**Teaching and Understanding Students with Schizophrenia**

**Schizophrenia Definition**

Schizophrenia is a mental disorder or illness that affects as many of 2 million Americans each year. It is a mental disorder that cannot be cured and can have severe and even disabling symptoms that can affect individuals their entire lives. Many people estimate that as many as one percent of the world population is affected by schizophrenia. Many believe that the disorder can effect men and women equally; but most would agree that men are often effected at earlier ages and often more severely than women. (Grohol, n.d.). Some others think that the numbers of people affected by Schizophrenia are closer to nearly 1 in every 100 people, as does Professor John McGrath of Queensland Centre for Mental Health Research. There is a strong believe by some that schizophrenia does occur more often in males than it does in females and that in different areas of the world the numbers of cases of schizophrenia differ. (Prevalence of, 2005). The only thing that the professional seem to agree fully on is that that is no clear cause for this disorder.

**Symptoms**

As is true with most mental illnesses or disorders, symptoms do not always fit exactly and can actually represent a variety of illnesses and disorders; so it is very important to rule out all possible physical problems and ailments before considering schizophrenia as a diagnosis. Also it is worth noting that many mental illnesses and disorders share common symptoms, and schizophrenia is no different in this respect. There are several symptoms associated with Schizophrenia.

\* Distorted perceptions of Reality. Because schizophrenics live an existence that includes delusions and hallucinations, they often have a much skewed view of reality. They often find themselves living in their own world or reality.

\* Hallucinations and Illusions. Hallucinations and illusions are very common for people suffering from schizophrenia. Hallucinations can occur by use of any sense perception, but auditory (hearing voices) is the most common for of hallucination for schizophrenics. These voices can talk to the schizophrenic, advice them, carry on regular conversations with them, and direct them to do certain things. An Illusions is a real sensory stimulus, but one that the schizophrenic individual interrupts wrongly.

\* Delusions. A delusion is considered a false belief that has no rational basis. A person with schizophrenia may have feeling of being persecuted or spied upon.

\* Disordered thinking. The schizophrenic is often not able to think clearly or "think straight".

\* Emotional Expression. Those suffering from schizophrenia often show little to no emotion and even go as far as changing their speech patterns to expression filled speech to a monotone flat speech.

\* Normal versus Abnormal degrees. Though everyone that is considered normal may exhibit some of the symptoms listed above some of the time; schizophrenics exhibits at least 2 or more of the symptoms in a more chronic or persistent manner. (Grohol, n.d.)

**Types of Schizophrenia**

There different types of sub-categories of schizophrenia. All of the sub-categories of schizophrenia are defined and recognized by their main characteristic or symptoms.

\* Paranoid Schizophrenia. The main symptoms that are exhibited in this sub-category are feeling of persecution or conspiracy and auditory hallucinations.

\* Disorganized Subtype. This sub-category is characterized with severe inability to organize and arrange daily living activities such as bathing, dressing, and eating. Hallucinations and delusions are usually less seen in this sub-category.

\* Catatonic Subtype. This sub-category is one of the most severe degrees of schizophrenia. An example of the sub-category might be a person lying in the fatal position and able to respond to any stimulus. This state of schizophrenia can also include repetitive and meaningless sounds and movements though. In other words, the person can be void of any real communication but still make mimicking sounds or movements mocking those people around.

\* Undifferentiated subtype. This sub-category is used for individuals with a diagnosis of schizophrenia, but that do not fit clearly into one of the other sub-categories. It is a sort of "catch all" sub-category.

\* Residual subtype. This sub-category refers to individuals with a schizophrenic diagnosis, but that are not currently exhibiting any of the severe symptoms associated with the illness. These could be persons on medication or persons with a period of a type of remission or rather absence of the more severe symptoms. (Bengtson, 2001).

**Treatment**

As with most mental illnesses and disorders, schizophrenics benefit from a variety of treatments and medications. There seems to be two main issues to first address when caring for someone with schizophrenia and those are; make sure the person is taking their medication regularly and try to provide a safe and secure home environment. Those are just the beginning steps and there are more specific treatments that are available.

In all cases of schizophrenia, antipsychotic medications are almost always utilized. Some of the older medications have been available since the 1950's. These drugs; Thorazine, Haldol, Prolixin, Navane, and others were referred to as "neuroleptics" because they caused neurological side effects and had little effect on the emotional expressiveness of the patients. Since 1989 a new series of medications have been introduced including; Clozaril, Risperdal, Zyprexa, Abilify, and some others. These medication generally take two to four weeks to really take effect and have fewer side effects neurologically, but they all do still have some and varied side effects. It may take time to adjust the medication to obtain the correct dosage for each individual. One major draw back to these new medications is that failure to use them or irregular use can cause the schizophrenic individual to relapse more quickly. Still with all of the side effects and problems, antipsychotic medications are required for most schizophrenic patients.

Schizophrenics often have problems with daily living skills, relationships, communication skills and motivation. For these reasons it is almost imperative that schizophrenics get some type of psychosocial assistance. Sessions with psychologists or psychiatrists are very important to these patients' social growth. This is even more so important since the majority of cases begin at the early teen ages when social growth is so important. Family counseling with the patient in a group setting is also important. Between medications and proper counseling, most schizophrenics are able to live near normal lives. (Schizophrenia, 2006).

**Educating Individuals with Schizophrenia**

To this point we have discussed what people diagnosed with schizophrenia can do to help themselves, and even what family and relations can do to help; but there is still the issue of how to educate these individuals in our classrooms. There are several good suggestions as to how educators can address the problems faced with teaching students with schizophrenia. The first and foremost important issue for the educator placed in this position is to be well educated about the illness. Be ware of available treatments, causes, and symptoms so that you can discuss intelligently with parents or students issues concerning education. Reduce stress in the room as much as possible. Work with the student with schizophrenia to help them set realistic academic and social goals. Establish regular meetings with the family or student to discuss issues, problems, or successes. As much as possible, encourage participation and interaction between the student with the illness and other students. (Basic facts, 2001).

**Accommodations and Modifications**

With many disorders, disabilities, and illnesses there can be a variety of problems and learning problems associated with the person. 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's academic experience a positive one.

Stress seems to be one thing that can worsen the schizophrenic's chances for success. Relieving stress from the environment is one thing that should be used. Allowing the student to have a quiet secluded place to complete assignments and tests is one way to provide the student with a stress free environment. Internet courses are also a way for these students to be able to complete courses in a safe and stress free environment. The main accommodation that can be provided is priority registration. With priority registration students can choose times and teachers that will best fit into their routine and fit their needs. These are just a very few accommodations that are readily available for these students.

Schizophrenia is an illness that affects many Americans and people world wide. It is an illness that can be disabling if not treated appropriately; but can be just a minor hindrance if treated properly and addressed early. With the number of cases growing and with the prime time for onset of schizophrenia being generally early teens and early twenties, school age students are greatly affected. It becomes important for educators to become more aware of the disease and more aware of how to address this illness and the students that have it.