

# SCHIZOPHRENIA



## About Schizophrenia

Schizophrenia involves a range of symptoms, including, delusions, hallucinations, confused thinking and speech, unusual motor function, and diminished life experiences, such as decreased affect or goal-directed behaviors (negative symptoms). Symptoms of the disorder do not typically present until an individual is in late adolescence to the early thirties. Onset in childhood tends to be gradual, and diagnosis in children and adolescents is challenging.

## What Does It Look Like?<sup>1</sup>

In addition to the general symptom description below, other common childhood behaviors or disorders that may appear similar are included, but are in fact different than symptoms of schizophrenia.

### ***Delusions***

Delusions are false beliefs that cannot be altered, even if presented with contradictory proof. For example, the individual may report symptoms that include paranoia, concerns that someone intends to do him harm, the belief that certain remarks or motions are meant for him, a belief that he possesses important talents or status, fear of disaster, or ill health.

- **Behaviors That May Look Similar:**

- ✓ PTSD flashbacks or triggers

### ***Hallucinations***

Hallucinations are false perceptions. They may be auditory, visual, or any other experience related to the senses.

- **Behaviors That May Look Similar:**

- ✓ Age-appropriate imaginative play
- ✓ Substance abuse

***Disorganized Thinking/Speech***

Speech or thought processes (a) may not appear coherent or follow a logical pattern; (b) may be more coherent but change rapidly from subject to subject; or (c) may provide answers seemingly unrelated to a question that was asked.

- Behaviors That May Look Similar:
  - ✓ Autism spectrum disorder
  - ✓ Attention-deficit/hyperactivity disorder

***Abnormal Motor Behavior***

Motor behavior may be abnormal, including extreme childishness or lack of movement (unresponsiveness). Symptoms of catatonia such as odd postures, failure to respond, or excessive movement may be present.

- Behaviors That May Look Similar:
  - ✓ Autism spectrum disorder
  - ✓ Bipolar disorder

***Negative Symptoms***

Absence of emotional expression or lack of movement or participation in activities.

- Behaviors That May Look Similar:
  - ✓ Autism spectrum disorder
  - ✓ Depressive disorder

## Symptoms and Interventions

	Symptoms	Interventions
<b>Classroom</b>	<ul style="list-style-type: none"> <li>• Fails to react when somebody attempts to interact</li> <li>• Demonstrates flattened affect or emotions</li> <li>• May struggle with interactions with peers</li> <li>• Exhibits unpredictable emotions such as anger, anxiety, or sadness in response to internal stimuli</li> <li>• Has difficulty dealing with unexpected changes</li> </ul>	<ul style="list-style-type: none"> <li>• When possible, provide the student with advanced notice of unexpected changes and practice appropriate responses</li> <li>• Use social skills groups and work with an SMHP to help student practice and manage emotions and behaviors</li> <li>• Provide student with space to deescalate or calm down without intensive adult presence</li> </ul>
<b>School Work</b>	<ul style="list-style-type: none"> <li>• Demonstrates drop in school performance</li> <li>• Struggles to complete work</li> <li>• Experiences changes in processing based on mood</li> <li>• Hesitates to ask for help</li> <li>• Lacks confidence in own work or ability</li> <li>• Struggles with memory and concentration</li> </ul>	<ul style="list-style-type: none"> <li>• Consider modification of assignments (e.g., smaller portions of work) when needed</li> <li>• Use checklists</li> <li>• Identify instructional or learning methods to which the student responds positively (e.g., using technology or frequent breaks) and embed in daily work when possible</li> <li>• Find methods to communicate with student in ways that student prefers</li> </ul>
<b>Desk</b>	<ul style="list-style-type: none"> <li>• Appears disconnected from surroundings</li> <li>• Disorganized</li> <li>• Acts disoriented or confused</li> </ul>	<ul style="list-style-type: none"> <li>• Consider alternative seating placement or surround student with understanding peers</li> <li>• Identify methods of engaging student</li> <li>• Provide student with written schedule to maintain consistency and limit unexpected changes</li> </ul>
<b>Outside the Classroom</b>	<ul style="list-style-type: none"> <li>• Experiences difficulties maintaining friendships or interacting with peers</li> <li>• Shows motor function concerns (e.g., abnormal movement)</li> <li>• Lacks insight</li> <li>• Withdraws from social environment</li> </ul>	<ul style="list-style-type: none"> <li>• Communicate with parents or caregivers to identify patterns in behaviors or events at home that may impact the student's behavior (e.g., lack of sleep)</li> <li>• Consider a crisis plan for when student demonstrates a concerning behavior (e.g., staff members who should interact with student)</li> </ul>
<b>Transitions</b>	<ul style="list-style-type: none"> <li>• Has difficulties moving from one task to the next</li> <li>• Struggles with transitioning from one teacher to the next (or with changes in staff, such as substitutes)</li> </ul>	<ul style="list-style-type: none"> <li>• Provide student with additional notice of upcoming transitions or allow extra time to finish a task</li> <li>• Maintain regular schedule when possible (place schedule on student's desk and notify of any changes if known)</li> <li>• Prepare student for changes in instruction if known ahead of time</li> <li>• Use social skills or individualized instruction to practice appropriate responses and facilitate understanding of changes</li> </ul>

## Student Strengths

- Energetic
- Sensitive
- Resilient
- Perceptive
- Creative

## References

- <sup>1</sup> American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders, fifth edition (DSM-5)*. Washington, DC: Author.

## Resources

- **Child Mind Institute**  
<http://childmind.org/guide/schizophrenia/>
- **American Academy of Child & Adolescent Psychiatry**  
[https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/Schizophrenia-In-Children-049.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Schizophrenia-In-Children-049.aspx)
- **Mayo Clinic**  
<http://www.mayoclinic.org/diseases-conditions/childhood-schizophrenia/basics/definition/con-20029260>