.pdf>]

5. Class Displays

Put up schedules in the class and keep the classroom organised as pupils with schizophrenia might have poor organisational skills and not be capable of setting appropriate programs and schedules. (Riester 1986)



School-based practical tips (focus on instructional methods)

Curriculum Adaptations

1. **Create an Individual Educational Plan (IEP) specifically for each pupil with a disability, including pupils with schizophrenia.** Arrange a meeting with all the pupil's teachers, the school psychologist, therapists, guidance counsellor(s), parents, and the pupil if s/he is of an appropriate age. At this meeting, create a plan for the pupil including any accommodations or modifications that will help the pupil's learning. Some of these changes might include using graphic organisers, mnemonic devices or using a different text book.

Parents / Parents' Associations

1. **Create an Individual Educational Plan (IEP) specifically for each pupil with a disability, including pupils with schizophrenia.** Arrange a meeting with all the pupil's teachers, the school psychologist, therapists, guidance counsellor(s), parents, and the pupil if s/he is of an appropriate age. At this meeting, create a plan for the pupil including any accommodations or modifications that will help the pupil's learning. Some of these changes might include using graphic organisers, mnemonic devices or using a different text book.
2. **Establish regular meetings with the family for feedback on health and progress.** Because the disorder is so complex and often debilitating, it will be necessary to have team meetings with the family, with mental health providers, and with the medical professionals who are treating the pupil to discuss the various aspects of the child's education and development. These individuals can provide the information you will need to understand the pupil's behaviors, the effects of the psychotropic medication, and how to develop a suitable learning environment.

From "Schizophrenia: Youth's Greatest Disabler," produced by the British Columbia Schizophrenia Society, available at <http://mentalhealth.com/home/dx/schizophrenia.html>

Pupil Support

1. **Create an Individual Educational Plan (IEP) specifically for each pupil with a disability, including pupils with schizophrenia.** Arrange a meeting with all the pupil's teachers, the school psychologist, therapists, guidance counsellor(s), parents, and the pupil if s/he is of an appropriate age. At this meeting, create a plan for the pupil including any accommodations or modifications that will help the pupil's learning. Some of these changes might include using graphic organisers, mnemonic devices or using a different text book.
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Teacher Professional Development

Establish regular meetings with the family for feedback on health and progress. Because the disorder is so complex and often debilitating, it will be necessary to have team meetings with the family, with mental health providers, and with the medical professionals who are treating the pupil to discuss the various aspects of the child's education and development. These individuals can provide the information you will need to understand the pupil's behaviors, the effects of the psychotropic medication, and how to develop a suitable learning environment.

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Supportive Literature

In Text reference

Reister, A. E., & Rash, J. D. (1986). Teaching the schizophrenic child. *The Pointer*, 30(4), 14 – 20.

As with many disorders, disabilities, and illnesses there can be a variety of associated problems and learning difficulties. Many schizophrenics can have learning disabilities in connection with their mental disorders. Addressing accommodations and modifications for individuals with schizophrenia is as individual as each person. There are many accommodations that can be used to make the schizophrenic pupil's academic experience a positive one.

<http://www.articlesforeducators.com/>

Schizophrenia is the name given to a group of psychotic disorders associated with significant disturbances in thought, emotion and behaviour.

A person must experience these disturbances for a significant period of time to be classified as having schizophrenia, as there are other psychotic disorders which have similar symptoms.

A person with untreated schizophrenia can experience sequences of ideas that do not logically relate to one another, disorganised speech, a faulty perception of reality, and unusual motor activity or body movements.

Someone who is experiencing untreated schizophrenia will often withdraw from the people around them into what most people would consider a land of fantasy.

Schizophrenia does not mean someone has more than one personality or a “split” personality

<http://ie.reachout.com/>

Schizophrenia can cause a person to experience difficulty with activities of daily living as well as possible delusions, hallucinations, and paranoia. Schizophrenic individuals typically demonstrate concrete thought processing and appreciate structure and routines.

<http://www.articlesforeducators.com/>

The symptoms most commonly associated with the disorder are split into two categories:

Psychotic Symptoms

- **Hallucinations** involve the five senses and affect the way in which a person interprets the world around them. A person with schizophrenia may see, hear, taste, smell and feel things that simply aren't there. These experiences seem so real that they have difficulty believing otherwise.

- **Delusions** are strange or unusual beliefs that are not based on reality and often contradict real-life evidence. For example, someone with schizophrenia may believe that the reason they're hearing voices nobody else can is that some manner of secret agent is listening to all of their conversations. Another form of delusion could be the belief that someone on a TV show was sending messages to them and them alone, or that passing cars on the street contained hidden messages for them. Delusions can begin suddenly, or may develop over a period of weeks or months.

- **Disorganised thinking:** Someone who is going through a schizophrenic episode may find it difficult to keep track of their own thoughts. Reading a newspaper article or watching something on TV could be difficult because it is difficult to concentrate properly; thoughts and memories might be described as being misty or hazy.

- **Disorganised behaviour:** Unpredictable behaviour and appearance can also be a symptom of schizophrenia, such as suddenly beginning to dress oddly or behave in a completely new way. People with schizophrenia might become agitated, shouting and swearing for no reason. If they believe someone else is controlling their thoughts, they might feel as though they are not in control of their own body.

Negative Symptoms

- Losing interest and motivation in life and activities. Someone with schizophrenia may lose interest in/give up on relationships and sex for example.
- A lack of concentration
- Not wanting to leave the house

- Changes in sleeping patterns
- Being less likely to initiate conversations, feeling uncomfortable with people, or feeling that there is nothing to say

Reference: <http://spunout.ie/>

Websites and EU Reports

<http://faculty.frostburg.edu/mbradley/EC/childhoodschizophrenia.html>

<http://spunout.ie/>

<http://www.articlesforeducators.com/>

<http://ie.reachout.com/>

<http://www.schizophrenianet.eu/>

The State of Mental Health in the European Union, Directorate General for Health and Consumer Protection Directorate C2 – Health Information, European Commission. Retrieved at http://europa.eu.int/comm/health/ph_information/information_en.htm