A QUALITATIVE ANALYSIS OF THE NEGATIVE SYMPTOMS OF SCHIZOPHRENIA INTERFERING WITH ACADEMIC AND SOCIAL SUCCESS, AND THE EXACERBATORS AND DIMINISHERS OF THOSE SYMPTOMS

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Dissertation Prepared for the Degree of

DOCTOR OF PHILOSOPHY

UNIVERSITY OF NORTH TEXAS

December 2003

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Flint, Paula J., *A qualitative analysis of the negative symptoms of schizophrenia interfering with academic and social success, and the exacerbators and diminishers of those symptoms.* Doctor of Philosophy (Special Education), December 2003, 495 pages, 9 tables, references, 175 titles.

The Individuals with Disabilities Education Act (IDEA) mandates that public schools provide appropriate school programs and transition services for students with emotional and behavioral disorders (E/BD), and the law specifically names schizophrenia as a disability for which services are to be provided. To date, little, if any, research has been conducted on schizophrenia in the field of special education. New antipsychotic medications for schizophrenia are controlling the positive symptoms of hallucinations, illusions, and the severest of delusions, thus enabling these students to remain in school. However, many interfering negative symptoms remain (e.g., loss of goals, loss of former interests, cognitive regression). The purpose of this qualitative research study was to identify the negative symptoms of schizophrenia that interfere with a student’s academic and social success, primarily within a school setting, but also as they affect functioning within the family and the student’s transition into the community. In addition, specific factors that act as exacerbators or diminishers of these symptoms were identified through this study. Research participants included 5 students who developed schizophrenia from the ages of 12 to 22, their parents, and their teachers. They were interviewed using a semi-structured approach resulting in over 30 hours of taped interview data. Data were then analyzed for commonalities, patterns, and data triangulation among the
participants. Significant similarities among interfering symptoms and factors that exacerbate and diminish symptoms were identified among the participants, resulting in study findings of potential use for future researchers and professionals in the fields of special and general education, counseling, and psychology. The study results include lists of symptoms, exacerbators, and diminishers, and explanations of the significant findings. Findings from this study provide information necessary for the development of effective interventions in academic remediation, social skill training, counseling, and transition planning for this special education population. Knowledge of symptoms interfering with school success and factors that exacerbate or diminish the interfering symptoms is necessary for school professionals to conduct manifestation determinations, and functional behavioral analyses (FBA), and to create individualized education plans (IEP), and individualized transition plans (ITP).
ACKNOWLEDGEMENTS

I would like to acknowledge the support and encouragement of the following individuals, without which, it is doubtful that this research would have been completed with such success: (a) to God, who revealed to me how much He loves me through His ultimate sacrifice, and showed me how to use that love to care for others, (b) to my husband, John, who allowed me complete freedom to pursue this degree, and who moved obstacles out of my way as fast as they came, thus proving that love is action, (c) to my sons, Nathan, Caleb, and Micah, who always believed in me, (d) to my parents, Eugene and Donna Sullivan, who taught me to “run the race and stay the course” and that “most great things in life are done by people who do not feel all that well—so keep going,” (e) to my sister, Christine Mooradian, who kept me emotionally healthy along the way, picking me back up every time I went down, (f) to my brother, Steven Sullivan, who told me that he thinks I am smart, and made me believe it, just enough for me to get this work accomplished, (g) to my Uncle Roger, who memorized poetry with me as a child, showing me that words matter, (h) to my Aunt Virginia, who advised me to not just let life happen to me, but to go out and make it happen, (i) to my advisor, Dr. Lyndal Bullock, for providing me with three years of invaluable, intense study in the field of special education, who proof-read my dissertation with an eagle-eye for detail, and who never let me slow my pace, thus ensuring the timely completion of this important research, and (j) to the individuals and families who opened their lives and hearts to me as study participants to make this particular research project possible.
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CHAPTER I

INTRODUCTION TO THE STUDY

The Individuals with Disabilities Education Act (IDEA, 1997) states that public school educators are required to provide appropriate educational and support services for students with schizophrenia, so that they may continue their education successfully. However, at present, little is known about how to help these students within a school setting. Historically, students with schizophrenia have either dropped out or been expelled from school due to the manifestation of the symptoms of schizophrenia. These symptoms have made continued success in traditional school environments virtually impossible (Kaufman & Goreman, 1995).

This research study explores the symptoms of schizophrenia that interfere with academic and social success. In this chapter, information is presented under the following headings: (a) etiology of schizophrenia (subheadings of definition/diagnosis, symptoms, and consequences of schizophrenia), (b) special education for students with emotional and behavioral disorders as it relates to students with schizophrenia, and (c) a brief review of the history of treating mental illness in the United States.

Weinberger (1998) states that medical science has learned more about the basic biology of schizophrenia in the past ten years and its promise for future treatment and prevention than in all the previous years of research combined. He predicts that in the next ten years, the pace will be even quicker. We now have a better understanding of how genes account for this disorder and more information about biological changes that occur in the brain. For example, we know that identical twins are far more likely to share schizophrenia than fraternal twins (Cardno, 2002; Golberg, 1994). Cardno also
found, as did other researchers (e.g., Golberg, 1994; Pichionni et al., 2001), that a child born of a parent with schizophrenia is far more likely to develop the disease than a child of normal parents, even if the child of a parent with schizophrenia is adopted and raised by normal parents. What we still do not know is exactly how schizophrenia is genetically inherited, why some relatives develop the illness but not others, what actually happens in the brain, or how we can prevent or cure schizophrenia.

Researchers are closer to answering questions concerning the biology of schizophrenia with recent research findings in the areas of genes, hormones, electrical brain activity in certain areas of the brain, prodromal symptoms, and possible triggers to the onset of schizophrenia. Newer, atypical, antipsychotic medications have been developed that are having good success in controlling the symptoms of hallucinations, delusions, and illusions that occur during acute psychotic episodes, without the disabling side effects of the older medications. Unfortunately, even the newest medications do not rid most individuals with schizophrenia from the chronic, residual symptoms associated with schizophrenia (e.g., apathy, cognitive difficulties, loss of personal direction in life) [Begley, 2002].

Etiology of Schizophrenia

The etiology of schizophrenia is discussed in this section by dividing the topic into three subsections. First, the definition and diagnosis of schizophrenia is discussed. Second, the symptoms of schizophrenia are discussed in greater detail. Third, the consequences of schizophrenia are presented in an overview format.
Definition and Diagnosis of Schizophrenia

*The Diagnostic and Statistical Manual of Mental Disorders* ([DSM-IV], American Psychological Association [APA], 1994, pp. 258-262) defines schizophrenia as a mental illness manifesting two or more of the following symptoms, each presenting for a substantial amount of time during a one-month period--hallucinations, illusions, delusions, disorganized speech, and grossly disorganized or catatonic behavior. The definition also includes the presentation of symptoms of alogia, avolition, and social dysfunction for a period of at least six months. According to Maguire (2002), the DSM-IV definition ignores many aspects and symptoms of the disorder that psychiatrists, counselors, and family members frequently observe in individuals with schizophrenia (e.g., depression, apathy, loss of ambition, loss of interest, loss of pleasure).

The National Institute of Mental Health (NIMH, 2002) defines schizophrenia as a chronic, severe, disabling brain disease. Approximately 1% of the population develops schizophrenia during their lifetime. This amounts to more than 2 million Americans suffering from this illness in any given year. According to Menezes and Milovan (2000), one-half percent of the population develops schizophrenia between the ages of 16 and 19. Schizophrenia affects men and women in equal frequency. It tends to appear earlier in men, typically in the late teens and early twenties. It tends to appear later in women, typically in the twenties and early thirties. However, schizophrenia can develop at any age. Even with treatment, most individuals with schizophrenia continue to suffer the symptoms throughout their lives. It is estimated that no more than one in five individuals completely recovers (National Association for Research in Schizophrenia and Depression [NARSAD], 2002c).
Hyman (1998) suggests that schizophrenia is particularly tragic because its onset is usually in the late teens or early twenties, just when families, society, and educational institutions have already put their full effort into preparing a person to enter, productively, into the community. Tragically, just at this time, we lose them to the symptoms of schizophrenia, which robs them of who they once were and their ability to live up to their potential.

Lieberman (1998) refers to schizophrenia as a sentence as well as a diagnosis. He points out the devastating aspect of schizophrenia striking down the individual in the prime of life. Though the individual functions as a normal person during the latency period of early childhood, grade school, and junior high school, it is only in the later stages of adolescence and the early periods of adulthood that the illness manifests itself. However, research has shown that one does not simply wake up one day with schizophrenia. There is often a prodromal stage of early warning signs. These signs can usually be recognized only in retrospect as the beginnings of the illness. Gradually, these early warning signs give way to hallmark symptoms that cannot be ignored or explained away (McGorry, 1998).

Individuals who are developing schizophrenia, typically, do not seek treatment until the more severe psychotic symptoms appear. Research shows that an average of 50 weeks pass after the onset of schizophrenia before a patient will seek diagnosis and treatment (e.g., McGorry, 1998; McGorry & McConville, 2000). If patients receive prompt and proper treatment, the outcome will be better. If they do not, the outcome is less optimistic. Even with prompt, original treatment, many with schizophrenia do not continue treatment as vigorously as they should. Lieberman (1998) suggests that this
could be because they do not realize that schizophrenia is a recurrent and potentially lifelong illness. With each relapse, or additional psychotic episode, they do not recover as well as they may have before. In addition to the worsening of direct symptoms of the illness with each relapse, they lose more ground in their progress to live independently, resume schooling, continue working, or develop and keep social relationships. These events cause stress that can trigger additional psychotic episodes. They become more functionally disabled and more symptomatic. This becomes a vicious downward spiral.

**Symptoms of Schizophrenia**

The first symptoms of schizophrenia recognized by others appear as confusing or shocking changes in behavior. The sudden onset of severe psychotic symptoms is referred to as the *acute* phase of schizophrenia. Psychosis in schizophrenia includes a state of mental impairment marked by delusional thinking, hallucinations, and/or illusions involving disturbances in sensory perception (NIMH, 2002).

Hallucinations can occur in any sensory form, but auditory hallucinations are the most common. Hearing a radio playing or voices that warn of impending dangers, list the patient’s negative attributes, and sometimes issue orders are some of the ways auditory hallucinations can occur. Illusions occur when a sensory stimulus is present but is incorrectly interpreted by the individual. For instance, a teacher may actually be talking, giving classroom instructions, but the student with schizophrenia will hear something else, even nonsense sounds that he or she cannot interpret. Delusional thinking involves strongly held beliefs that are false, yet resist change even in the face of logic, reason, and contradictory evidence. This results from an inability to separate
real from unreal experiences. About one-third of individuals with schizophrenia have delusions of persecution—false beliefs that they are being cheated, harassed, poisoned, or conspired against. Though these beliefs can be about someone the patient does not know, they are most often directed at family members, particularly the parents, or others trying to help them. Symptoms can be so severe that they may include delusions about being a famous person or very bizarre beliefs such as that outside forces are controlling their thoughts and behavior (e.g., magnetic waves, television programs, government entities, or people from outer space). In psychiatry, these types of behaviors (i.e., hallucinations, illusions, and delusions) are referred to as positive symptoms, because they are behaviors that are added to the patient’s life, that they did not have before the onset of schizophrenia (NIMH, 2002).

Whereas hallucinations, delusions, and illusions are psychiatrically referred to as positive symptoms, there are other symptoms associated with schizophrenia that are called negative symptoms. Negative symptoms of schizophrenia are less well-known by the general populace than the positive symptoms of hallucinations, delusions, and illusions, but they are actually a more common experience for the individual with schizophrenia (NIMH, 2002). The term negative is used because the symptoms are aspects of the individual that are now lost, diminished, or taken away from the individual’s previous personality. Negative symptoms include apathy, social withdrawal, unusual speech, illogical thinking, inconsistent behavior, diminished cognitive skills, diminished attenuation, loss of previous goals and ambitions, loss of interest in previous pastimes (e.g., athletics, hobbies), and loss of previously mastered social skills. These symptoms occur during the prodromal stage of the development of
the illness. They also are the symptoms that may remain even after anti-psychotic medication has eliminated or diminished any hallucinations, delusions, or illusions. These less obvious symptoms may precede psychosis and persist throughout the illness.

One such negative symptom of schizophrenia is disordered thinking (NIMH, 2002). Schizophrenia affects a person’s ability to think straight. Thoughts may come and go rapidly, making it difficult for the person to process and respond. The person with schizophrenia may be easily distracted, not able to concentrate for very long on one thought, and unable to focus their attention. Individuals with schizophrenia manifest an inability to sort out relevant from peripheral information in a situation (Patlak, 1997). They may be unable to connect thoughts into logical sequences and, thus, their thoughts become disorganized and fragmented. They are often not able to complete a line of thought, resulting in fragmented thinking and fragmented conversing. This inability to think clearly can manifest into inappropriate emotions such as laughing at inappropriate times or failing to show appropriate concern for others.

Another example of a negative symptom experienced by people with schizophrenia is alogia, described as a blunted or flat affect (NIMH, 2002). This is a severe reduction in emotional expressiveness. People experiencing alogia may appear glassy-eyed, staring, or have a blank expression on their face. They may walk without moving their arms, keeping them straight at their side, and fail to use appropriate or subtle facial movements, hand movements, or other common expressive body language when communicating. They may speak with a monotone voice quality, have diminished facial expressions, and appear extremely apathetic. They may withdraw socially,
avoiding contact with others, and when forced to interact, they may have nothing to say, reflecting impoverished thought. Their motivation may be greatly decreased, and they can lose interest in or enjoyment of normal aspects of life. In severe cases, they may spend entire days doing nothing at all, even neglecting personal hygiene. They exhibit a lack of insight, illogical reasoning, inappropriate responses, and general thought disorders. Lieberman (1998) describes these symptoms as an erosion of the affective and emotional capacity. They lose the intellectual richness of thought, lose interest in general, and become shadows of their former selves. These negative symptoms can be particularly troubling to family members, as they look like character flaws or personal weaknesses.

**Consequences of Schizophrenia**

As previously stated, schizophrenia typically does not emerge until the teenage years when the student is in junior or senior high school. Its first manifestations are easily attributed to teen rebellion, disobedience, defiance, and changing attitudes, or to drugs and alcohol. Disciplinary action is typically the only intervention they receive. As their grades continue to drop and their behavior continues to cause them to receive punitive action, they are set up to drop out of school. Dropping out of school, in effect, puts an end to their formal education. They are not able to hold a job because of their disability and so gravitate to drugs, alcohol, and a life on the streets (NARSAD, 2002c). They are now out of reach of any interventions that could help them. NARSAD, conservatively, estimates that over one-third of the homeless population are those with untreated schizophrenia. Suicide is extremely common within the population with schizophrenia, with males age 18 to 24 having the greatest numbers dying from
suicide. Ten percent of individuals with schizophrenia die from suicide compared to one percent in the general population (NIMH, 2002).

Lieberman (1998) points out that although schizophrenia is devastating for the individual who has it, it is deeply distressing to the families of the patient as well. Family life can be significantly disrupted. The family member with schizophrenia may run away or wander off, leaving the family for various lengths of time. This unpredictable behavior is distressing and ongoing, and the symptoms are puzzling. In addition, the loss of the person the family members once knew is agonizing to accept. The patients have an increased mortality rate because of the lifestyle the disease precipitates, including not eating properly, not attending to health care, partaking in substance abuse, living in poor conditions, the high rate of homelessness, and the high incidence of suicide. In addition, individuals with schizophrenia are highly susceptible to criminal behavior, both as victims and participants, predominantly because of poor social judgment. NIMH (2002) suggests that the persisting consequences of the illness may be as disabling and troublesome as the illness itself. These include the magnitude of lost opportunities, stigma, residual symptoms, and medication side effects.

Special Education for Students with Emotional and Behavioral Disorders

According to IDEA (1997), educators are to provide educational services for students with emotional and behavioral disorders (E/BD) through the age of 21. Interestingly, schizophrenia is the only specific emotional/behavioral disorder referred to by name in the law. The federal law defines those students who are to receive special education services under the classification of emotional disturbance as follows:
Emotional disturbance is defined as follows:

(i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child’s educational performance:

(A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.

(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

(C) Inappropriate types of behavior or feelings under normal circumstances.

(D) A general pervasive mood of unhappiness or depression.

(E) A tendency to develop physical symptoms or fears associated with personal or school problems.

(ii) The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance. (IDEA, 1997, §Section 300.7, c, 4)

MCGorry (1998) states that allowing students experiencing the prodromal stage of schizophrenia to drop out of school, before diagnosis and intervention, cuts them off from potential school resources and support they need. Yet, educators have found students with schizophrenia to be extremely difficult to help in educational settings.

Schizophrenia is a disability that has not been well-studied in special education teacher training programs. In fact, for years, schizophrenia was a disability that was not well-researched in any discipline. Throughout history, the diagnoses, causes,
prevention and successful treatments for schizophrenia alluded professionals in the fields of medicine and psychiatrics (e.g., Bender, 1942, 1947, 1953, 1954; Bettelheim, 1950; Bleuler, 1911/1950; Carpenter, 2002; Corner, 1948; Felix, 1967; Grob, 1973; Kanner, 1965, 1972, 1973; Kraepelin, 1905; Rush, 1809; Sudak, 2003). Not being a disability with a good prognosis for improvement, nor having well-researched educational interventions to draw upon, schizophrenia was, understandably, ignored when training special educators. Recently, however, significant medical/pharmaceutical breakthroughs have been made in the treatment of schizophrenia (Benes, 2002; Gur, 2002).

Recent medical advances have created new, atypical, anti-psychotic medications that are having a more successful effect than older medications had on reducing the more severe symptoms of schizophrenia (i.e., hallucinations, illusions, and delusions) and with fewer side effects. In addition, medical research has increased our knowledge of how the brain functions (Begley, 2002). Much of this information applies to learning. With the new medications, along with the knowledge medical science has uncovered concerning the working of the brain in general, and specifically of those with schizophrenia, educators now have an opportunity to help these students.

Kane (1999) emphasizes that the newest medications for schizophrenia will make patients more available to some of the psychosocial treatments that ultimately could help them. With the most debilitating symptoms controlled, the ability of the student to benefit from a special education program designed especially for him or her is greatly enhanced. Unfortunately, even the newest medicines do not cure the individual nor eliminate all the symptoms. Many symptoms remain that can interfere with success in
school and the community, including depression, apathy, reduced internal incentive, social skill regression, and academic/cognitive confusion.

History of the Treatment of Mental Illness

An examination of the history of the treatment of mental illness in general can provide insights into society’s development in the treatment of schizophrenia. It is important to note that in the earliest, historical writings concerning mental illness, a separate diagnosis of schizophrenia was not made. All manner of mental illnesses were grouped together. A general category of mental deficiency included those who had mental retardation, psychopathic behavior, bi-polar or manic-depressive symptoms, severe depression, and anxiety. Without clear delineation of the various mental illness classifications that are used today, some of the earliest literature in the field of mental illness must be read with caution when attempting to come to definitive conclusions as to the exact population to which the authors were referring or treating. General terms of diagnoses in the writings from the 18th and 19th century (e.g., mental deficiency, hysteria, mental breakdown, feeblemindedness) fail to provide a clear picture of the individual’s actual symptoms. Noting this can clarify for the reader the ambiguity of findings in some of the earliest research data stating that certain individuals were helped by a certain intervention, but others were not. It is a good possibility that the individuals grouped together to be studied could have had different illnesses and needed interventions different from one another. The following section is a brief chronology of the treatment of mental illness in the United States.

Rush (1809) was one of the first doctors to suggest that mental illness was a disease of the brain and not a result of evil influences or demonic spirits. Today, with
technological advances to aid research, medical science is proving the accuracy of his hypothesis. Rush recommended novel interventions for his time for those with mental illness that included talking to patients calmly, encouraging them to discuss their feelings, and helping them to avoid the stresses of city life. He also provided recreational and occupational activities as therapies in the hospital (Corner, 1948; Felix, 1967; Savage, 1998; Sudak, 2003). These therapeutic interventions (i.e., avoiding stress, discussing feelings, and participating in prescriptive, yet enjoyable, activities as therapy) are being rediscovered and researched today as being beneficial for patients with mental illness.

Rush’s predecessor, Kirkbride, also advocated similar treatment emphasizing eliminating the stressors of city life, requiring the staff to be respectful and courteous, and encouraging patients to talk openly about their feelings. He provided therapy suites, libraries, and swimming pools in the hospital and offered numerous recreational and educational opportunities to the patients. He also created a therapy using the newly invented technology of the camera to provide photographs accompanied by stories of normal social life in an attempt to improve patient stability, rational perception, and as an exercise for the brain in rational thought. (Corner, 1948; Felix, 1967; Savage, 1998; Sudak, 2003). This is an interesting foreshadowing to the current professional interest toward accomplishing the same goals as Kirkbride by (a) using stories and pictures in programs of social skill instruction for students with emotional and behavioral disorders (e.g., Goldstein, 1988), (b) social stories (e.g., Muscott, 1988), (c) media-enhanced, social skill instruction and computer-generated,
virtual reality interventions (e.g., Muscott & Gifford, 1994), and (d) cognitive remediation therapy (e.g., Rector & Beck, 2002).

In 1896, Kraepelin delineated a set of specific symptoms associated with mental illness apart from other insanities (1905). He classified this set of symptoms with a separate designation of dementia praecox--dementia for the psychotic symptoms of a progressive deterioration nature and praecox for the early onset in adolescence. Bleuler, in 1911, introduced the term schizophrenia to designate the diagnosis of this same group of patients (1911/1950; Kanner, 1972). The word schizophrenia has often been translated as split mind leading to the erroneous assumption that it is equivalent to multiple personalities. Actually, a more accurate translation is fractured mind. This translation is more descriptive of schizophrenia, as the mind of the individual that once was whole now is fractured or broken.

When Bleuler (1911/1950) first began to use the designation of schizophrenia, he suggested using the plural form, the schizophrenias, in anticipation of further delineations in the future. In 1943, a set of symptoms, pulled from the broader group of the schizophrenias, was delineated and classified as early infantile autism or Autism (Kanner, 1972). Over the years, additional mental illnesses and neurological disorders have been identified and the symptoms delineated (e.g., bi-polar disorder, attention deficit/hyperactivity disorder, anxiety disorder) which has aided further research into successful treatment interventions. As research progresses, it is probable that further definitive analyses will discover other mental illness classifications within the present definition of schizophrenia.
When, from the 1700s through the 1800s, no medical cure was found for the organic cause of mental illness, there was a professional shift away from biological causes aggravated by environment as the cause of mental illness and a move toward psychoanalysis with an emphasis on past events and personal experiences as causes for emotional and behavioral disorders. In 1905, Sigmund Freud (1954) was instrumental in beginning a movement away from thinking of mental illness as an organic disease and toward a movement of experiential causes, childhood experiences, upbringing, and misguided thinking caused by past events as instrumental in the development of mental illness. This led to psychoanalysis as the prime treatment offered to all those with mental illness.

By the late 1940s and 1950s, there was a movement toward finding ways to educate children and youth with learning and behavior problems (e.g., Feinichel, 1966; Redl & Wineman, 1946). The passage of Public Law 88-164, the Mental Retardation Facilities and Community Mental Health Centers Construction Act, in 1963, provided funds to colleges and universities to train personnel to work with children and youth with disabilities (Martin, 1968). Public Law 94-142, the Education of all Handicapped Children Act, in 1975, stimulated interest on the part of schools and universities to create successful programs for children and youth with disabilities. Several studies of the school needs of students with emotional and behavior problems were conducted through the 1960s and 1970s (e.g., Berkowitz & Rothman, 1960; Berkowitz & Rothman, 1967; Cruickshank, Bentzen, Ratzeburg, & Tannhauser, 1961; Groesnick & Huntze, 1979; Haring & Phillips, 1962; Knitzer, Steinberg, & Fleish, 1990; Long, Morse, Newman, 1965; Morse, Cutler, & Fink, 1964; Rhodes & Tracy, 1974; Wood, 1972;
Wood & Lakin, 1979). In 1978, the category of children and youth with severe emotional disturbance (SED) was added to the description of disabilities the law was intended to serve. Public Law 94-142 evolved into IDEA and the latest amendments to the law were added in 1997. At the time of this writing, the Public Law is in Congress for reauthorization. It is expected that this will be accepted by the end of 2003.

As educational institutions became more involved in helping students with E/BD, there was a de-emphasis on the medical aspect and possible causes of disability. There was, instead, an emphasis on finding ways to correct or change the present behavior. Behaviorism moved from the experiments of Skinner (1953) into the classroom with some educational modifications (Whelan, 1966). Cruickshank et al. (1961), Haring and Phillips (1962), and Hewett (1968) developed entire classroom programs emphasizing structured learning environments that incorporated the concept of behavior modification, developmental theory, and learning hierarchies.

Psychoeducational approaches became popular, in which the child’s needs were carefully observed and educational programs to meet those individual needs were created and implemented (e.g., Berkowitz & Rothman, 1960; Berkowitz & Rothman, 1967; Haring & Phillips, 1962; Hobbs, 1975; Wood, 1972). Most recently, there has been an emphasis on research in metacognition (e.g., Collins, 1994; Maqsud, 1997; Nelson & Narens, 1994; Thomas & Barksdale-Ladd, 2000; Vygotsky, 1978) and cognitive interventions (e.g., Beck & Weishaar, 1989; Ellis, Deshler, Lenz, Shumaker, & Clark, 1991; Ertmer & Ertmer, 1998; Lenz, Ellis, & Scanlon, 1996). This has led educators to use the science of how children learn in an attempt to design more effective classroom learning environments. However, even with this extensive
research and interest in children and youth with E/BD, it is significant to note that none of the key studies in special education and E/BD, previously mentioned, addressed the unique, educational needs of students with schizophrenia, specifically. The lack of research in the E/BD area of schizophrenia reveals the need for the present study.

Today, to be in compliance with IDEA (1997), educators are required by law to provide special education services to students with schizophrenia. The section of the federal law concerning students with E/BD specifically names schizophrenia as a disability to be addressed by the schools. It is the only E/BD disability referred to by name, yet it is one of the least understood disabilities and the least addressed by special educators.

The Individuals with Disabilities Act of 1997 is, not only, a document making legal requirements clear, it is an expression of what society sees as important for the well-being of our communities. Educating all of our citizens and assisting them to become productive members of our society, even those with the severest disabilities, is a noble goal. However, as well-intentioned as the federal law is by requiring schools to educate all students with E/BD, the reality is that little is known concerning effective interventions for students with schizophrenia. If educators are going to develop effective interventions for students with schizophrenia, they will need to understand the symptoms of schizophrenia and how those symptoms affect student performance, academically and socially.
The Purpose of the Study

The purpose of this study is to delineate the negative symptoms that students with schizophrenia experience that specifically interfere with (a) academic and social aspects of school success and school completion and (b) family and community adjustment. This includes the manner in which those negative symptoms interfere and the exacerbators and de-escalators of those symptoms.

Significance of the Study

Information derived from this study may prove useful to educators designing academic and social interventions for students with schizophrenia. In addition, the information could be helpful to families of individuals with schizophrenia. Others who may benefit from the findings of this study include professionals at all levels in the fields of education and special education, counseling, social work, psychology, psychiatry, and medicine. A significant contribution of this study may be the information it can add to the limited body of literature on schizophrenia as it pertains to special education, specifically, the special needs of students with schizophrenia. This study sheds light on the actual experiences of students with schizophrenia, their families, and teachers, by delineating those symptoms that specifically affect school performance and can be dealt with in a school setting. By consolidating these symptoms and experiences and bringing them under the microscope of special education theory and models of learning, effective programs can eventually be created. Results from this study may be used as guidance in future research leading to the development of effective school interventions for this population.
School personnel are at a serious disadvantage without proper research to provide models of effective school interventions, both academically and socially. Professionals in the medical, psychiatric, and counseling fields can offer only the expertise of their respective disciplines. Professionals in the field of special education need to conduct research in their own areas of expertise concerning the symptoms of students with schizophrenia as they pertain to academic and social aspects of school. However, at this time, this researcher found no studies from the field of special education on the specific and unique academic and social needs of students with schizophrenia. It is hoped that this study will contribute to filling this gap in our knowledge and inspire others in the field of special education to conduct additional research for this population.

Limitations

1. Research is limited in special education interventions for adolescents with schizophrenia.
2. Schizophrenia can be comorbid with other disabilities, thus adding influential, and potentially confounding, variables.
3. The amount of time available to travel to various sites to personally interact with a significant number of participants is a constraint.
4. Families might be hesitant to share information about their child with schizophrenia because of the societal stigma attached to mental illness.
5. Participants will need to be volunteers. The variable of willingness to volunteer could be tied to other factors that could influence the outcome of the study.
Delimitations

To address the five limitations to the study listed above, delimitations were
considered to counteract each limitation.

1. This researcher attempted to glean all pertinent data from studies conducted in
the fields of medicine, psychiatry, psychology, social work, and counseling for
any information that could possibly shed light on potential educational
directions. In addition, accepted special education practices currently being
used in the academic and social instruction of students with E/BD were studied
and considered. This information was used to guide the researcher in the
formation of questions asked of the participants during the interviews.

2. Comorbidity is a real factor in all research involving human beings. It reflects
the way life actually is. Thus, it is not necessary to discount all research effects
because of possible comorbidity. The study participants are representative of
the students with whom teachers will be attempting to work. Thorough and
deep qualitative analysis, data triangulation, and carefully chosen qualitative
analysis procedures can adjust for this.

3. Extra effort was taken to help study participants feel comfortable and assure
them that their information is safe. Helping them to see that they could
potentially be contributing to groundbreaking research and the successful
improvement of quality of life for individuals with schizophrenia encouraged
them to participate. In addition, assurances were made that their names will
not be used in the written dissertation and study results. Signed consent forms
were used for all individuals taking part in the study. Concluding results of the study will be made available to all participants.

4. It is likely that individuals who volunteer would reap greater benefit from an intervention than would those who would participate involuntarily. Cooperation is needed for most school interventions to be effective in the areas of academic and social improvement. Eventually, after the completion of the study, the students with schizophrenia will have to agree to participate in whatever interventions are used by their particular school, if they are to benefit from any school program. Actively participating in this project ultimately will be no different.

Definition of Terms

Terminology can be used differently in different professional disciplines. Clarity of definition will be essential for a thorough understanding of the information contained in this study. For this reason, a list of terms and the definitions being used in this study are presented.

1. **Academic success**: Achieving knowledge and schoolwork skills to a level appropriate for one’s age, grade level, and/or intellectual aptitude (NIMH, 2002).

2. **Acute stage**: The sudden onset of severe psychotic symptoms referred to as the *acute* phase or *acute* stage of schizophrenia (NIMH, 2002).

3. **Alogia**: (i.e., Flat affect). Negative symptoms of schizophrenia involving a lack of visible expression of emotion, devoid of facial movement and body language, and the use of a monotone voice (Basic Facts About Schizophrenia at
4. **Antipsychotic medications**: Prescription medications administered to diminish or eliminate psychotic symptoms—those symptoms that cause the individual to lose touch with reality (Basic Facts About Schizophrenia at www.mentalhealth.com, 2003).

5. **Atypical medications**: The newest, antipsychotic medications that work in different ways than older medications. They diminish or eliminate positive symptoms of psychosis in schizophrenia, but more effectively and with fewer side effects than the older medications (Basic Facts About Schizophrenia at www.mentalhealth.com, 2003).

6. **Avoliation**: Negative symptoms of schizophrenia that involve a lack of motivation, apathy, and a loss interest in formally enjoyable activities/former hobbies (Basic Facts About Schizophrenia at www.mentalhealth.com, 2003).

7. **Behavioral therapy**: Reward and consequence theory; all behaviors have causes/antecedents and consequences; the premise that certain responses can be strengthened by selectively rewarding those responses, so that they will increase in frequency (NIMH, 2002).

8. **Bradyphrenia**: A negative symptom of schizophrenia involving slowness of thought which may cause the individual to need more time to process what has just been heard or read (Basic Facts About Schizophrenia at www.mentalhealth.com, 2003).

9. **Chronic stage**: The ongoing symptoms of the illness of schizophrenia (Basic Facts About Schizophrenia at www.mentalhealth.com, 2003).

10. **Comorbidity**: Having more than one disability at a time which may prove problematic in separating symptoms to ascertain causality (Basic Facts About
11. **Cognitive-behavioral therapy:** A combination of behavioral therapy and cognitive therapy (Rector & Beck, 2002).

12. **Cognitive therapy:** Personal thoughts that guide our behavior can be changed and new thoughts can be learned that may cause changes in affect and behavior; learning more useful ways to behave (NIMH, 2002; Rector & Beck, 2002).

13. **Delusion:** A fixed belief that has little or no basis in reality and that cannot be assuaged by a preponderance of evidence to the contrary (Basic Facts About Schizophrenia at www.mentalhealth.com, 2003).

14. **Experiential therapy:** A counseling technique that is contraindicated for use with individuals with schizophrenia. It involves the counselor using artificially created activities and role-playing for the client to use to *act out* difficult areas of life with the goal of improving behavior/attitudes/quality of life through these new experiences. Individuals with schizophrenia have difficulty distinguishing reality from symbolism or fantasy, so this counseling technique is not likely to be beneficial (NIMH, 2002).

15. **Flat affect:** (i.e., Alogia). A negative symptom of schizophrenia involving a lack of visible expression of emotion, devoid of facial movement and body language, and use of a monotone voice (Basic Facts About Schizophrenia at www.mentalhealth.com, 2003).

16. **Hallucination:** A positive symptom of schizophrenia that involves an abnormal
experience in perception (i.e., seeing, hearing, smelling, tasting, or feeling sensory stimuli that are not present). Auditory hallucinations are the most common (Basic Facts About Schizophrenia at www.mentalhealth.com, 2003).

17. **Illusion**: A positive symptom of schizophrenia that involves experiencing actual sensory input but interpreting it incorrectly in an illusory way (Basic Facts About Schizophrenia at www.mentalhealth.com, 2003).

18. **Negative symptoms**: Consists of behaviors or personality attributes that are deleted or lost from the individual’s normal/behavior and personality (e.g., apathy, flat affect, loss of a range of emotions, depression, weakened attenuation, loss of logic, weakened reasoning ability, cognitive regression, social skill regression, loss of goals and motivation, loss of interest in former past-times, loss of pleasure); (Basic Facts About Schizophrenia at www.mentalhealth.com, 2003).

19. **Person-Centered Therapy**: A counseling technique in which the client is approached with unconditional positive regard, empathy, and genuineness, purporting that people can review and revise values, beliefs, and self-concepts if provided a therapeutic environment free of judgment by others of right and wrong. This approach is contraindicated in schizophrenia, partially because the client does not have reliable sensory perceptions or feelings rooted in reality. It can be frightening for the client with schizophrenia when asked to call upon inner resources that they do not have (NIMH, 2002).

20. **Positive symptoms**: Behaviors/symptoms that are added to the individual that they did not have before (e.g., hallucinations, illusions, delusions, extreme agitation, grossly disorganized thinking and speech); (Basic Facts About Schizophrenia at
Prodromal stage: A time (usually a year or more) before full psychosis appears and involves early warning signs, such as a decline in schoolwork or job performance, social withdrawal, transient confusion, beginnings of paranoia or excessive worrying (Basic Facts About Schizophrenia at www.mentalhealth.com, 2003). A working definition of the prodromal stage recently developed for research purposes includes (a) brief intermittent psychotic symptoms, (b) more persistent, but milder, symptoms of the same kind (e.g., suspiciousness, magical thinking, unusual perceptions), and/or (c) deteriorating social and emotional condition in a person who is genetically at risk because of a family history of schizophrenia (Schaffer & McGorry, 2001, p. 5).

Psychosis/psychotic episode: A state of mental impairment marked by delusional thinking, hallucinations, and/or illusions involving disturbances in sensory perception which causes the individual to lose touch with reality. However, a complete loss of reality is not required for the definition of psychosis. The individual may still be able to function in many ways (e.g., eat, dress) [Basic Facts About Schizophrenia at www.mentalhealth.com, 2003].

Psychoeducational: An educational approach or model that involves observing the behavior of each individual child and developing meaningful, effective academic and behavioral interventions in which the teacher and child are to engage (NIMH, 2002).

Psychosocial therapy: A counseling approach involving an exploration of psychological needs/thoughts combined with social behavioral change to create
an optimally functioning individual (NIMH, 2002).

25. **Sensory gating**: The act of screening out sensory stimuli; the ability to do this is diminished by the illness of schizophrenia, resulting in the individual becoming easily overwhelmed by normal sensory stimuli, becoming anxious, distracted, or exhausted in their attempt to process sensory input moment by moment (Basic Facts About Schizophrenia at www.mentalhealth, 2003).

27. **Social skills/social success**: Those behaviors that are expected by a society from its members and that are necessary for social success, which consists of positive results in interpersonal scenarios or in activities carried out in society concerning interaction with other persons. This is an area of extreme loss for individuals who develop schizophrenia. Social skills they once used are no longer present. They may act much younger than they are, use poor social judgment, and can not easily move from one social situation to another, thus interfering with their successful functioning in society (NIMH, 2002).

28. **Stable phase/stabilization**: A time of relative stability in the illness of schizophrenia during which the individual experiences improved functioning, medications are working, and individuals with schizophrenia can most benefit from educational and social interventions (Basic Facts About Schizophrenia at www.mentalhealth.com, 2003).

**Research Questions**

Several research questions have been formulated to guide this study. By attempting to answer these questions, it is hoped that the knowledge base in the field
of special education can be increased concerning symptoms of schizophrenia that interfere with academic and social success of children and youth with schizophrenia.

1. What negative symptoms of schizophrenia interfere with a student’s academic success?

2. What negative symptoms of schizophrenia interfere with a student’s social success?

3. What negative symptoms of schizophrenia interfere with a student’s success in family life?

4. What negative symptoms of schizophrenia interfere with a student’s success in community life?

5. What are specific exacerbators of certain negative symptoms of schizophrenia?

6. What are specific de-escalators/diminishers of certain negative symptoms of schizophrenia?
CHAPTER II

REVIEW OF LITERATURE

An essential first step in any research study is to examine the current body of literature on the topic to be studied. The Individuals with Disabilities Education Act (IDEA, 1997) mandates that children and youth with emotional and behavioral disorders (E/BD), including those with schizophrenia, are to receive appropriate special education services and support in the public schools. In order for special educators to be able to accomplish IDEA requirements in regards to students with schizophrenia, they need information on the symptoms and needs of these students. Only then can effective academic and social interventions be designed for this population. However, a review of the literature reveals a dearth of information on school interventions specifically for youth with schizophrenia and a lack of research on how the symptoms of schizophrenia affect academic and social success in school. In fact, no significant studies from the field of special education were found by this researcher on the topic of school interventions for students with schizophrenia or how symptoms of schizophrenia affect academic and social success in school.

The review of literature reveals that most research on schizophrenia has come from the disciplines of medicine, psychiatry, social work, and counseling. In recent years, research in schizophrenia has increased in the medical field and to a lesser extent in counseling. Current research on schizophrenia has focused on medical interventions (e.g., Levin, 2002; McGorry, 1998; National Association for Research on Schizophrenia and Depression [NARSAD], 2001), biological and genetic causes (e.g., Fish, 2002; NARSAD, 2001; Susser, 1999), environmental triggers for first onset of
the illness (e.g., Menezes & Milovan, 2000; NARSAD, 2001; Talan, 1997), diagnostic
symptoms and consequences (e.g., Caldswell & Gottesman, 1992; Friedman, 1994;
NARSAD, 2001), and more recently, the effectiveness of various forms of therapeutic
counseling, particularly cognitive-behavioral therapy (e.g., Frangou & Wykes, 2003;
Hemsley, 1996; Rector & Beck, 2002). This literature review search included
accessing the following databases through the University of North Texas’ online library,
in addition to personal hand library searches, accessing websites of professional
organizations, and online search engines: Academic Search Premier; ERIC;
MasterFILE Premier; Primary Search; Professional Development Collection;
Psychology and Behavioral Sciences Collection; Sociological Collection;
TOPICsearch; and Medline FirstSearch.

Traditionally the disciplines of the hard science of medicine and the soft, social
science of education have not collaborated extensively. Yet, educators need to know
what aspects of schizophrenia are relevant to education if they are to design effective
programs for this population. At this time, there is an apparent need to bring data
together from the various research areas as a first step in developing and improving
education for this population. This chapter is a review of the more current literature on
schizophrenia in the fields of medicine, psychiatry, social work, counseling, and
educational psychology in an attempt to glean from their findings anything that may be
pertinent to the field of special education in developing interventions for students with
schizophrenia. The following review of literature is organized under nine headings:
(a) medical and psychiatric research (subheadings: brain neurobiology, cognition, eye-
tracking abnormalities, medication, smoking, drugs/alcohol, risky sexual behavior,
suicide), (b) social consequences of schizophrenia (subheadings: drop-out rate and lack of high school education, homelessness and unemployment, involvement with law enforcement), (c) counseling and family issues, (d) early intervention, (e) public view and social issues, (f) barriers to care, (g) research in educational psychology, (h) educational services for students with schizophrenia, and (i) the development of educational approaches for students with schizophrenia.

Medical and Psychiatric Research

The National Institute of Mental Health ([NIMH]; NIMH, 2002) states that schizophrenia is equally prevalent worldwide. Whether in New York City or rural Kenya, the rate of schizophrenia at 1% of the population is still the same. Hyman (1998) states that schizophrenia has often been thought of as only a psychological problem but now is clearly understood to be a brain disease. Schizophrenia is not a cultural artifact. It is a mental illness, a real disease of a bodily organ--the brain. Vulnerability for developing schizophrenia appears to be genetic. Something occurs during the gestation development of the brain that converts this genetic vulnerability into disease. Exactly what happens is the subject of current neuroscientific research.

A private, nonprofit organization, NARSAD, was formed in 1986, devoted exclusively to supporting scientific research on brain and behavior disorders by awarding research grants to universities, institutes, and hospitals. It was created with the sponsorship of the National Alliance for the Mentally Ill (NAMI), the National Mental Health Association (NMHA), the Schizophrenia Foundation (now disbanded), and the National Depressive and Manic Depressive Association ([NDMDA], NARSAD, 2002b).
The United States government spends only $111 million on schizophrenia research, annually. Yet, Americans suffering from schizophrenia cost the nation $32.5 billion annually. Private organizations, such as NARSAD, are attempting to fill in the research gap financially, however, stigma slows progress (NARSAD, 2002c).

**Brain Neurobiology**

Studies by Weinberger (1998) show that the brains of patients with schizophrenia are involved in this illness. Magnetic Resonance Imaging (MRI) and Positron Emission Testing (PET) scanning show that chemicals measuring the health of certain nerve cells are reduced in specific areas of the brains of those with schizophrenia. These chemicals are also reduced in healthy siblings of patients with schizophrenia. This finding is a possible marker for being genetically at-risk for schizophrenia. Siblings share 50% of their genes, thus they share some of the risk for schizophrenia; but genes alone do not confer fate, just risk. This is true of many other hereditary diseases, not just schizophrenia.

MRI scans have repeatedly shown (e.g., Andreasen, 2002; Fish, 2002; Kumra, Shaw, Merka, Nakayama, & Augustin, 2001) abnormalities of brain morphology in adults with schizophrenia (e.g., deficit in cortical gray matter, enlargement of cortical sulcal, ventricular cerebrospinal fluid volume, abnormal symmetry). However, no MRI abnormality has been consistently seen in all affected individuals. Since there is overlap in brain morphology between patients and healthy control subjects, MRI imaging cannot be used as a diagnostic measure at this time.

Further studies (e.g., Burrone, 2002; NARSAD, 2001; Preda, 2002; Weinberger, 1998) have shown that certain brain cells of patients with schizophrenia have a defect
in how they relate to stimuli in their cellular environment. Abnormalities exist in the synapses (connectivity) between the nerve cells. This interferes with the ability for neurons in the brain to communicate accurately. A neurochemical basis for dysfunction in the hippocampus area of the brain is apparent. This provides us with clues to how genes may put these cells at risk for not developing the appropriate relationships as they mature. Weinberger concludes that there must be a second variable in the form of an influencing event, besides the genetic predisposition, to cause schizophrenia to develop, and he proposes that this event happens during fetal development.

Anatomy studies (e.g., Lesch, 2002; NIMH, 2002; Patlak, 1997; Susser 1999) suggest that schizophrenia is not caused by brain damage, but rather is due to faulty brain development. Though not yet isolated as direct causal factors, several environmental factors seem to increase the risk for developing schizophrenia among individuals with a genetic predisposition to it. These risk factors (Benes, 2002; Fish, 2002) include severe maternal malnutrition or viral infection during early fetal development which result in a higher than normal incidence of schizophrenia. Thus, schizophrenia may result when neurons form inappropriate connections during fetal development.

According to Lesch (2002), Patlak (1997), and NIMH (2002), the delayed clinical manifestation of the disease until adolescence puts further emphasis on the role of neurodevelopment and impaired synaptic plasticity. According to Benes (2002), adolescence is a time for significant changes in the brain development of all human beings as the maturation process and nerve cell reorganization completes itself. For
some, this development does not proceed normally, but turns in the direction of schizophrenia during this process.

Scientists now have direct evidence that the brain chemical dopamine triggers major psychotic symptoms of schizophrenia (e.g., Benes, 2002; Fuchs, 2002; Talan, 1997). Dopamine is involved in regulating movement, mood, and motivation. Only in patients with schizophrenia were scientists able to find a relationship between behavior changes and the amount of dopamine released. The normal control subjects showed no changes. Those with the most psychotic symptoms showed the highest activation of dopamine. The area of the brain seemingly targeted by the disease, the stratum, is rich in dopamine. This sensitivity to dopamine is a likely reason individuals with schizophrenia have a worsening of symptoms if given antidepressants that increase the level of usable dopamine. In addition, glutamate seems to play a role (Chetkovich, 2002; Francesconi, 2002) in the release of dopamine, so it holds promise as an area to manipulate in the control of schizophrenic symptoms.

Other research has been examining the effect of the drug ketamine (Talan, 1997). Ketamine is used as an anesthetic worldwide. In doses lower than that used for anesthesia, normal people become acutely psychotic. It also worsens the symptoms of those with schizophrenia. This is why those with schizophrenia or a genetic predisposition for schizophrenia should be cautious about the use of anesthesia as it could act as a trigger for the onset of psychosis. Research has shown recently that ketamine activates the region of the prefrontal cortex implicated in schizophrenia. The prefrontal cortex organizes and coordinates the flow of information through the cortex.
A study of the effectiveness of the anti-psychotic drug clozapine shows that it blocks the ketamine psychosis.

Yale University (Goreman, 2002) is researching the prefrontal cortex of the brain that controls a specific type of cognition--working memory. Patients with schizophrenia show impaired working memory on tests, and recent medical research shows abnormalities in the functioning of the prefrontal cortex and the dopamine receptors that reside there. This abnormality can be seen in children who later develop schizophrenia and in adults with schizophrenia even after medication has relieved most of their positive symptoms. Keshavan's research (1999) confirms the abnormality seen in the prefrontal cortex of those with schizophrenia. He suggests that synapses, the critical connections between neurons, may break down at a higher rate, or even form at a slower rate in the first place, in a schizophrenic brain compared to a non-schizophrenic brain.

Cognition

Research in brain activity and cognitive function is being vigorously investigated at this time by numerous researchers and aided by neuro-technology such as the MRI. Research confirms the view that cognitive deficits are a critical component of schizophrenia (e.g., Gur, 2002; Kane, 1999; Pichionni et al., 2001; Weinberger, 1998; Wykes, Reeder, Corner, Williams, & Everett, 1999). Weinberger states that much of what he perceives to be the core problem of patients with schizophrenia has less to do with their hallucinations and delusions and much more to do with organizing their cognitive lives. He points to deficits in cognitive functions on tasks of executive function, working memory, and attention. Inability to function well on these tasks is
directly related to abnormalities in activating the prefrontal cortex. He has been able to link this abnormality to a mutation of a specific gene with codes for a protein necessary for the normal breakdown of several neurotransmitters, including dopamine. Weinberger reports that there are numerous well-done genetic studies strongly suggesting that this is a causative gene in increasing susceptibility to schizophrenia. MRI used for cognitive research concerning sleep and memory (Wilson & McNaughton, 1994) and spatial learning tasks (Scaggs & McNaughton, 1996) shows neural firing in the hippocampus area of the brain—an area known to be affected by schizophrenia. Recommendations from the medical field (e.g., Bellack, 1992; Bellack, Gold, & Buchanan, 1999; Frangou & Wykes, 2003; Halperin, Nathan, Drummond, & Castle, 2000) emphasize focusing on cognitive remediation that stresses cognitive processing for individuals with schizophrenia, in conjunction with medication.

McGuire, Curtis, and Murray (2003) report that people diagnosed with schizophrenia showed reduced levels of activity (using MRI) in specific areas of the brain (i.e., inferior frontal, temporal cortex, media prefrontal cortex) during a verbal fluency task and so did their identical twins without schizophrenia. However, with identical twins in which neither had schizophrenia, neither twin showed this reduced level of activity during the same verbal fluency task. On a verbal self-monitoring task, people with schizophrenia had significant difficulty identifying their own distorted speech recordings, but their twins without schizophrenia did not. This suggests that impaired verbal fluency performance may be associated with genetic vulnerability to psychotic experiences, whereas difficulties in verbal self-monitoring are more related to having experienced psychosis. Research in cognition is finding support for both
genetic involvement in the development of schizophrenia and the possibility of neural
damage from experiencing psychosis.

Frangou and Wykes (2003) report that young people with a recent diagnosis of
schizophrenia have a range of behavioral and cognitive problems that are not fully
recovered through medication and counseling. These researchers used cognitive-
remediation therapy in a controlled trial with youth aged 14-23. Through guided mental
exercises to improve cognitive functioning, they found the study participants improved
their memory and flexibility of thinking to a significant degree. This research, though in
need of replication, suggests that cognitive-remediation therapy could benefit young
people diagnosed with schizophrenia to reclaim lost cognitive skills and aid recovery.
Lencz, Cornblatt, and Bilder (2001) stress the importance of studying the cognitive
factors in children who may later develop schizophrenia. Medical research findings in
cognition have potential for application to learning in the school environment for
students with schizophrenia.

Eye-Tracking Abnormalities

Another researched abnormality (e.g., Holzman, 1997; Kumra et al., 2001)
observed in individuals with schizophrenia is absence of smooth-pursuit eye
movements. Whereas, eye movements are smooth in individuals with no neurological
anomalies, a high percentage of patients with schizophrenia and many of their
relatives present jagged and disordered eye movements as they track (follow) an
object with the eyes alone (without head movement). Eye-tracking abnormalities are
present in 80% of individuals with schizophrenia. It is also observed in 30% to 50% of
first-degree relatives of individuals with schizophrenia. These data on the high rate of
abnormal eye-tracking in patients with schizophrenia and their first-degree relatives suggest that eye-tracking abnormalities may be a genetic marker for the disease.

**Medication**

Antipsychotic medications have been available since the mid-1950’s (NIMH, 2002). These medications reduce the more severe psychotic symptoms of schizophrenia, but they do not cure schizophrenia nor prevent further psychotic episodes from occurring. A majority of patients show substantial improvement while on these drugs, though few are relieved of all symptoms. Some patients do not respond favorably to these drugs. The older drugs include haloperidol (Haldol), chlorpromazine (Thorazine), and lithium. They are sometimes referred to as neuroleptics or anti-psychotic medications. Though they have been shown to reduce hallucinations, these drugs frequently increase the symptoms of reduced motivation and lack of expressiveness and have unpleasant, physical side effects. They can relieve the patient of the severest of symptoms but not give back to the patient a positive quality of life.

The newest antipsychotic drugs, introduced in the 1990’s, have proven to be even more effective and with fewer side effects (NIMH, 2002). These newest drugs are called *atypical antipsychotics*. One new antipsychotic, Clozaril, is very effective, but unfortunately, has the potential of reducing white blood cells. Even newer, atypical, antipsychotic medications are equally effective, safer, and have even fewer side effects. These include risperidone (Risperdal), olanzapine (Zyprexa), and quetiapine (Seroquel), and the newest, available in 2003, (aripirazole) Abilify. These have been found to eliminate hallucinations, illusions, and the severest of delusions. They also
help with restoring affect and communication skills and even restore some cognitive abilities. Again, they do not cure the patient, and some symptoms still remain.

All medications have some side effects. Newer medications have fewer and the ones they have are less serious. Some side effects of even the newest medications include drowsiness, restlessness, muscle spasms, tremor, dry mouth, weight gain, and blurring of vision. The severity of the symptoms can be diminished by lowering the dosage, but even so, some of them remain to varying degrees. A long-term side effect of antipsychotic medications is tardive dyskinesia, which is characterized by involuntary movement of muscles, typically the mouth, lips, or tongue, but it can affect other parts of the body. Older antipsychotic medications eventually produced this side effect in 15% to 20% of patients. Newer medications have a much lower risk of this side effect developing, however the risk is not zero (NIMH, 2002).

Misconceptions about these medications are that they lead to drug addiction, produce a euphoric high or addictive behavior, are a kind of negative mind control (producing a mental straitjacket), take away people’s free-will, or severely sedate them. According to NIMH (2002), these views are false. While these medications can have a sedating effect, especially when treatment is first begun or if the patient is quite agitated, the utility of the drug is not due to sedation. Their effectiveness is due to their ability to diminish the hallucinations, illusions, agitation, confusion, and delusions of psychotic episodes and give back to individuals some control over their lives. The antipsychotic medication should eventually help an individual with schizophrenia deal with the world more rationally and move the individual closer to a return to their original, normal self. These new medications will increase the number of students with
schizophrenia who attempt to remain in school. One result of this medical breakthrough will be the need for educators to supply interventions for this population.

Smoking

Cigarette smoking among patients with schizophrenia is more than triple the smoking rate of the general population (Levin, 2002; NARSAD, 2002a; NIMH, 2002). In fact, over the past 30 years, overall smoking in the United States has declined to about 25% of the general population, but the smoking rate of individuals with schizophrenia remains very high at about 80% of all those with schizophrenia. Levin states that the reason is the drug nicotine contained in cigarette smoke. Beyond nicotine’s addictive characteristics, it has a wide variety of effects on the brain of someone with schizophrenia. It actually has positive effects on the cognitive abilities of those with schizophrenia, giving back to the patient some of their previous, normal, cognitive abilities. Nicotine also reduces the anxiety, flitting thoughts, deficit in attention, and agitation that most people with schizophrenia suffer. In this sense, the heavy smoking seen among individuals with schizophrenia is a form of self-medication.

Levin (2002) found a deficiency of nicotine receptors in the hippocampus area of the brain of those with schizophrenia. The hippocampus is important in memory formation and the ability to pay appropriate attention to and process new sensory stimuli. Cigarette smoking can normalize the deficit in sensory gating (i.e., screening out sensory stimuli) seen in individuals with schizophrenia. Levin found that nicotine attenuates the memory deficits and bradyphrenia (slowness of thought) caused by both the schizophrenia itself and the side effects of certain antipsychotic drugs. Because cigarette smoking can lead to so many other deadly diseases, Levin
suggests treating patients with nicotine skin patches instead to alleviate some of the symptoms of schizophrenia. Levin states that research is ongoing to develop sister drugs to nicotine that could be used for therapeutic purposes, help reduce the high incidence of smoking, and provide relief from cognitive dysfunction affecting those with schizophrenia.

**Drugs and Alcohol**

According to NIMH (2002), substance abuse is common among those with schizophrenia. It may reflect a desire to self-medicate and/or relieve the feelings of depression and despair often accompanying schizophrenia. The use of illicit drugs and alcohol is a serious problem for individuals with schizophrenia because it reduces the effectiveness of treatment by (a) severely worsening the symptoms of schizophrenia, (b) reducing the effectiveness of the prescription medications for schizophrenia, and (c) decreasing the likelihood of the patients following the recommended treatment plans of their doctors. Stimulants, cocaine, phencyclidine (PCP), alcohol, and marijuana, all of which affect the brain, cause major problems for patients with schizophrenia. Usually their reactions to these drugs are far more severe and adverse than occur in an individual without schizophrenia. Though these drugs do not cause schizophrenia, they can trigger the first psychosis of schizophrenia in those genetically predisposed to the illness and exacerbate the symptoms of the illness in those who already have schizophrenia.
Risky Sexual Behavior

Ramrakha et al. (2000) found that youth diagnosed with schizophrenia were more likely to engage in risky sexual behavior, contract sexually transmitted diseases, and have sexual intercourse at an earlier age (before 16) than youth without schizophrenia. The onset of schizophrenia and risky sexual behavior both peak in young adulthood for the general population. Even though risky sexual behavior peaks in the young adult years, a disproportionate burden is carried by those with psychiatric disorders, including schizophrenia. The study revealed this to be the same for both genders. Adjustment for socioeconomic background made no difference in the results.

Suicide

Suicide is the chief cause of premature death among those with schizophrenia. The incidence of suicide among those with schizophrenia is 10% to 20% compared to the general population’s incidence of suicide at 1% (American Psychiatric Association [APA], 1997; Caldswell & Gottesman, 1992; Lieberman, 1998; NIMH, 2002; Schwartz & Peterson, 1999). The APA states that up to 55% of individuals with schizophrenia attempt suicide. This percentage is confirmed by other researchers (e.g., Black & Fisher, 1992; Roy, 1986). In addition, between 60% and 80% have suicide ideation (Drake, Gates, Whitaker, & Cotton, 1985). NIMH states that suicide is most common among younger adult males, between the ages of 18 and 24, who develop schizophrenia. The prediction of suicide is extremely difficult among those with schizophrenia, because their general behavior is already disturbed and difficult to predict or understand by those around them. The overall early mortality rate among persons with schizophrenia is about twice that of the general population. This higher
than average mortality rate reflects the risk of suicide and the less healthy lifestyle of those with schizophrenia (Coodin, 2001).

**Social Consequences of Schizophrenia**

The individual who develops schizophrenia experiences significant ramifications in their social world from the symptoms of schizophrenia. Discussed in the following section are some of the key social difficulties individuals with schizophrenia experience (i.e., dropout rate and lack of high school education, homelessness, unemployment, and involvement with law enforcement).

**Dropout Rate/Lack of High School Education**

Within the field of special education, students with E/BD account for the lowest rate of school completion (U.S. Department of Education, 2002). Wagner et al. (1991) found that almost 50% of students with E/BD drop out of school. Within the larger disability group of E/BD are those students with schizophrenia. The most difficult population for educators to work with, even within the E/BD population, has been students with schizophrenia. It is not surprising that this group is the most likely to drop out or be expelled from school, often before their illness is accurately diagnosed. In fact, of all the disabilities covered under IDEA (1997), schizophrenia has the lowest rate of high school completion (McGorry & McConville, 2000).

Historically, educators have had little success in helping children and youth with schizophrenia. Without effective medication, those with schizophrenia have extreme difficulty understanding conversations or instructions. They have a severely diminished ability to comprehend what they read. Their behavior is difficult to control with rewards and consequences, because the illness diminishes their emotional
receptors. This diminishes their feelings of pleasure, disappointment, and positive anticipation, all necessary for reward and consequence approaches to be effective. These natural receptors aid normal students in continuing their school-work to completion (i.e., the feeling of accomplishment upon completion, interest in learning, pleasure felt when praised). The symptoms of schizophrenia rob students of those internal incentives making it difficult for them to continue their education (Kaufman & Goreman, 1995).

**Homelessness and Unemployment**

NARSAD (2002c) conservatively estimates that one-third of the current homeless population suffer from mental illness, most commonly schizophrenia. Other sources estimate that a majority of the homeless population has schizophrenia (e.g., Baum & Burns, 1993; Caton 1990). Family members find it extremely difficult to care for their relative with schizophrenia. This increases the likelihood of them becoming homeless.

The common schizophrenic symptoms of wandering off or purposely leaving their home, believing it will distance them (i.e., escapism) from their own illness, increases the possibility of homelessness. The likelihood of homelessness is compounded by the poorly planned and poorly executed national policy of deinstitutionalization of psychiatric facilities, limiting the amount of time an individual with schizophrenia can be housed and treated there (Kopala, 2001; Rochefort, 1997; Torrey, 1997). Torrey states that people with schizophrenia are often discharged from psychiatric hospitals to return to living in substandard housing, jails, public shelters, or cardboard boxes on the streets in a gallant move to the least restrictive setting. Torrey suggests that the mental illness of schizophrenia, by its very nature, causes the afflicted to have poor
insight into their illness, thus assuring their inability to seek treatment or assistance on their own or advocate on their own behalf. He further points out that people with schizophrenia are allowed to sleep on steam grates and eat from dumpsters, whereas those with other brain disorders, such as Alzheimer's disease and multiple sclerosis, are protected from living that way.

Unemployment is a natural consequence of both a lack of education and the debilitating symptoms of schizophrenia. Baron & Salzer (2002) state that individuals diagnosed with a serious mental illness, such as schizophrenia, experience significantly higher rates of unemployment compared with the general population. The explanations for this situation have included a focus on the symptoms associated with the disorder, the lack of effective vocational rehabilitation programs for this population, employer discrimination, and the financial disincentives to employment inherent in various public aid policies.

Individuals with serious mental illness often have difficulty finding work when left to their own initiative (Anthony & Liberman, 1986; Bybee, Mowbray, & McCrohan, 1996; Jones, Perkins, & Born, 2001). The federal government currently provides funding to encourage supported employment programs for persons with psychiatric disabilities. Jones et al. found, however, that employers are hesitant to employ individuals who are perceived to be at-risk for job failure even with supported employment programs to assist them. The researchers suggest that individuals with mental disorders who might be perceived as more likely to benefit from supported employment services include those exhibiting higher skills, a diagnosis other than schizophrenia, and a limited hospitalization history. Conversely, persons with lower skills, who have schizophrenia
as their primary diagnosis, and who experience many hospitalizations, have less access to supported employment programs because they are perceived to be less successful in the workplace. Jones et al. found that the specific quantities and qualities of supportive employment services received prior to working distinguished individuals who later worked successfully from those who did not. The most effective supportive services included additional supports above and beyond any job-specific training (e.g., acquisition of practical life skills, keeping track of finances, knowing how to dress for work; managing symptoms on and off the job, readily accessible counseling, and how to access public transportation). This additional training and support meant fewer worries about work and a reduction in stress that can overwhelm an individual with schizophrenia.

Involvement with Law Enforcement

Youth with disabilities account for a disproportionate percentage of the population in juvenile corrections (Bullock & McArthur, 1994). Youth with disabilities may make up 70% of the incarcerated youth population (Leone, Zaremba, Chapin, & Iseli, 1995). A survey by Quinn, Rutherford, Wolford, Leone, and Nelson (2001), found that 45% of the youth in juvenile corrections facilities have a specific, disability diagnosis of E/BD. Twenty percent of students with E/BD are arrested at least once before they leave high school compared with an arrest rate of 6% for all students (Burrell & Warboys, 2000; Wagner et al., 1991). Burrell & Warboys found that after being out of school for 3-5 years, 58% of students with E/BD have been arrested. Wagner et al. found that by the time youth with E/BD have been out of school for two years, 35% have been
arrested at least once, and within five years, 73% of those who drop out of school have been arrested.

Yet, according to Long (2001), individuals with schizophrenia are no more likely to commit serious crimes or be violent than the general population. The myth of danger from individuals with schizophrenia is largely based on fear of the unknown on the part of the general public. Individuals with schizophrenia can exhibit severe anxiety, fear of others, and a demeanor of apathy that can cause citizens and law enforcement to misunderstand them. Law enforcement can make assumptions of guilt (Quinn, Rutherford, & Leone, 2001) based on the individual’s demeanor and lack of defense when asked to explain a situation. Youth with schizophrenia can exhibit an inappropriate affect and inappropriate responses that are misinterpreted by law enforcement as hostility, lack of cooperation, or apathy to the seriousness of the situation. Individuals with schizophrenia can inadvertently end up in jail for vagrancy, loitering, and acting suspiciously. In addition, they may confess to crimes they did not commit, not fully realizing the importance of what they are saying.

However, according to Torrey (1997), individuals with schizophrenia do have an inclination to be arrested for petty crimes, such as shoplifting, at a higher rate than the general population. Their inclination to commit such crimes is often due to their low impulse control and susceptibility to being influenced by a more adept criminal population. They are arrested more often than others who commit similar crimes due to the ease with which law enforcement can apprehend them. Others committing petty crime may use guile and planning to allude the police. These tactics often are not employed by those with schizophrenia, and, in fact, the offender is likely to approach
police or readily agree to what they have done. Of course, aggression can occur for a small minority of individuals with schizophrenia, especially if they have a history of violence before developing schizophrenia or they abuse certain illegal drugs. On the other hand, Torrey reports, individuals with schizophrenia are more likely than the general population to be victims of crime because of their vulnerability brought on by the symptoms of their disability.

Counseling and Family Issues

Poor compliance with medication is the main factor contributing to relapse (Razali, Hasanah, Khan, & Subramaniam, 2000) and active psychosis is a major cause of family distress. Family can be the variable most likely to ensure more positive outcomes for the individual with schizophrenia. Razali et al. found that family involvement and assistance was the key factor in improved compliance with taking medication regularly. However, lack of knowledge and understanding about schizophrenia can cause the family to be ineffective in helping. Psychoeducational training for family members is vital in the areas of (a) symptoms to watch for, (b) understanding symptomology, (c) how family members can avoid being offended or feeling guilty, (d) reiteration that schizophrenia is an illness, (e) environmental factors that can exacerbate or diminish symptoms, and (f) the seriousness of medication compliance.

Research by Razali et al. (2000) found that education in understanding schizophrenia results in a changed attitude on the caregiver’s part, which then has a spill over effect on compliance and family burden. As a result, relapse rate is reduced. In addition, when families are educated about schizophrenia, expressed emotion in
the family is reduced. Exposure to high expressed emotion is linked to schizophrenia relapse (Falloon, 1985; Willetts & Leff, 1997). By methodically reducing the level of expressed emotion between family members, individuals with schizophrenia can better maintain equilibrium in their symptoms and behaviors (Jureidini, 1991).

NIMH (2002) emphasizes the value of family education concerning schizophrenia. By learning coping strategies, problem-solving skills, and strategies for medication compliance, the family can increase the possibility of improvement for the family member with schizophrenia. In addition, family education in this area increases the ability of the family to adjust successfully to the situation. Jureidini (1991) found that family function is one of the best predictors of outcome for this population.

Bhanji and Tempier (2002) state that clinical, practice guidelines for counseling consistently emphasize antipsychotic medication as key to the management of schizophrenia. Hyman (1998) suggests that even though medication is an essential component of treatment, schizophrenia is not the type of disease that the physician can prescribe medication and send the patient on their way to recovery. Medical treatment of mental illness has to be embedded in thoughtful and comprehensive psychosocial and rehabilitative treatments. Treatment must include assertive outreach or the most effective medications and crisis interventions will go unused. Bhanji and Tempier found that leading professional, psychiatric organizations recognize that psychosocial interventions are critical. Individuals with schizophrenia can most benefit from psychosocial interventions during the stable phase of the illness. The stable phase of schizophrenia is the time when major, positive, psychotic symptoms are absent or under control with medication, and the symptoms remaining are only
negative symptoms (e.g., lack of motivation, cognitive and social skill loss, depression). During the stable phase, it is recommended that individuals receive interventions of counseling, vocational training, social skill training, academic education, and education concerning their illness. However, according to Bhanji and Tempier, most patients do not receive any significant interventions during this time. There is overwhelming scientific evidence (e.g., Bellack, 1992, Bellack et al., 1999; Hogarty, 2000), that psychosocial therapies are effective for patients with schizophrenia who also take the new atypical medications, but unfortunately, psychosocial therapies are infrequently used.

NIMH (2002) suggests that even though the newest antipsychotic medications have proven to be highly beneficial in relieving the positive psychotic symptoms of the illness, they are not consistent in relieving the residual negative symptoms. Many patients still have extreme difficulty with communication, motivation, self-care, and establishing and maintaining relationships. Since most patients with schizophrenia develop the disability during their critical career-forming years (i.e., ages 16-35), they are less likely to complete their education and training required for success in the world of work and the community in general. As a result, those with schizophrenia not only suffer thinking and emotional difficulties, they lack social, educational, and work skills and experience as well. Family support and counseling are necessary to surmount these obstacles.

Frequently, psychosocial approaches in counseling have been ineffective for those with schizophrenia, because these approaches depend on the client being in touch with reality. With the new medications reducing the severest of the symptoms,
psychosocial approaches should prove more beneficial. Psychosocial therapy that focuses on improving the patient’s social functioning is most practical. Programs that emphasize rehabilitation through cognitive-behavioral psychosocial treatment offer the most promise (Long, 2001; Tarrier & Barrowclough, 1999). Concentrating on social and vocational training, vocational counseling, specific job training, problem solving, money management, use of public transportation, and social skills training can provide the person who has schizophrenia with useful lost skills needed for success in the community (Bhanji & Tempier, 2002). NIMH (2002) suggests individual psychotherapy with a psychiatrist, psychologist, or other trained psychiatric specialist. These sessions can concentrate on helping the individual understand their illness, sort out the real from the unreal, and come to a better understanding of what is happening to them.

Review of six published clinical practice guidelines (Bhanji & Tempier, 2002) reveals that most professional psychiatric groups regard the psychoanalytic-psychodynamic approach as contraindicated for schizophrenia. NIMH (2002) and Tarrier, Haddock, Barrowclough, and Wykes (2002) suggest that psychoanalytical approaches, person-centered therapy, experiential therapy, and most group-therapy sessions are not only unproductive, but can actually be damaging for those with schizophrenia. Concentrating on current, personal feelings and perceptions or trying to sort-out others’ experiences in group therapy can be very confusing for those suffering from schizophrenia. Their feelings and perceptions are often not reliable barometers for them to follow. In addition, dwelling on the past can be quite depressing for them and can result in no helpful insight, since nothing in their past
interpersonal relationships caused the schizophrenia nor can it be cured by changing attitudes about past life events.

Recent studies suggest that supportive, reality-based, individual psychotherapy, and cognitive-behavioral approaches that teach coping and problem-solving skills are the most beneficial for individuals with schizophrenia (e.g., Bhanji & Tempier, 2002; Hemsley, 1996; Harvard Medical School, 2001; Rector & Beck, 2002; Seeman, 2002; Tarrier et al., 2002), and psychoeducation and problem-solving strategies for the family unit are most effective during all stages of the disorder (e.g., Bhanji & Tempier, 2002; Harvard Medical School, 2001; Patlak, 1997). Research by Addington, Addington, and Robinson (1999) supports the potential for cognitive-behavioral therapy in treating the symptoms of schizophrenia. Their study found that it is particularly helpful in treating the depression that often accompanies schizophrenia.

Once antipsychotic medications reduce the individual’s psychosis, he or she realizes their great loss brought on by the schizophrenia. Depression is a normal reaction. Unfortunately, the use of antidepressant medication can make the symptoms of schizophrenia much worse (possibly due to their effect of increasing dopamine levels) and, so, is contraindicated in most cases. Cognitive-behavioral therapy has been found to be a good alternative. It also has proven helpful in treating residual delusions in schizophrenia as the client and counselor work through what is real and what is not and create coping strategies.

A study by Halperin et al. (2000) suggests that cognitive-behavioral therapy is effective for reducing the social anxiety of schizophrenia. In addition, cognitive-behavioral therapy has potential for training individuals with schizophrenia to
recognize their own early warning signs of impending psychosis and to create a personal plan to intercede early. Cognitive-behavioral therapy gives individuals a goal and a specific activity, a doable task, that can give them a sense of hope and control over their daily lives (Rector & Beck, 2002).

Another counseling support recommended specifically for individuals with schizophrenia is the self-help group (Bhanji & Tempier, 2002). A study (Salem, Reischl, & Randall, 2002) of the self-help group Schizophrenics Anonymous (SA) looked at member engagement and change brought about by participation. Salem et al. found that individuals with schizophrenia who participated in Schizophrenics Anonymous group activities were able to adopt a proactive role in managing their illness. The study revealed that

1. SA serves individuals with schizophrenia who live independently, in supervised settings, and those residing in mental health institutions.

2. participants view professionals as the best equipped to help them with medication and symptom management, but view fellow SA members as best equipped to help them with feelings of loneliness or to talk to someone who understands.

3. participants have a sense of identification with other SA members that they do not feel with their primary therapist.

4. participants find SA helpful when they feel a sense of identification (referent power) with other SA members and believe fellow members and leaders have valuable knowledge and expertise (expert power).
5. the majority of members report that attending SA has helped them manage their symptoms, increase their knowledge of their illness, combat feelings of loneliness, make friends, and improve their social lives. (Salem et al., p. 2)

A second part of the study found that SA participants had

1. decreased feelings of shame.
2. enhanced feelings of self worth.
3. addressed issues of stigma.
4. found a safe place in SA to talk about their illness.
5. developed more realistic expectations and new goals for themselves. (Salem et al., p. 4)

Schizophrenics Anonymous provides a unique type of help in dealing with schizophrenia that members do not ordinarily receive from professionals or from other mental health organizations.

A study of inpatient therapies (Jureidini, 1991) found that though the adolescent patients improved while in the psychiatric hospital, they deteriorated quickly after discharge from the hospital. Jureidini found that nine months after hospital discharge more than one half had been readmitted to the hospital, almost half had returned to the level of symptoms before treatment, and one had committed suicide. Jureidini states that necessary components to full treatment for schizophrenia are lacking. He suggests the need to adequately address family issues, the importance of reducing the patient’s exposure to critical and hostile communication, thorough and prolonged follow-up, and vocational/educational services. These needs cannot be met by a short-term stay in a psychiatric hospital. An ongoing maintenance program outside of
the hospital needs to be established, in addition to a system of care with smooth transitions. Jureidini suggests that adolescents with schizophrenia function best in a supportive, highly structured environment. When that structure is gone, they *disintegrate*. He concludes that adolescents need a safe place to which to return when they feel stress, symptoms increase, or they feel overwhelmed.

**Early Intervention in the Treatment of Schizophrenia**

Lieberman (1998) points out that by studying remission rates, researchers have discovered that the shorter the time period that patients have been actively symptomatic before receiving the first pharmacological treatment, the better the outcome, and the higher and faster the rate of remission. Scheffer (cited in Haley, 2002) states that early treatment appears to be the best indicator affecting treatment response. The longer someone is experiencing psychotic symptoms of hallucinations, delusions, paranoid thoughts, disorganized thinking, and social difficulties, the harder the psychosis is to treat and the longer it takes for their functioning to improve. Just as it has been found to be critical in ensuring better outcome to treat people promptly who suffer a stroke, early intervention with schizophrenia can prevent the degenerative effects from occurring. Unfortunately, both Lieberman’s and McGorry’s studies (1998) found that in almost every case, the patient has been severely symptomatic for more than 50 weeks before seeking original treatment.

Schaffer and McGorry (2001) and Wyatt (2001) state that there is a need to intervene early in schizophrenia. Early intervention has the potential to make schizophrenia a much less severe disease than it is now for most patients. According to Wyatt, individuals exhibiting the earliest symptoms (e.g., suspiciousness,
depression, anxiety, tension, irritability, mood swings, sleep disturbance, appetite changes) can be given a mild dose of antipsychotic medication and decrease the conversion from what might be a normal adolescence to psychosis. Scheffer (cited in Haley, 2002) reports that early signs can occur before puberty. Prior to the onset of clear-cut psychosis, there is often a decline in functioning in social situations and school. According to Phillips et al. (1999) and Scheffer, some teenagers who suddenly withdraw from friends, regress into childish behavior, become increasingly dependent on their parents, begin discussing strange situations that never actually occurred, start getting lower grades in school, suddenly seem apathetic and ambivalent, and lose interest in previous pastimes (e.g., dropping out of sports, school clubs) could be showing early symptoms of schizophrenia. Wyatt reports that there is a recent public health movement in the United States and abroad attempting to identify youth early in their illnesses in an attempt to decrease the conversion to psychosis.

Early detection and intervention of psychotic disorders instills hope. The earlier symptoms are elicited and treated, the more likely the person is to recover (Brown University, 1996; Kopala, 2001). McGorry (1998) suggests that often more non-specific things seen in adolescence can be the very first signs of psychotic illness. Teenagers who have had no previous social, family, or school-related problems, and then suddenly become withdrawn and lacking in school performance, in addition to having a biological relative with schizophrenia or other mental illness should be referred for a psychiatric evaluation.

Recent research (e.g., McGorry & McConville, 2000; Williams, 2001) suggests that there is a pre-onset phase, or prodrome, lasting a year or more before onset of full
psychosis. Careful intervention during this early stage could potentially prevent the full development of schizophrenia. Individuals who could possibly benefit from this early intervention would include those with a combination of family history of psychosis in combination with symptoms of paranoia, auditory hallucinations, social withdrawal, and/or a sudden decline in performance at work or school. According to McGorry and McConville, with these symptoms, there is a 40% risk of becoming fully psychotic within the following 12 months. Very low doses of Risperdal, an atypical, anti-psychotic medication, given early, have been shown to ward off the decline. McGorry (1998) compares the goal of preventing schizophrenia from fully developing to the current, accepted practice of preventing stroke with hypertension medication.

McGorry (1998) directs The Early Psychosis Prevention and Intervention Centre in Melbourne, Australia, which emphasizes research and education in early intervention and prevention. McGorry advocates for educating general practitioners and school personnel to recognize warning signs of the prodromal stage, so youth can be helped before they develop severe psychotic symptoms. He decries the isolation of schizophrenia from progressive models of preventive intervention that operate in general health care. However, McGorry points out that in opposition to the early intervention movement are those who reject the use of medication in the early intervention process by arguing that medication should not be given to anyone on the basis of what might occur in the future. Rather, they argue for waiting until full psychosis appears. McGorry counters that waiting only allows further damage to occur to the patient’s brain and invites the highly probable risk of not being able to improve the patient’s functioning at all.
There is ongoing research (e.g., Brown University, 1995; NARSAD, 2002a) looking for visible markers for schizophrenia in infancy and early childhood. This research has shown that individuals who later develop schizophrenia may have markers apparent in childhood. Studies of home movies have shown that the facial expressions of girls who later developed schizophrenia had fewer expressions of joy than their sisters who did not develop schizophrenia. This trend lasted from infancy to adolescence. Boys who are pre-schizophrenic showed a lower proportion of expressions of joy during the first four months of life and then a trend toward more joy expressions in adolescence than their healthy brothers. Also, both boys and girls who later developed schizophrenia showed more expressions of negative emotion than did their siblings at same age periods. This would suggest that schizophrenia is influencing behavior in the social realm long before there are any clinical symptoms.

Other markers have been noticed in subtle delays in behavioral and physical development called pandymaturation. These can be markers for the neurointegrative deficit in schizophrenia. They include (a) transient retardation of motor and/or visual motor development followed by an acceleration of development and a return to more normal levels, (b) abnormal profile of function on a single developmental examination in which earlier simple items are failed but later occurring, more complex items are passed, and (c) retardation of skeletal growth that parallels the transient lags and abnormal profile (Brown University, 1995). These are things a parent or pediatrician would not necessarily notice. They are subtle delays. Information concerning such early markers is still in a research stage, however, and is not possible to use in diagnosis at this time.
Public View of Schizophrenia and Social Issues

Kopala (2001) suggests that as a society, we need to change our attitudes about mental illness. In spite of advancements in the science of mental illness, society often still views it as a taboo subject of shame and embarrassment, which then becomes a barrier to care. Pescosolido and Monahan (1999) conducted a study of the public’s view of the competence, dangerousness, and need for legal coercion of persons with mental health problems. They found that respondents most fear violence from those with schizophrenia or drug problems. In examining what the lay public is learning about schizophrenia in the news media, Wahl (1996) found that 10% of the news articles on schizophrenia were about criminal behavior associated with the disorder. According to Wahl, even this small percentage of news articles seems to influence the public's belief, erroneously, that individuals with schizophrenia are characteristically violent and dangerous. These views were equally prevalent across all sociodemographic groups. In conclusion, he found that news coverage of schizophrenia, overall, remains sparse with the topics of controversy and violence still determining what most readers will see. Stories of struggle, perseverance, or recovery were not common. He states that an increase in human-interest stories would be the most effective in countering stigma and misconceptions concerning schizophrenia.

Penn and Mueser’s research (1997) has ramifications for a more positive reintegration of individuals with schizophrenia back into the community. They studied the role of social skills mediating perceived physical attractiveness among individuals with schizophrenia. They based their beginning premise on a significant body of past research showing that physical attractiveness has an effect on social outcomes for
normal individuals. Findings suggest that lower levels of physical attractiveness in psychiatric patients’ results in less positive attention from others and have a negative effect on the course and outcome of their illness. Penn and Mueser speculated that a variable might be social skills. Individuals with schizophrenia demonstrate consistent deficits in social skills that produce negative and/or strained interactions with others. This may then generalize to others’ negative perceptions of their physical attractiveness. Such negative perceptions can lead to a compromise in the patient’s social network, making the person more vulnerable to stress, relapse, and negative outcomes. In addition to carrying the label of mentally ill, the second barrier of being perceived as unattractive, thus undesirable, can interfere with acceptance into the community. Penn and Mueser found that social skills relate strongly to the perceived physical attractiveness of individuals with schizophrenia. Social skills, in fact, had a significantly stronger relationship with ratings of physical attractiveness than ratings of attractiveness based on physical features alone (before evidence of social skills was presented to the raters). They conclude that others use information about social skills in their evaluation of the physical attractiveness of patients with schizophrenia. Therefore, social skills training for patients with schizophrenia could have a multitude of positive effects beyond just skill remediation. This finding is relevant to the development of social skills instruction in the schools for students with schizophrenia and could impact changes in how society views those with schizophrenia.

Barriers to Care

According to Lieberman and Murray (2000), close to 50% of all individuals with schizophrenia receive no professional care whatsoever in any given year. Adolescents
and young adults are even less likely to receive services. People with schizophrenia do not receive the same high standards of treatment, nor do they experience as positive a quality of life as other groups with chronic diseases (e.g., diabetes, hypertension, asthma).

Under treatment of youth with psychiatric diagnoses is a significant problem. Less than half of children with psychiatric disorders have any contact with any professional for their emotional or behavioral disorders (Cuff et al., 2001). The percentage of children with psychiatric disorders reporting treatment contact of any kind ranges from 18% to 45%. The definition of treatment professionals used for these studies included teachers, physicians, counselors, clergy, and any other professional as long as the focus was on emotional problems. Cuff et al. found that in early adolescence, only 54% of adolescents diagnosed with schizophrenia had any contact with a professional where the focus was on emotional problems. In addition, as youth progressed through adolescence, there was an even more dramatic decrease in such treatment. By late adolescence, only 20% of those with a diagnosis of schizophrenia received treatment. The researchers suggest that the dramatic decrease in frequency of contact with mental health professionals as adolescents grow older may reflect multiple factors related to help-seeking behavior. For instance, older adolescents tend to be less under parental influence and therefore more able to resist seeking help. In addition, the majority of mental health related services are more readily available in the school setting. As adolescents age, more tend to drop out of school, with the highest category of dropouts coming from those with emotional and behavioral disorders. This then reduces their opportunity for services. Finally, transition from school to work or
college may disrupt treatment or reduce the likelihood of seeking treatment. During this transition, economic barriers may become more prominent.

Cohen and Hesselbart (1992) also report findings consistent with very low service use in the adolescent age group. These findings are of concern since the early teen years through the early twenties is the most common time for schizophrenia to manifest. The stress of transition from childhood to adulthood may increase vulnerability to psychiatric disorders, yet this population is the least likely to receive any help. The combination of the prevalence of schizophrenia at this age and the unmet needs are barriers to positive outcomes for these individuals and to society as a whole.

Another barrier to care is the federal government’s health care plan. Medicaid and Medicare will not pay for the newest, atypical drugs, even though they are approved for use by the Federal Drug Administration (FDA) and have been tested successfully for an increased success rate in relieving symptoms of schizophrenia with fewer adverse side effects (Sullivan, 2002). Federal funds for mental health services were severely cut in 1994, under the Clinton administration, resulting in the forced closing of numerous psychiatric facilities across the nation (Torrey, 1997).

In addition, public and private health care insurance plans have an inequality of treatment coverage for mental illness in comparison to other health problems. Even though treatment efficacy rates for most mental illnesses exceed those for heart disease and diabetes, treatment of mental illness still holds a stigma of unacceptability. Whereas, other illnesses have outspoken champions from the ranks of the patients and their families, mental illness is not as often championed because of the nature of
the disability. The symptoms of schizophrenia result in the patients not being able to advocate for themselves, and their families are often too ashamed to speak out forcefully. Stigma then becomes a significant barrier to care (Torrey, 1997).

Currently, President Bush supports efforts in Congress to pass a federal parity bill that would give Americans with mental illness medical coverage equal to the coverage of other physical illnesses. This has become an increasingly bipartisan issue in recent years as the nation has realized that untreated mental illness negatively affects all citizens. Untreated mental illness costs Americans approximately $79 billion annually when all of the following are taken into account--lost productivity, unemployment, emergency room visits, homelessness, suicide, bankrupting of families, the unnecessary criminalization of those with schizophrenia, and the inappropriate use of jails and prisons. The parity bill, if passed, will be called the Paul Wellstone Mental Health Equitable Treatment Act of 2003 in honor of his efforts to help citizens with mental illness (NAMI, 2003).

With the rapid advances in brain imaging, neuroscience, pharmacology, and genetics, psychiatry has caught up with mainstream medicine. According to Kopala (2001), it is ironic, or perhaps unfortunate, that these psychiatric/medical advances have come at the same time as massive deinstitutionalization of psychiatric patients. Now that society can finally successfully treat individuals with schizophrenia through medical and psychiatric treatment, the patients can no longer stay at the hospital long enough to receive treatment. Because of the history of psychiatric hospitals not curing patients with schizophrenia and these patients being vulnerable to mistreatment in some hospital settings, society has now turned the patients out to the streets, where
they are far less able to receive the services they need. According to Torrey (1997),
the result has been disastrous. He states that the Los Angeles County Jail houses
21,000 inmates, out of which approximately 3,300 inmates currently are receiving
mental health care services on a daily basis, making it the largest, de-facto, mental
hospital in the United States.

Research in Educational Psychology

Numerous studies have shown that cognitive deficits in the areas of attention,
executive functioning, verbal recall, visuospatial abilities, and fine motor skills are
present in most patients with schizophrenia (e.g., Friedman, 1994; Kumra et al., 2001).
Individuals with schizophrenia appear to show a decline in full-scale IQ after onset of
the illness in adolescence. Kumra et al. states that this does not appear to reflect
deterioration, but rather an inability to acquire new information and skills compared to
healthy adolescents. On the WISC-R, the decline is most significantly apparent on the
subtests of picture arrangement, information, and block design. Though Risperdal and
Seroquel (atypical, anti-psychotic medications) reduce some of the cognitive
impairments seen in schizophrenia, the cognitive skills are still below normative levels.
Poorly coordinated retrieval, processing, and expression of information may be
fundamental deficits in schizophrenia.

Leisure reading has been shown to be an effective intervention to enhance
cognitive functioning in people with mental disabilities (Skinner, Skinner, & Armstrong,
2000). Many adults with schizophrenia have trouble reading. Since most individuals
with schizophrenia do not develop the illness until adolescence, they have already
mastered reading skills. However, core symptoms of schizophrenia make it difficult to
read (e.g., attention impairments, sensory interference, difficulty with communication comprehension). Being able to sustain reading over a period of time is essential for people to understand and integrate what they have read. Skinner et al. successfully used a shaping program to enhance cognitive functioning in individuals with schizophrenia. By having the student earn a reward of their choosing, reading time was gradually increased in a positive environment. Thus, the individuals did not associate the task with any aversion. The researchers also found that having the individual read out loud seemed to be a reinforcer, increasing comprehension, which is often a problem for those with schizophrenia.

According to Sanderson et al. (1999), schizophrenia and learning disability can be comorbid. They found that those with both schizophrenia and learning disability resembled individuals who had schizophrenia alone and not those with learning disability alone. They also found that there is a higher frequency of schizophrenia among individuals with learning disabilities, which they suggest is due to a greater tendency of patients with schizophrenia to develop cognitive deficits.

Also, within the population of individuals with learning disabilities, there may be individuals whose deficits result from undiagnosed schizophrenia. Soft neurological signs of cognitive deficit are often seen in individuals with schizophrenia, in addition to sustained attention impairment (Chen et al., 2001). Since a significant body of literature already exists on interventions for learning disabilities and attention deficits (e.g., Deshler, Ellis, & Lenz, 1996; Lenz, Ellis, & Scanlon, 1996; Levine, 1994; Sturmoski, 1997; Swanson & De La Paz, 1998; Wendon, 1998) these findings have
ramifications for their use in developing educational interventions for students with schizophrenia.

Studies concerning the value of reduced expressed emotion within the family (e.g., Falloon, 1985; Willetts & Leff, 1997) for individuals with schizophrenia have application for the school environment as well. Education of school personnel on the nature of schizophrenia has the potential to reduce negative exchanges between school personnel and students with schizophrenia, decreasing the student’s psychosis, thus increasing the chance for such youth to continue and benefit from their education.

Educational Services for Students with Schizophrenia

As cited previously, research shows that adolescents and young adults with schizophrenia are the least likely of all the disabilities served under IDEA (1997) to receive interventions of any kind. Of all the age groups with disabilities, adolescents with schizophrenia are the least likely to attend self-help support groups. Yet, they are the most in need of assistance, because they are more likely at the beginning stages of the illness (Salem et al., 2002). This suggests a need for aggressive intervention to take place in the schools where the students are enrolled when they first begin to develop schizophrenia.

Federal law requires school districts to make provision for (a) creating individualized educational plans ([IEP], IDEA, 1997, §300.340-300.347), (b) conducting a functional behavioral analysis ([FBA], IDEA, §300.520 (b) [1]) for any school behavior that is interfering with the student’s ability to remain in school, (c) creating a behavioral intervention plan ([BIP], IDEA, §300.520 (b) (1) (i), (2), (c) [1]) to address any such behaviors, and (d) conducting a manifestation determination
(IDEA, §300.523-300.524) if a student with a disability is near to being suspended from school for misbehavior. In deciding on school discipline, school personnel must take into account any manifestation of the student’s disability that may be causing the discipline problem. In order to follow the spirit of the law, school personnel must have accurate information and familiarity with the symptoms associated with schizophrenia in addition to how those symptoms may affect school behavior and performance. Without accurate information, school personnel will not be able to design an effective IEP or BIP, nor can they make a manifestation determination. This highlights the need for information from special education research on the symptoms of schizophrenia affecting school performance. It is hoped that this present study might provide useful preliminary data in this area.

Advocacy Incorporated (2002) states that youth with schizophrenia are to receive transition services through the public school. IDEA (1997, §300.348) requires schools to have a transition process for preparing students with disabilities to become independent and successful adults. Transition planning involves the student, the family, and other agencies, programs, or individuals who may have a role in the transition process. The process of identifying the student’s transition needs should begin no later than age 14. Students can continue to receive services from the school until they turn 22 or until they graduate with a regular diploma. By age 16, the individual educational planning committee must look outside the school district and identify those programs and services that can provide information and services to the student after leaving school. A separate transition plan must be created that includes not only services the school will provide, but also any transition services to be
provided by someone other than the school district. The services the school will provide must also be included in the student’s individual educational plan (IEP). A student with schizophrenia should have representatives from Mental Health/Mental Retardation (MHMR), the Social Security Office for Social Security Income (SSI), the local state Rehabilitation Commission, and any other pertinent agencies at their IEP and transition planning meetings. The school is mandated to ask representatives from these agencies to attend, but the school cannot require it of them. If representatives from these organizations cannot attend, the school is responsible to make other efforts to get the information from these agencies to the student and family. If the needed transition services cannot be performed by an outside agency, the school is required to provide the service. This might include job training, a job coach, how to use public transportation, and how to access medical care during enrollment in school and after leaving school.

Statistics from the Office of Special Education Programs (OSEP, 2003) on the number of students of each disability category receiving special education services from the public school system, in any given year, reveal a notable disparity. In Texas, for the 2000-2001 school year, 22,198 students were being served in the disability category of E/BD in the age bracket of 12 to 17. However, in the age bracket of 18 to 22, only 1,411 students with E/BD were still receiving services in Texas. Other states had similar, significantly, declining rates of youth with E/BD receiving services after age 17. Though OSEP’s report does not comment on this disparity, a logical conclusion can be drawn that:
• If IDEA (1997) mandates that students with E/BD are to receive services until they are 22, or until they earn a regular high school diploma,
• and the largest number of students not earning a high school diploma are those with E/BD,
• then these statistics reveal that a huge number of students are not receiving the legally required special education support they are entitled to after the age of 17.

Students with E/BD are the most likely to be arrested and eventually incarcerated for minor, but repetitive, crimes and have the highest rate of unemployment of any disability group. Within the broader classification of students qualifying as having E/BD, those in the subgroup of schizophrenia are the least likely to earn a high school diploma, most likely to drop out of school completely, most likely to be arrested for nonviolent, minor, but repetitive, crime, and least likely to be employed. Commonly, schizophrenia first manifests itself in the early teen years when students are still enrolled in school. Currently, however, most individuals with schizophrenia drop out of high school before ever receiving any help from school personnel (Kaufman & Goreman, 1995).

Development of Special Educational Approaches for Students with Schizophrenia

According to Dr. Matthew Byerly, a leading researcher in the field of schizophrenia at the University of Texas Southwestern Medical Center in Dallas, there are almost no publications, research, or information in the area of special education for youth with schizophrenia. He further states that research and development along these lines are greatly needed, and he suggests that now is the time for educators to step forward
and develop curriculum and service plans to effectively reach this population of young people (M. Byerly, personal communication, April 16, 2002).

Medical professionals are lacking in the area of what to do during the stable phase of schizophrenia. Physicians release patients from the hospital with medications to help control the symptoms, but then what? They wait for the next psychotic episode and a return to the hospital. Counseling and social skill training are somewhat helpful, but services are not easily accessible for outpatients, and adolescents are the least likely to avail themselves of such support. In addition, many programs are not using research-proven, best-practices designed for the specialized needs of those with schizophrenia. Jureidini (1991), in his study of adolescents in a psychiatric hospital, found that almost all of his subjects had already dropped out or been expelled from school due to the symptoms of their illness.

The factors of adolescent onset of schizophrenia and the elevated drop out rate from school are reasons that early intervention, from both the medical and educational community, is essential for best outcome. The local school is a logical place to develop early interventions for youth with schizophrenia. In 1960, Berkowitz and Rothman suggested the school setting as an appropriate and logical first line of defense for reaching students with E/BD, and the Council for Children with Behavioral Disorders ([CCBD], 2003) continues to support this approach today. Schools should work closely with community/state agencies and local resources to ensure delivery of needed support to those with schizophrenia and their families. Research needs to be conducted on educational interventions that are effective, appropriate, and feasible for use in schools to assist youth with schizophrenia in continuing successfully in their
education. Educational interventions need to be developed that will increase chances for high school completion. Schools then need to provide useful transition services. These could include guidance to further training, procurement of employment, vocational training, mastery of social skills needed to keep a job, connection with community services for ongoing support for transportation, job coaches, group homes, and connecting graduates with health care to continue an uninterrupted access to medication and counseling.

Effective interventions for students with schizophrenia will not be the same as for students with other E/BD disabilities (e.g., conduct disorder, aggression issues, bipolar disorder). Cognitive-behavioral therapy approaches show great promise for students with schizophrenia (Rector & Beck, 2002; Spalding, 1994; Tarrier & Barrowclough, 1999), as do psychosocial interventions (Harvard Medical School, 2001; Tarrier et al., 2002), and psychoeducational interventions (Bhanji & Tempier, 2002; Patlak, 1997), for the areas of counseling, behavior change, and social skill mastery. Person-centered, experiential, and group therapy approaches have proven to not be as helpful, and in many cases actually detrimental, to individuals with schizophrenia (e.g., Hemsley, 1996; Maguire, 2002; Spalding; Torrey, 1997). These approaches may, unfortunately, include many of the social skills training programs on the market today (e.g., Goldstein, 1988). If so, new social skills training programs need to be created, effective for students with schizophrenia.

The symptom of schizophrenia involving loss of pleasure in normal activities needs to be considered when devising a behavioral intervention plan tailored to that student. Rewarding experiences for other students may not hold the same value to a student
with schizophrenia. Thus, behavior modification approaches often used with students with E/BD may need to be re-evaluated for students with schizophrenia.

NIMH, as part of the federal government’s National Institute of Health (NIH), has formed a prevention research initiative to marry the biomedical, behavioral, and cognitive sciences in an effort to enhance prevention efforts (NIMH, 2002). However, according to their literature and website, NIMH is not investigating the inclusion of special education in their research efforts, nor is NARSAD. In fact, NARSAD states that they have never funded any research in the area of special education for students with schizophrenia or the role of the school in servicing students with schizophrenia (C. Dodson, NARSAD, personal communication, April 6, 2002). This is, apparently, an area in need of research attention by the educational community and supports the need for this current study.

Qualitative Methodology

The choice of research methodology is dependent on the desired goals of the researcher and the needs of the topic being studied. Quantitative research is suited to studying a narrowly defined population in which specific variables are known. These variables can be experimented on and a statistical analysis applied. Quantitative research yields data that more readily lends itself to numerical representations and statistical analysis. Qualitative research is better suited when the topic to be researched has not already been well-studied and possible influential variables have not been clearly identified. When a topic does not have a significant research base, it is difficult to single out specific variables to study quantitatively. Qualitative research
can approach a topic with open-ended questions and potentially discover variables that can later be studied quantitatively (McCracken, 1988).

Before definitive quantitative research can be conducted successfully on a topic, well-designed qualitative studies are essential. A qualitative study has the potential to return rich information. Carefully constructed and sensitively conducted qualitative studies are particularly valuable for discovering process information. Though qualitative research is typically a longer process per study than quantitative research, it should save time for future researchers wishing to study a specific cause and effect using quantitative methods for the same population. The results of good qualitative studies narrow the number of likely variables involved in a process and highlight the variables that are most likely to bring useful results from further study using quantitative methods (Rossi, Freeman, & Lipsey, 1999).

To begin a qualitative study, a thorough review of the literature is essential for the researcher to gain insight into the topic under investigation. Only then can insightful and meaningful questions be developed for use in the investigation process. The review of literature allows the researcher to identify topics to further explore and from which to branch out through the qualitative investigation (Glesne, 1999).

Instrumentation for a qualitative research can include focus groups, personal interviews, questionnaires, surveys, and researcher observations (Rossi et al. 1999). Qualitative research also values the researcher as an instrument in the collection and analyses of data (Glesne, 1999). The analyses part of qualitative research, by its very nature, begins with an open-ended approach. The analyses process begins with the researcher and a set of relatively unorganized data. The researcher is required to
become personally immersed in the data, sort out patterns, recognize possible associations, and use logic toward final interpretation. The experience and intellect of the researcher is influential in interpreting the results and can qualify or disqualify the usefulness of a qualitative study (McCracken, 1988).

The validity of final interpretations of qualitative data are strengthened by a well-conceived research design (i.e., well-defined population, clear criteria for participants, thorough review of the literature, multiple methods for data collection, multiple sources for data, and well-thought-out research questions). Purposeful selection of participants (as opposed to random selection more often used in quantitative research) increases the likelihood of selecting highly qualified respondents, thus increasing the probability of receiving useful and accurate information on the topic being studied (Siedman, 1998).

Qualitative research has the advantage of allowing the researcher to change directions in the questioning or data collection process as the study proceeds as new evidence emerges. The researcher can decide if changes would provide an increased perspective and more valuable data. Qualitative research validity is increased by the use of multiple methods of data gathering, referred to as data triangulation. Using multiple methods and sources is a means of offsetting different kinds of bias and measurement error. If findings from different methods and sources are congruent, the validity of the findings is strengthened. (Stainback & Stainback, 1988).

Conclusion

This researcher found virtually no research on special education interventions designed specifically for students with schizophrenia, nor special education research
on the effects of schizophrenic symptoms on academic and social success in school. The authenticity of this failed search is confirmed by other professionals in the field of schizophrenia (e.g., Byerly, 2002; Dodson, 2002). This, apparently, is an area in need of exploration by professionals in the field of special education.

Until recently, teenagers with schizophrenia usually did not complete their high school education. IDEA (1997) requires educators to provide those students with schizophrenia with a free and appropriate public education (FAPE) and appropriate special education services and supports until the age of 22. Yet, even with federal mandates contained in IDEA to find a way to educate these students, it did not happen. The symptoms of schizophrenia could not be controlled well enough with the older medications to enable them to continue benefiting from the school setting.

Current medical, psychiatric, and counseling research has now given educators enough help to warrant moving forward in developing educational interventions in academic and social areas for students with schizophrenia. Medical science has given society the medications necessary to enable many students with schizophrenia to stay in school. Medical, psychiatric, and counseling research has discovered the potential for cognitive-behavioral therapy to be of benefit to those with schizophrenia. Medical and psychiatric research has noted a variety of negative symptoms, which individuals with schizophrenia experience, apart from the positive symptoms of hallucinations, delusions, and illusions. However, without special education conducting progressive research in the area of schizophrenia, efforts from the fields of medical, psychiatric, and counseling research will not be enough to help students with schizophrenia to experience school success. To accomplish this, educators need knowledge of the
symptoms of schizophrenia that affect academic and social success and the exacerbators and diminishers of those symptoms for students with schizophrenia. Only then can educators begin to develop appropriate, effective educational and behavioral interventions for this population to enable students with schizophrenia to take full advantage of their opportunity for a better life. School personnel, and society in general, must be educated that individuals with schizophrenia can be helped, and can be better helped, at the earliest possible time in the development of their disability.

Now that medical, psychiatric, and counseling research has opened the doors for educators to be able to do what they have been required to do by IDEA (1997) since its inception, educators’ questions remain (e.g., What exactly should special educators be doing? What can they do? What areas are in need of further research?). Before these questions can be adequately answered, educators will need to know what symptoms of schizophrenia are affecting education and in what way. Symptoms of schizophrenia affecting a student’s education is the emphasis of this present study and leads to the research questions delineated in Chapter III.
CHAPTER III

METHODOLOGY AND PROCEDURES

This chapter describes the (a) research questions developed for this study, (b) setting, (c) sample population/participant selection process, (d) instrumentation, (e) data collection procedures, and (f) data analysis procedures. Questions that emerged as a result of the review of literature included, “What special school interventions would be effective with students with schizophrenia?” and “How can students with schizophrenia be kept in school through graduation?” Unfortunately, after a thorough review of the literature, it becomes evident that successful school interventions for students with schizophrenia are only now emerging. It is also evident that successful school interventions for students with schizophrenia cannot be developed, until it is clear what symptoms interfere with what aspects of school success, in what way, and what the exacerbators or de-escalators of those interfering symptoms are. Only after answering the previous questions concerning interfering symptoms, can further research be conducted into exact interventions appropriate for students with schizophrenia.

The purpose of this study is to delineate the negative symptoms that students with schizophrenia experience that specifically interfere with (a) academic and social aspects of school success and school completion and (b) family and community adjustment. This includes the manner in which those negative symptoms interfere and the exacerbators and de-escalators of those symptoms.
Research Questions

The review of literature revealed that the current body of research on symptoms adversely affecting students with schizophrenia and school interventions specifically designed for students with schizophrenia is lacking. With the newest, atypical, antipsychotic medications diminishing or eliminating the positive symptoms of schizophrenia (i.e., hallucinations, delusions, illusions), the student with schizophrenia has an increased chance to remain in school. Yet, how can educators work with the remaining negative symptoms affecting these students? In order to develop appropriate and effective school interventions, there is a need for special education research to delineate these negative symptoms, to study the exact nature of the negative symptoms, and to discover how they interfere with academic and social success. This mental process has led to the following research questions to be answered by this study.

1. What negative symptoms of schizophrenia interfere with a student’s academic success?
2. What negative symptoms of schizophrenia interfere with a student’s social success?
3. What negative symptoms of schizophrenia interfere with a student’s success in family life?
4. What negative symptoms of schizophrenia interfere with a student’s success in community life?
5. What are specific exacerbators of certain negative symptoms of schizophrenia?
6. What are specific diminishers of certain negative symptoms of schizophrenia?
Setting

The participants for this study were drawn from public schools throughout the Dallas/Ft. Worth area. Research sites included Tarrant County Mental Health/ Mental Retardation (MHMR), University of Texas Southwestern Children’s Medical Center of Dallas, Dallas-Ft. Worth chapter of the National Association for the Mentally Ill (NAMI), Denton NAMI, Challenge Center in the Sanger Independent School District, Garland Independent School District, and Dallas Independent School District. The individuals with schizophrenia, their families, and teachers were interviewed in natural settings, including classrooms and homes. The study was approved by the Institutional Review Board of the University of North Texas (see Appendix A).

Sample Population/Participant Selection

Five participants (see Appendix D) were chosen for this study who have a psychiatric diagnosis of schizophrenia. In addition, criteria of age of onset was used to narrow the population studied. The participants have experienced first onset of schizophrenia sometime from the age of 12 through 21. Criteria for age of onset occurring sometime from age 12 through 21 was chosen because IDEA (1997) states that students diagnosed with schizophrenia must receive educational services through the age of 21. This age range would be the population that could receive benefit from increased knowledge on the needs of students with schizophrenia on the part of educators. Individuals with onset after the age of 21 were excluded as study participants to avoid possible confounding variables peculiar to later onset of schizophrenia.
In addition to the five individuals with schizophrenia, a teacher(s) and a parent(s) (caregiver) for each individual were interviewed. There were a total of 19 individuals interviewed. All participants were willing to work with the researcher on a voluntary basis. A purposeful selection process was used for all participants rather than a random selection process.

Instrumentation

Three types of instrumentation were used (i.e., audio-recorded personal interviews, past school records, and researcher observations). The first Instrumentation included audio-recording qualitative interviews between the researcher and each study participant, using a semi-structured interview guide (see Appendix B & C). The content and question flow of this guide were exploratory in nature. The exact use of the interview guide differed based on each participant’s specific experiences.

In addition to the personal interviews, the researcher conducted a thorough analysis of past academic and social assessments and teacher-generated reports contained in the study participants’ school files in order to further enrich the interview data. The third instrument was the field notes gathered from the researcher’s observations of the participants with schizophrenia.

Data Collection Procedures

Data were collected in separate interviews with each participant type (i.e., student, their parent or guardian, and their teacher). Each interview consisted of 2 one-hour sessions, on separate days. A minimum of one day elapsed between the first and second interviews to allow the researcher to refine the questioning and allow the interviewees time to reflect on possible additional insights they may have wanted to
contribute. These interviews were audio-recorded with the participants’ knowledge and approval. The researcher also took notes as needed.

The interview process was open-ended, yet semi-structured, using questions prepared by the researcher in advance. This combined approach allowed for new directions of inquiry to emerge while at the same time resulted in the gathering of high quality information (Gall, Borg, & Gall, 1996; Glesne, 1999). To maximize data collection per individual interview, depth probes were used (e.g., Tell me more about that; What else happened?). This elicited information-rich responses (Frey & Oishi, 1995).

In addition, one to three hours of observation per participant with schizophrenia was conducted by the researcher, while taking thickly descriptive notes. In addition, data was gathered from school records, including previously administered standardized testing from both before and after the onset of schizophrenia, and teacher generated reports on academic progress and social behavior.

Utilization of Qualitative Methodology

A qualitative research approach was chosen for this study because of its viability in the initial exploratory stage of researching the nature of a problem. Very little research in special education concerning the effects of the symptoms of schizophrenia on academic and social success for children and youth has been conducted. This factor warrants a qualitative research design. Educators must have information on how students with schizophrenia function, before they can design effective intervention strategies. Through this qualitative study, a better understanding of causal processes
may be obtained from intimate acquaintance with the participants, their problems, and the resulting qualitative observations.

In this study, individual semi-structured interviews with three different stakeholders (i.e., student, parent, and teacher) should increase the richness and variety of the data collected. Studying the past school records and educational assessments of the participants with schizophrenia, looking for patterns, provides another avenue for gaining data. Finally, the researcher’s observation of the participant with schizophrenia in their school environment should add another dimension to the total picture being researched. If answers to how schizophrenia affects that individual’s life are to be discovered, then schizophrenia will need to be studied within the individual’s life (Rossi et al., 1999).

Observations from school, home, and community are not only relevant, but essential to understanding what interferes with this individual living successfully and productively. Interviews with the individual who has schizophrenia are vital to discovering what they are experiencing and are paramount to understanding the effects of this illness.

Interviews with teachers are the next source of invaluable information. Teachers have the opportunity to observe the student in both social and academic settings. They can offer insights during settings unavailable to either the parents or the researcher. Many teachers are trained in observation techniques. They keep data records on progress in academic and social areas, health, attendance, and daily behaviors which could be useful for this study.
Information from parents is essential to ascertain what they have observed, at naturally occurring times, concerning their child with schizophrenia. These are critical observational moments that are unavailable to the researcher. What parents perceive as affecting the individual with schizophrenia could be invaluable. They should be considered expert observers for the following reasons: (a) they have more observation time available with the study participant than the researcher, (b) more interest in the study participant, thus increasing the possibility of increased observation time and level of scrutiny during natural settings, and (c) more vested interest in gathering the data than someone outside the family (Rossi et al., 1999).

Data Analysis

The qualitative data analysis was approached using respected, researcher accepted practices, including thorough recording of the data in minute detail, open-ended analysis of the data, and coded analysis of the data, while reflecting on known learning theory and currently accepted practices in the field of special education for working with students. The audio-recorded qualitative data gathered in this research was first transcribed to printed documents for more in-depth analysis. These data were combined with the data collected from school records and data gathered through the researcher’s observations.

All sets of data were analyzed using coding analysis of similar comments to facilitate the grouping of like-responses. A process of data reduction, data display, and data analysis was used (Miles & Huberman, 1984). Final analyses is presented in tables and narrative form. Further, data from a variety of sources were used to make
the results of the study potentially more valid (Banister, Burman, Parker, Taylor, & Tindall, 1994).
CHAPTER IV

FINDINGS AND DISCUSSION

The purpose of this study was to explore the symptoms of schizophrenia that interfere with students’ academic and social success and the exacerbators and diminishers of those symptoms. Over thirty hours of taped interviews and 245 pages of transcribed information were generated through the process of interviewing 19 study participants (i.e., five students with schizophrenia, their parents, and their teachers). Interview transcripts are included as Appendix E. The information generated from this study was organized through the process of data reduction, data display, and data analysis.

Data Reduction

Line by line analysis of the interview transcripts was conducted, extrapolating all references to symptoms that were perceived by study participants to interfere with academic or social success. The same process was used to extrapolate all conditions perceived by study participants to be exacerbators of those symptoms. The same process was used, again, to extrapolate all conditions perceived by study participants to be diminishers of those symptoms.

The extrapolated references were then analyzed to identify participant comments that were expressions of the same idea or phenomenon, but were expressed in different phraseology or used different examples. When applicable, these were then logically combined into a single reference with one meaning: (a) trouble waking up, oversleeping, combined under the topic of Difficulty Awakening, (b) concern with people seeing them eat lunch, concern someone will make them eat something
poisonous, police will get them, afraid to walk to McDonald’s, reluctance to leave the house, combined under the topic of Fear/Paranoia, (c) concern mother might die, concern parent will not return, concern they will hurt someone, concern that there is no milk in the fridge, combined under the topic of Excessive Worry, and (d) walking up and down the school hallway over and over, walking around and around the gym with an aide, walking back and forth in the classroom, pacing back and forth combined under the topic of Pacing. Tables 1-9 were then created using these references, marking which study participant said or talked about which factor.

The data then were analyzed for patterns, triangulating each factor among all students, all parents, and all teachers (the three groups of study participants). Agreement was noted on the symptoms and the exacerbators and diminishers of those symptoms both within groups and among groups, thus strengthening the validity of the findings.

In addition, agreement was noted within each triad interviewed (i.e., five triads: each triad consisting of student, parent of that student, and teacher of that student). Triangulation of the data in this manner strengthened the validity for each observation concerning a single student.

Separate tables were created for (a) all symptoms mentioned by study participants (see Table 1), (b) agreement on symptoms within groups and among groups (i.e., students, parents, teachers; see Table 4), and (c) agreement within each triad (i.e., student, their parent, their teacher) and among triads (see Table 7). Similar tables were created in the same manner for the exacerbators (see Tables 2, 5, 8) and diminishers (see Tables 3, 6, 9) of the symptoms identified by study participants.
The computer software programs DtSearch and Atlas TI were studied for their potential to speed-up the analysis of the qualitative data. However, these programs were not used in the final analysis of this study. Rather, a traditional, hands-on approach was chosen as the best approach for this data and this researcher. The uniqueness of the study, the personal research analysis style of the researcher, the lack of consistent definitive terms used by the participants, the need for interpretation on the part of the researcher, and the extreme exploratory nature of the study were all considered as factors suggesting the abandonment of the use of a computer software program in favor of the traditional, hands-on analysis process.

Data Display

There is a range of symptoms that does not fit neatly within the positive symptom categories of hallucinations, illusions, and delusions commonly associated with schizophrenia. Nonetheless, these additional symptoms cause great distress for individuals with schizophrenia. The field of psychiatry has recognized these symptoms and classified them as negative symptoms. They are symptoms that rob the individual of former skills and reduce the individual’s level of functioning. These negative symptoms are often the ones that remain even after antipsychotic medications have eliminated or diminished the positive symptoms of hallucinations, illusions, and delusions. Frequently, people attribute these symptoms to the side-effects of medication. However, though medication does have a number of unpleasant side effects, most of these negative symptoms are from the illness of schizophrenia itself and remain even if the individual stops medication (McGorry, 1998). Also, many negative symptoms are apparent during the development of schizophrenia, before any
medical interventions. These symptoms are very real and worthy of serious research in a search for interventions for the population of people with schizophrenia. Some researchers (i.e., McGorry, 1998; McGorry & McConville, 2000) are using these negative symptoms to develop a theory of a prodromal stage of schizophrenia, looking into the potential for early medical intervention. This researcher is using these negative symptoms in this study to explore possibilities for academic and social interventions. The study participants shared their insights into their experiences with the illness of schizophrenia and from their input the researcher has identified symptoms interfering with school academic and social performance, those factors that exacerbate those symptoms, and those factors that diminish the effects of those symptoms.

Key areas emerged from the analysis of the data. Within the list of symptoms interfering with academic and social success generated by the study participants, categories of symptoms became apparent: (a) physical/environmental/logistical symptoms, (b) emotional symptoms, (c) social symptoms, and (d) academic/cognitive symptoms. It could be argued that some of the symptoms fit equally well in more than one of these categories, but the decision was made to place them in one category for ease of organizational reference. Also, categories within the lists of key exacerbators and key diminishers of those symptoms emerged from the interview data as well. These include (a) physical, (b) environmental, (c) logistical, (d) emotional, (e) social, and (f) academic/cognitive. The categories are reflected in the tables. These categories help in identifying those factors that answer the research questions. Following are data gathered through interviews and observations of students with
schizophrenia, their parents, and their teachers, displayed in tables followed by an analysis of that data.
TABLE 1
Symptoms of Schizophrenia Mentioned by Study Participants as Interfering with Academic and Social Success

<table>
<thead>
<tr>
<th>Participants</th>
<th>Students (Initial)</th>
<th>Parents (P)</th>
<th>Teachers (T)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Symptoms</strong></td>
<td>B</td>
<td>C</td>
<td>Br</td>
</tr>
<tr>
<td><strong>Physical/Environment/Logistics</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agitation</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Pacing</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Exhaustion from thinking</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Sleepy during the day</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>General malaise, headaches, stomachaches</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Zone-out/shut down</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>2-4 week cycle</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fall/Spring cycle</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Cannot sleep at night</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Difficulty waking up</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Wandering away</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Wants to stay home</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Absences</td>
<td>X</td>
<td>X</td>
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<tr>
<td><strong>Emotional</strong></td>
<td></td>
<td></td>
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<tr>
<td>Fear/Paranoia</td>
<td>X</td>
<td>X</td>
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<td>Excessive Worry</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Reduced pleasure/limited interests</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Frustrates easily</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Apathy</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Depression</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Suicide ideation</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Delusions</td>
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TABLE 1  
(continued)
Symptoms of Schizophrenia Mentioned by Study Participants as Interfering with  
Academic or Social Success

<table>
<thead>
<tr>
<th>Students (Initial)</th>
<th>Parents (P)</th>
<th>Teachers (T)</th>
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<td><strong>Participants</strong></td>
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<td>C</td>
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<tr>
<td><strong>Symptoms</strong></td>
<td></td>
<td></td>
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<tr>
<td>Emotional (continued)</td>
<td></td>
<td></td>
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<tr>
<td>Mood swings</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Unusual lack of concern</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Negative thoughts of self-esteem</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Heightened procrastination</td>
<td></td>
<td></td>
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<tr>
<td>Social</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty with or loss of friends</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Immaturity</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Loss of social skills</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Self-help weak</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Loss of manners</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Complains about others</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Complains about own appearance/concern with body</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Loss of goals</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Few two-way conversations</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Academic/Cognitive</td>
<td></td>
<td></td>
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<tr>
<td>Academic regression</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Cognitive weaknesses</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Ability to learn weak</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Reading comprehension</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Written expression</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Math weak</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Multi-steps weak</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Abstracts weak</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Computer use (difficult for academic lessons)</td>
<td>X</td>
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<tr>
<td>Lack of logic</td>
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<td>Distractible</td>
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<tr>
<td>Weak internal sense of passage of time</td>
<td>X</td>
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### TABLE 2
Exacerbators of the Symptoms of Schizophrenia That Interfere with Academic and Social Success as Mentioned by Study Participants

<table>
<thead>
<tr>
<th>Participants</th>
<th>Students (Initial)</th>
<th>Parents (P)</th>
<th>Teachers (T)</th>
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<tr>
<td><strong>Exacerbators</strong></td>
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<td></td>
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<tr>
<td><strong>Physical</strong></td>
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<td></td>
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<tr>
<td>Exhaustion from thinking</td>
<td>X X X X X</td>
<td>X X X X X X</td>
<td>X X X X X X</td>
</tr>
<tr>
<td>Medicine side-effects</td>
<td>X X X X X</td>
<td>X X X X X X</td>
<td>X X X X X X</td>
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<tr>
<td>Medicine compliance</td>
<td>X X X X X</td>
<td>X X X X X X</td>
<td>X X X X X X</td>
</tr>
<tr>
<td><strong>Environment/Logistics</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Schedule changes and confusion</td>
<td>X X X X X</td>
<td>X X X X X X</td>
<td>X X X X X X</td>
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<tr>
<td>Switching classes</td>
<td>X X X</td>
<td>X X X</td>
<td>X X X</td>
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<tr>
<td>Crowded halls</td>
<td>X</td>
<td>X X</td>
<td>X X</td>
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<tr>
<td>Being touched</td>
<td>X X X X X X</td>
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<tr>
<td>Seat in middle of room/close to others</td>
<td>X X X X X</td>
<td>X X X X X X</td>
<td>X X X X X X</td>
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<tr>
<td>Too many choices, too much freedom</td>
<td>X X X X X</td>
<td>X X X X X X</td>
<td>X X X X X X</td>
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<tr>
<td>Others acting out</td>
<td>X X X</td>
<td>X X X</td>
<td>X X X</td>
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<tr>
<td>Classroom chaos</td>
<td>X X X</td>
<td>X X</td>
<td>X X</td>
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<tr>
<td>Noise</td>
<td>X X X</td>
<td>X X</td>
<td>X X</td>
</tr>
<tr>
<td><strong>Emotional</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School stressful/frustrating</td>
<td>X X X X X</td>
<td>X X X X X X</td>
<td>X X X X X X</td>
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<tr>
<td>Worrying</td>
<td>X X X X X</td>
<td>X X X X X X</td>
<td>X X X X X X</td>
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<tr>
<td>Yelling by adults</td>
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<td>X X X X X X</td>
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<tr>
<td>Extra emotion</td>
<td>X X X X X</td>
<td>X X X X X X</td>
<td>X X X X X X</td>
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<tr>
<td>Stress of normal life</td>
<td>X X X X X</td>
<td>X X X X X X</td>
<td>X X X X X X</td>
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<tr>
<td>Insecure about own thought processes</td>
<td>X X X X X</td>
<td>X X X X X X</td>
<td>X X X X X X</td>
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<tr>
<td>Being forcibly controlled</td>
<td>X X X X X</td>
<td>X X X X X X</td>
<td>X X X X X X</td>
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<tr>
<td><strong>Social</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Too many teachers</td>
<td>X X X X X</td>
<td>X X X X X X</td>
<td>X X X X X X</td>
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<tr>
<td>Problem with friends</td>
<td>X X X</td>
<td>X X X</td>
<td>X X X</td>
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<tr>
<td>Rejection by church</td>
<td>X X X</td>
<td>X X X</td>
<td>X X X</td>
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<tr>
<td>Meeting new people, new personalities</td>
<td>X X X</td>
<td>X X X</td>
<td>X X X</td>
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<tr>
<td>Unkind school staff</td>
<td>X X X</td>
<td>X X X</td>
<td>X X X</td>
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TABLE 2  
(continued)

Exacerbators of the Symptoms of Schizophrenia That Interfere with Academic and Social Success as Mentioned by Participants

<table>
<thead>
<tr>
<th>Participants</th>
<th>Exacerbators</th>
<th>Students (Initial)</th>
<th>Parents (P)</th>
<th>Teachers (T)</th>
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<tr>
<td></td>
<td></td>
<td>B  C  Br  S  Bo</td>
<td>B  P  C  Br  S  P  Bo  B  T  C  Br  S  T  Bo</td>
<td></td>
</tr>
<tr>
<td>Academic/Cognitive</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>School not meeting needs</td>
<td></td>
<td>X  X  X  X</td>
<td>X  X  X  X  X</td>
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<tr>
<td>Academic skill regression</td>
<td></td>
<td>X</td>
<td>X  X  X  X  X</td>
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<tr>
<td>Too much homework</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Paper/pencil tasks</td>
<td></td>
<td>X  X</td>
<td>X</td>
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<tr>
<td>Too much to do</td>
<td></td>
<td>X  X  X  X  X</td>
<td>X  X  X  X  X  X</td>
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<tr>
<td>School work too difficult (to think, complete, focus)</td>
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<td>X  X  X  X</td>
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<tr>
<td>Lack of teacher getting support</td>
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<td>X</td>
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<tr>
<td>Teacher refusing to follow IEP</td>
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<td>X  X  X</td>
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<tr>
<td>Teachers' knowledge lacking</td>
<td></td>
<td>X  X  X  X  X  X  X  X  X  X</td>
<td>X  X  X</td>
<td></td>
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<tr>
<td>Psychiatric professionals' knowledge lacking</td>
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<td>X  X  X  X  X  X  X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counselors' knowledge lacking</td>
<td></td>
<td>X  X  X  X  X  X  X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participants</td>
<td>Students (Initial)</td>
<td>Parents (P)</td>
<td>Teachers (T)</td>
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<tr>
<td>--------------</td>
<td>-------------------</td>
<td>-------------</td>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Adequate sleep</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>Nap at school</td>
<td>X</td>
<td></td>
<td>X</td>
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<tr>
<td>Homebound instruction</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Go home</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Water (thirst)</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
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<tr>
<td>Radio headset/ Classical music</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
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<tr>
<td>Food rewards</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
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<tr>
<td>Wrist watch, written schedule (for concern with time)</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Pill box for medicine compliance</td>
<td>X X X X X X X X X X X</td>
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<td>X</td>
<td>X</td>
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<tr>
<td>Environment/ Logistics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allowed to pace/walk</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Leave class when overwhelmed</td>
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<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Leave class early to avoid hall crowd</td>
<td>X</td>
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<td>X</td>
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<td>Safe/escape room, safe person/plan</td>
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<td>X X X X</td>
<td>x x x x</td>
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<tr>
<td>Flexible program</td>
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<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Structured schedule</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Distract and redirect</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Study carrel/desk near wall, not middle of room, next to others</td>
<td>X</td>
<td>X</td>
<td></td>
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</tr>
<tr>
<td>Quiet classroom</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Emotional/Social</td>
<td></td>
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<tr>
<td>Calm voice by adults</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Personal attention</td>
<td>X</td>
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<td>X</td>
<td>X</td>
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<tr>
<td>Avoid extra emotion from others</td>
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<td>X</td>
<td>X</td>
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<tr>
<td>Positive encouragement</td>
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<td>X</td>
<td>X</td>
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<tr>
<td>Patience</td>
<td>X</td>
<td>X</td>
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</table>

Table 3

Diminishers of the Symptoms of Schizophrenia that Interfere with Academic and Social Success as Mentioned by Study Participants
Table 3 (continued)

Diminishers of the Symptoms of Schizophrenia that Interfere with Academic and Social Success as Mentioned by Study Participants

<table>
<thead>
<tr>
<th>Participants</th>
<th>Students (Initial)</th>
<th>Parents (P)</th>
<th>Teachers (T)</th>
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<tbody>
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<td>Diminishers</td>
<td>B C Br S Bo</td>
<td>B P C P Br P S P Bo P B T C T Br T S T Bo T</td>
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</tr>
<tr>
<td>Emotional/Social (continued)</td>
<td></td>
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</tr>
<tr>
<td>Back off, leave alone</td>
<td>X X</td>
<td>X X X X</td>
<td>X X X X</td>
</tr>
<tr>
<td>Fewer teachers</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Kind classmates</td>
<td>X X</td>
<td>X X</td>
<td>X</td>
</tr>
<tr>
<td>Assigned peer buddy</td>
<td></td>
<td>X</td>
<td>X X</td>
</tr>
<tr>
<td>Helper (being one)</td>
<td>X X X X</td>
<td>X</td>
<td>X X X X</td>
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<tr>
<td>Human connection with teacher</td>
<td>X X</td>
<td>X X</td>
<td>X X</td>
</tr>
<tr>
<td>Aide to teacher for this student</td>
<td></td>
<td></td>
<td>X X X</td>
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<tr>
<td>Teacher trained in mental retardation</td>
<td>X X X</td>
<td>X X X</td>
<td>X X X</td>
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<tr>
<td>Family support</td>
<td>X X X</td>
<td>X X X X X X</td>
<td>X X X X X X</td>
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<tr>
<td>Both parents agree on plan of action</td>
<td></td>
<td>X X X X X X</td>
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<tr>
<td>Quality contact between teacher and family/collaboration</td>
<td>X X X X X X</td>
<td>X X</td>
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</tr>
<tr>
<td>Academic/Cognitive</td>
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<tr>
<td>Shorter assignments</td>
<td>X X X X X X X X</td>
<td>X X X X X X X X</td>
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<tr>
<td>Slower work pace</td>
<td>X X X X X X X X X X X X X X</td>
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<tr>
<td>One on one instruction</td>
<td>X X X X X X X X X X X X X X X X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicate in sound bytes</td>
<td>X X X X X X X X</td>
<td></td>
<td></td>
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<tr>
<td>Re-explain</td>
<td>X X X X X X X X X X X X</td>
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<tr>
<td>Frequent work breaks</td>
<td>X X X X X X X X X X</td>
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<tr>
<td>Truly modify work, not just shorten</td>
<td>X X</td>
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<tr>
<td>Increase hands-on/visual work/decrease paper/pencil work</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Participants</th>
<th>All 5 students</th>
<th>3-4 students</th>
<th>All 5 parents</th>
<th>3-4 parents</th>
<th>All 5 teachers</th>
<th>3-4 teachers</th>
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<td>Symptoms</td>
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<tr>
<td>Cognitive weaknesses</td>
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<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
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<tr>
<td>Ability to learn weak</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
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<tr>
<td>Reading comprehension weak</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>Sleepy during the day</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
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<td>X</td>
</tr>
<tr>
<td>Zone-out/shut-down</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Exhaustion from thinking</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
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<tr>
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<td>Frustrate easily</td>
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<td>Loss of goals</td>
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<td>Infrequent 2-way conversations</td>
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<td>Less manners</td>
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### Table 4  
(continued)

Symptoms of Schizophrenia Interfering with Academic and Social Success as Mentioned by Study Participants with Multiple Agreement

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<tr>
<th>Participants</th>
<th>All 5 students</th>
<th>3-4 students</th>
<th>All 5 parents</th>
<th>3-4 parents</th>
<th>All 5 teachers</th>
<th>3-4 teachers</th>
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<tbody>
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<td>Complains about own appearance/concern with body</td>
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<td>Unusual lack of concern</td>
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<td>Self-help weak</td>
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<td>Negative thoughts of self-esteem</td>
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### TABLE 5

Exacerbators of the Symptoms of Schizophrenia Interfering with Academic and Social Success as Mentioned by Study Participants with Multiple Agreement

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<th>Participants</th>
<th>All 5 students</th>
<th>3-4 students</th>
<th>All 5 parents</th>
<th>3-4 parents</th>
<th>All 5 teachers</th>
<th>3-4 teachers</th>
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<td>School stressful/ frustrating</td>
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<td>Too many teachers</td>
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<td>Teachers’ knowledge lacking</td>
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<td>Too many choices/too much freedom</td>
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<td>Seat in middle of room/close to others</td>
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<td>Academic skill regression</td>
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<td>New people/new personalities to know</td>
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### TABLE 6

Diminishers of the Symptoms of Schizophrenia Interfering with Academic and Social Success as Mentioned by Study Participants with Multiple Agreement

<table>
<thead>
<tr>
<th>Participants</th>
<th>Diminishers</th>
<th>All 5 students</th>
<th>3-4 students</th>
<th>All 5 parents</th>
<th>3-4 parents</th>
<th>All 5 teachers</th>
<th>3-4 teachers</th>
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<td>Slower pace of work</td>
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<td>Increase hands-on/visual work/decrease paper/pencil work</td>
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<td>Helper (being one)</td>
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<td>Parents both agree on plan of action</td>
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<td>Communicate in sound bytes</td>
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<tr>
<td>Aide to teacher for this student</td>
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TABLE 6
(Continued)

Diminishers of the Symptoms of Schizophrenia Interfering with Academic and Social Success as Mentioned by Study Participants with Multiple Agreement

<table>
<thead>
<tr>
<th>Participants Diminishers</th>
<th>All 5 students</th>
<th>3-4 students</th>
<th>All 5 parents</th>
<th>3-4 parents</th>
<th>All 5 teachers</th>
<th>3-4 teachers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water for thirst</td>
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<tr>
<td>Leave class early to avoid hall crowd</td>
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<tr>
<td>Wrist watch/and written schedule (for concern with time)</td>
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TABLE 7
Symptoms of Schizophrenia Interfering with Academic and Social Success as Mentioned by Study Participants with Multiple Agreement Among All Family Triads and Within Each Family Triad (i.e., student, their parent, and their teacher)

<table>
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<th>Participants</th>
<th>All 5 Triads Agree</th>
<th>Triad B</th>
<th>Triad C</th>
<th>Triad Br</th>
<th>Triad S</th>
<th>Triad Bo</th>
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<tbody>
<tr>
<td>Cognitive weaknesses</td>
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<tr>
<td>Ability to learn weak</td>
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<td>X</td>
<td>X</td>
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<td>X</td>
</tr>
<tr>
<td>Reading comprehension</td>
<td>X</td>
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<td>Sleepy during the day</td>
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<tr>
<td>Exhaustion from thinking</td>
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<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Excessive worry</td>
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<td>X</td>
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<td>Fear/paranoia</td>
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<td>X</td>
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<tr>
<td>Zone-out/shut-down</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>General malaise, headaches, stomachaches</td>
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<td>X</td>
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<tr>
<td>Agitation</td>
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<td>X</td>
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<td>X</td>
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<tr>
<td>Pacing/walking</td>
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<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Fall/Spring cycle</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apathy</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Difficulty with or loss of friends</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Suicide ideation</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distractible</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frustrate easily</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immaturity</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Multi-steps weak</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Math weak</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abstracts weak</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Delusions</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Withdrawal</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of social skills</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Weak sense of passage of time</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mood swings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Complains about others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
TABLE 8

Exacerbators of the Symptoms of Schizophrenia Interfering with Academic and Social Success as Mentioned by Study Participants with Multiple Agreement Among All Family Triads and Within Each Family Triad (i.e., student, their parent, and their teacher)

<table>
<thead>
<tr>
<th>Participants</th>
<th>All 5 Triads Agree</th>
<th>Triad B</th>
<th>Triad C</th>
<th>Triad Br</th>
<th>Triad S</th>
<th>Triad Bo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yelling by adults</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Extra emotion</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Medicine side effects</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>School stressful/ frustrating</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Worrying</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Problems with friends</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Too many teachers</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress of normal life</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others acting out</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class chaos</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicine compliance</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exhaustion from thinking</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Schedule changes and confusion</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Switching classes</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Too much to do</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insecure about own thoughts</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teachers' knowledge lacking</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being touched</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

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TABLE 9

Diminishers of the Symptoms of Schizophrenia Interfering with Academic and Social Success as Mentioned by Study Participants with Multiple Agreement Among All Family Triads and Within Each Family Triad (i.e., student, their parent, and their teacher)

<table>
<thead>
<tr>
<th>Diminishers</th>
<th>All 5 Triads Agree</th>
<th>Triad B</th>
<th>Triad C</th>
<th>Triad Br</th>
<th>Triad S</th>
<th>Triad Bo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slower pace of work</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Calm voice</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Personal attention</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Avoid emotion from others</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Increase hands-on/visual work/decrease pencil/paper work</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Safe/escape room/safe person/plan</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Re-explain</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Allowed to pace/walk</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>One on one instruction</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family support</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher trained in MR</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shorter assignments</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Go home</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homebound</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food rewards</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate sleep</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patience</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leave class early to avoid hall crowd</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Human connection</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Back off/leave alone</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leave class when overwhelmed</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nap at school</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helper (being one)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Wrist watch/written schedule (for concern with time)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Structured schedule</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Positive encouragement</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kind classmates</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
Data Analysis

It is difficult to assign each of the negative symptoms of schizophrenia, identified by the study participants, to only one of the research questions to be answered. The symptoms that study participants mentioned as interfering with academic and social success are symptoms that overlap in their affect of all four areas of life represented in the research questions: (a) academic success, (b) social success, (c) family life, and (d) community life. For example, the interfering symptom of periodically zoning-out/shutting-down slows down academic progress, interferes with social development, mystifies family members, and makes it difficult to keep a job in the community. The symptoms of fear and paranoia overshadows every aspect of life. The symptoms of not being able to sleep at night, having difficulty awakening once having gone to sleep, and being sleepy during the day interfere with taking an active part in school work. These sleep disruptions also limit social contact, disrupt family life, and cause problems working in the community. The symptoms of pacing, agitation, and wandering disrupt the school program, appear odd to society, thus limiting social acceptance, are of concern to family members, disrupting the family routine, and are cause for police involvement if the individual wanders the community at night, acting agitated. Certain symptoms, though, do affect one area of life more than another.

Symptoms identified by study participants are not exclusively symptoms recognized by the American Psychiatric Association as part of a medical diagnosis of schizophrenia. Some are definitely within the range of negative symptoms recognized by psychiatric research. Others may more accurately be defined as consequences of the illness of schizophrenia. An example would be the study participants’ suggestion
that frequent school absences were a symptom of the child’s illness. Certainly being excessively absent from school is not a criteria for a diagnosis of schizophrenia, however, it seems that it is indeed one of many aspects of living with schizophrenia. These factors are included in this study since study participants emphasized them when asked, “What problems is the student having since developing schizophrenia?” Whether the problems are side-effects of medication, loss of cognitive skills, paranoia, apathy, or increasing school absences, they are (a) still negative symptoms in the sense that they are aspects of the student’s life that are now reduced or taken away from him or her, (b) they have occurred because the student has developed schizophrenia and not for any other reasons, and (c) they are important to address in discovering how to create effective school and home interventions for these students.

Delusions are classified as positive symptoms, according to psychiatric definition. However, delusions are included in this study in the table of symptoms, because, though hallucinations, illusions, and the severest of delusions were being controlled by antipsychotic medication, some study participants referred to milder delusional beliefs that continued from time to time. These occurred more often when the student cycled from productive maintenance periods of their illness into varying degrees of relapse or regression. Even though taking medication for the severest of symptoms, these remaining delusional beliefs had an adverse effect on the students’ success, academically and socially, so have been included in the study’s findings. The following section is an analysis of the data collected in this study, as it relates to answering each of the study research questions.
Symptoms

Refer to Table 1 for a complete list of the symptoms mentioned by study participants as interfering with academic or social success. Refer to Tables 4 and 7 for the lists of symptoms that had a high degree of agreement among and within study participant groups.

Study participants identified 47 symptoms of schizophrenia that interfere with academic and social success. Within this set of 47 factors, 40 resulted in high agreement (defined as 3-4 respondents) within the groups of students, parents, or teachers. Students showed high agreement on 26 symptoms, parents on 37, and teachers on 23. There was 100% agreement from all study participants within each group and among all three study participant groups on nine symptoms: (a) overall cognitive weaknesses, (b) ability to learn is weak, (c) reading comprehension is weak, (d) students are sleepy during the day, (e) tend to zone-out/shut-down periodically, (f) become exhausted from thinking and trying to mentally maintain normalcy, (g) experience fear and paranoia, (h) experience excessive worry, and (i) general malaise. Following is each research question followed by a discussion of the data findings that answer that research question.

Research Question 1 and Discussion of Findings

1. What negative symptoms of schizophrenia interfere with a student’s academic success?

   Academic

   Academic and cognitive symptoms mentioned by study participants are the most obvious symptoms to affect academic success. A symptom mentioned by all the study
participant parents and evident in all the students’ school achievement was academic regression. This loss of former academic skills is devastating to both the parents and the students. The students are often quite aware that their academic skills and intellectual reasoning ability have decreased. They feel frustrated by trying to use a brain that no longer is responding in the way it had. Teachers did not mention academic regression, because they stated that they had not known the students before they developed schizophrenia. However, all of the teachers cited academic skills as being weak in a number of areas. All study participants cited weaknesses in reading comprehension and the overall ability to learn. Reading comprehension was an area consistently mentioned as a significant weakness and loss from former abilities. Low reading comprehension adversely affects achievement in most other subjects studied. Written expression seems to be affected significantly by schizophrenia, as well. It is important to note that the reading skill of word decoding was still at or above grade level. The weak ability to learn new academic material was noted by every study participant as a symptom of schizophrenia, which would, obviously, interfere with academic progress. This finding supports past research that suggests that the reason students with schizophrenia score at a lower IQ level than they did before they had schizophrenia is because of this marked disability in learning new material.

Math skills being weak was mentioned by a number of study participants along with a weakness in abstract reasoning and a lack of the use of logic. Not being able to follow activities with multi-steps was mentioned as a problem area. These symptoms
affect many areas of academic learning as well as being a disadvantage in many jobs in the community.

Even at times of academic productivity, study participants cited that the student was easily frustrated in various tasks, including academic lessons. This frustration is partly a symptom of schizophrenia itself and partly a response to the lack of ability in learning that has developed. This also could account for the symptom of heightened procrastination on the part of the student toward starting their school work that one teacher noted as significant. The symptom of having negative thoughts of self-esteem was reported by both parents and teachers as significantly affecting the students’ outlook and discouraging the students from trying and persevering in their academic endeavors. Distractibility is another cognitive symptom of schizophrenia that contributes to frustration, procrastination, and difficulty in learning new material, and obviously interferes with sustained attention to academic tasks.

A symptom mentioned by a number of students and teachers was an aversion to completing lessons on the computer. Using the computer was employed by the teachers in their attempt to engage the students, but the students, invariably, wanted the teacher to just print off the worksheets from the computer screen for them. The students also reported that they had trouble understanding the printed directions on the computer screen. This is an area that warrants further research to ascertain if there is any merit in the finding, and if so, discover the cause and possible solutions. With interest growing in the field of special education for using the computer in creative ways in the classroom, it would be profitable to identify the details and alleviate the problem the students with schizophrenia are having. Even though a
number of students had an aversion to using the computer for lessons and requested lessons be printed out, most students also reported difficulty with paper and pencil tasks of any type. It is important to note that students did not have an aversion to using the computer for searching for information via the internet. Since both lessons on the computer and pencil and paper tasks were deemed difficult, it is possible that the work itself was the averting factor.

*Physical/Environmental/Logistics*

The category of physical, environmental, and logistical symptoms contains symptoms that adversely affect the students’ academic progress. Being sleepy during the school day is a key physical symptom interfering with academic success. It was mentioned as an interfering symptom by every student, parent, and teacher interviewed. Sleepiness during the day is associated with the additional symptoms of having difficulty going to sleep at night and, once asleep, having difficulty awakening. A common side-effect of antipsychotic medications is daytime sleepiness. In addition, even without medication, the illness of schizophrenia itself causes sleep disturbances that result in daytime sleepiness. When not overly sleepy, the student often exhibited the physical symptoms of agitation, pacing, and wandering away. These contributed to a lack of academic progress, by interfering with the student’s attention to the school program.

Another factor mentioned as interfering with academic success is the many absences that the student with schizophrenia experiences. These absences are due to numerous hospitalizations, doctor visits, and the days needed to stay home because of the various aspects of the illness (e.g., paranoia, general malaise,
medication complications, school stress). The factor of wanting to stay home affects academic progress, whether the students actually stay home, and thus are absent and missing their school work, or they are forced to go to school and do not participate fully because of wanting to be at home. General malaise was mentioned by a number of parents and teachers as interfering with the students’ academic progress. This included headaches, stomachaches, and general feelings of ill health. This contributes to absences and to numerous trips to the nurse’s office.

The symptom of zoning-out/shutting-down was mentioned by all study participants. This occurred periodically, likely due to a combination of the illness itself and exacerbating factors in the student’s environment. During this time the student would stop all productivity and no amount of outside encouragement by parent or teacher could alter the course. There was very little communication from the student during this time. Some study participants noticed this occurring in 2 to 4 week cycles of productivity, then relapse. Academic progress was reported as sporadic, some progress was being made for a time, followed by a time of complete nonproductivity, sometimes to the point of the student just sitting in their desk and staring.

Another apparent cycle identified through this study consists of a pattern of doing well in the summer with decreased symptomology, doing alright when school first started in the fall, but with increasing symptomology as the school year progressed, leading to psychiatric hospitalization by the end of the fall semester. After returning to school for the second semester, there was increasing symptomology again, resulting in another hospitalization shortly thereafter. Upon return from the spring
hospitalization, there was often an immediate decrease in school productivity, making little progress for the remainder of the school year.

These cycles of productivity and low symptomology followed by unproductivity and increased symptomology seem to be related to another symptom described as exhaustion from thinking and attempting to maintain normalcy that was mentioned by every study participant. If a student can no longer think clearly, obviously, they cannot be academically successful during that time.

**Emotional/Social**

Both the symptoms of excessive worry and, at other times, an unusual lack of concern adversely affected academic progress. Worrying, cited by all study participants as an interfering symptom, took up a considerable amount of the students’ time that could have been put toward academic work. Then the opposite emotion, an unusual lack of concern on the part of the student, would hinder the teacher in his or her ability to motivate the student toward completion of assignments, earning of grades, or graduation. The symptom of loss of goals correlates with this lack of concern. Without goals, the student is difficult to motivate. Teachers reported that their work with the student in trying to establish new goals was difficult as well. The students would agree to goals with the teacher, but then shortly thereafter would abandon them, returning to a state of unusual lack of concern. Even more severe was a condition of apathy mentioned by both teachers and parents as an interfering symptom and one that was difficult to overcome. Apathy was described as more pervasive than lack of concern, encompassing everything in the student’s life, no use of body language or expression of emotion, and resulting in a flat affect.
The symptom of reduced pleasure and limited interests was mentioned by almost all study participants. Most study participant teachers and parents stated that finding something their particular student desired as a reward was difficult. Teachers found difficulty in using traditional behavior modification programs with the student with schizophrenia, even though these programs worked well for other students with emotional and behavioral disorders (E/BD) with whom they worked. Even after choosing a reinforcer that the student stated they would work for and customizing a behavioral program intervention for them, the student’s behavior (e.g., to increase speed and quantity of work, to stay on task) did not improve. The reasons for this likely include the fact that schizophrenia is a mental illness, so many of the symptoms originate within the student and are not under the student’s control. They are not occurring because of any external antecedent, nor are they caused by inappropriate upbringing, unstable home life, lack of positive role models, or a conduct disorder, situations that are more responsive to traditional reward and consequence behavior modification techniques.

The symptoms of reduced pleasure level and limited interests limit the effectiveness of the reward and consequence intervention. Most of the study participant parents noticed a decline in their child’s interest in former enjoyable activities as the illness of schizophrenia developed (e.g., swimming at the ocean, playing musical instruments, sewing, creative writing), ending up with a very narrow, limited range of interests. For this reason, finding reinforcers that the students are highly motivated to work for is difficult. Most teachers found that typical reinforcers that worked with other students did not work with the student with schizophrenia. Also,
negative reinforcers were not as effective for these students either, because their
desires were diminished, thus losing privileges, for example, was not as
uncomfortable for them as it would be for other students.

Research Question 2 and Discussion of Findings

2. What negative symptoms of schizophrenia interfere with a student's social success?

Social

Symptoms interfering with the students' social success include the general loss of
most social skills and social withdrawal, both of which are characteristic symptoms of
schizophrenia. The illness, by its very nature and definition, is one that interferes
sharply with social functioning.

Problems with friends and the loss of friends were mentioned by all of the study
participant parents and most of the students and teachers. Immature behavior is
common with the onset of schizophrenia, with the individual reverting to the behavior
of a much younger child. This makes it almost impossible to have friends of the
students' chronological age. There is also a loss of manners, which affects
acceptance in social circles (e.g., burping, chewing with open mouth). The behavior of
the students complaining about others and complaining about their own appearance
and imagined problems with their bodies, in an obsessive manner, was mentioned by
a number of study participants, particularly parents. These comments can make
others uncomfortable socializing with individuals with schizophrenia. A lack of
participating in two-way conversations makes building friendships difficult. At times,
students with schizophrenia will not answer questions and not respond at all to social
attempts at engagement. At other times, they will give one word or otherwise short, curt responses.

The symptom of withdrawal from social situations certainly adversely affects social interaction, by simply not being there, mentally or physically. The social symptoms of a loss of goals and loss of a sense of pleasure and having limited interests, renders the individual as having less in common with others, thus inhibiting social exchange and bonding.

**Academic/Cognitive**

Cognitive and academic symptoms, though primarily affecting school academic success and progress, do affect the students’ social life as well. Social situations are mishandled when the students’ cognitive symptoms of poor use of logic, distractibility, and lack of cognitive understanding interfere. Lowered academic achievement and academic regression increase the student’s feelings of low self-esteem and depression which negatively affect social functioning.

**Physical/Environmental/Logistics**

Certain symptoms classified as physical, environmental, or logistical can affect social functioning. Agitation, pacing, and wandering away have negative social ramifications. Zoning-out/shutting-down inhibits social success. Being overly sleepy can also interfere with social interactions and responsibilities.

**Emotional**

Emotional symptoms have a close connection with social functioning. Fear/paranoia, identified by all study participants as a significant symptom, can push away positive social connections. Delusions can cause misunderstandings.
Depression and suicide ideation can upset others so that they tend to avoid the student with schizophrenia. Sudden mood swings tend to have negative effects on friendships. When students with schizophrenia show a lack of concern for situations warranting concern and appear generally apathetic, others may feel that they do not care about them. Any of these factors, in turn, may cause others to end their association with the person with schizophrenia.

With their increase in antisocial behaviors, social success for students with schizophrenia becomes less and less likely. Parents were the ones in the study who seemed more aware of their child’s social problems and diminished social skills, significantly more so than the students themselves or even their teachers.

**Research Question 3 and Discussion of Findings**

3. What negative symptoms of schizophrenia interfere with a student’s success in family life?

**Social**

Family members are affected by all the symptoms of schizophrenia, because their lives are intertwined with the family member with schizophrenia. The family is a smaller unit of society’s larger social structure. Many symptoms affecting social functioning in general, also affect family life. The loss of social skills and regression in maturity are symptoms of schizophrenia that require significant adjustment on the part of family members. Manners that the parent taught the child are no longer practiced. Symptoms of increasing negative thoughts, an increase in complaining in general, and an obsession with unreal concerns about their body cause a strain within the family.
The increasing difficulty with friends, and often a complete loss of friends, plus a reduced level of pleasure from life and limited interests brought on by schizophrenia are frustrating and disheartening for parents. The child (though the age of an adult) becomes increasingly dependent on the parent, rather than progressing toward maturity and independence. Skills their child once had are no longer there, interests their child had are no longer apparent, and the social circle the child once relied on is now gone. The family’s concern is summarized by the question, “Where does this child fit in the family structure now that schizophrenia has brought on so many changes?”

Academic/Cognitive

Symptoms affecting cognitive functioning not only adversely affect school success, but they affect homelife functioning as well. Cognitive weaknesses and academic regression can be disappointing to family members. Particularly the regression of formerly above average academic skill is painful for parents to watch. Two of the study participant students were in school honors programs before developing schizophrenia and one had an college entrance ACT score of 26. Family members can easily forget that their relative has regressed and continue to demand of them the same caliber of cognitive response as before schizophrenia developed. When their relative is not able to react as expected, the family members are continually reminded of all their relative has lost. With no apparent physical disability, such as paralysis or blindness, it is difficult for family members to understand and adapt to the changes. The loss of logic, for example, makes reasoning with the individual with schizophrenia a frustrating
experience for family members. Difficulty communicating with the family member with schizophrenia creates and escalates family problems.

Physical/Environmental/Logistics

The symptom of cycling from a time of productive, adaptive behavior to complete shutting-down of appropriate and productive behavior is stressful, tiring, and disappointing to a family. Just when the parent thinks there may be improvement, the child relapses. The school is also experiencing these relapses, and study participant parents often felt blamed by the school for their child’s disability. The stress from experiences at school and in the community and the traumatic hospitalizations take their toll on a family.

The symptom of sleep disturbance affects the whole family’s daily routine. Study participant parents reported being up all night themselves because of this, trying to help the child and then having to go to work and school the next day, with little rest for anyone. One parent reported locking her daughter in her room at night for her own safety and using a baby monitor for supervision.

The tendency for some individuals with schizophrenia to wander away is also disruptive to families. One parent reported that, without provocation, his son often packed his bags, putting them outside in anticipation of leaving, sometimes actually leaving home and sometimes forgetting about doing so. After one of the study interviews, while the parent was saying his good-byes, his 29 year old son wandered outside and down the street aimlessly, causing the father to go looking for him. Other parents reported their children walking long distances without necessity, sitting in the middle of the road, or leaving the house without anyone’s knowledge. The opposite
symptom of wanting to stay home occurred at other times. The student with schizophrenia would be content to stay in the house or their room, not wanting to go anywhere or do anything for long periods of time.

*Emotional*

The emotional symptoms of depression, negative thoughts of self-esteem, frustration with school, and suicide ideation are particularly troubling to family members. With suicide attempts resulting in death for 10-20% of individuals with schizophrenia, parents’ concern is warranted. Most of the study participant parents reported having grave concerns about leaving their child (even though they are all between 17 and 29 years old) at home without a responsible adult present. The symptom of fear/paranoia also contributed to the child not being able to be left home alone. One study participant student called her mother repeatedly when she left the house for a short errand. Though the student knew where her mother was going and that it would take about half-an-hour, the student called within ten minutes, wondering why she was not home yet, and called again five minutes later. This behavior reveals feelings of fear or apprehension and also could relate to the symptom of a poor internal sense of passage of time that so many with schizophrenia seem to have.

Study participants also stated that the student experienced ongoing worry that affected family life, including worrying about loved ones dying and who would take care of them if their parent died. Four of the five students interviewed expressed these concerns without prompting during the interview process. Other excessive worrying involved obsessing over what grocery items were or were not in the home and when
the parent was going to complete various errands. This included fairly adamant demands from the student with schizophrenia for responses from the parent.

Research Question 4 and Discussion of Findings

4. What negative symptoms of schizophrenia interfere with a student’s success in community life?

Physical/Environmental/Logistics

Community is a larger social unit than the family unit and one in which the individual with schizophrenia often has trouble maneuvering. Symptoms interfering with success in the community typically are those symptoms that would interfere with the student being able to keep a job. Wanting to stay home, daytime sleepiness, and difficulty waking up once asleep all would adversely affect keeping a job in the community. The many absences, related to their disability, would be too disruptive to hold on to many jobs. The symptom of cycling from productivity to inactivity affects job performance in the area of dependability and consistency. A student with another type of disability is likely to exhibit more consistency in their symptomology. Someone with schizophrenia can be functioning well at one point, then relapse into inactivity over and over. This causes the student with schizophrenia to be a difficult employee. Most teachers expressed concern over the possibilities for these students to maintain employment.

Academic

The symptom of having difficulty with multi-step tasks would rule out many jobs and would also rule out independence on most jobs. Difficulty with logic and weaknesses in other academic and cognitive skills would also interfere with success
on many jobs. The weakness in sensing the passage of time results in the student not working at an acceptable pace. Teachers reported being concerned about what type of employment, if any, the student could do. Only one of the study participant parents reported receiving adequate services from the school for their student to transition from school to community.

**Social/Emotional**

The immature behavior and poor manners for the apparent age of the student (and later adult) is a significant disabling factor in functioning in the community. More mature behavior is expected of the individual with schizophrenia than they can produce, resulting in angry bosses, co-workers, and other people with whom the individual with schizophrenia has to negotiate in the community. The disbelief by community members that this individual could be so “immature,” when they have no apparent physical disability, causes discord. The loss of other social skills interferes with work success as well. The symptoms of fear and paranoia interfere with the students' ability to move comfortably within the community, affecting all aspects of daily life.

The factor of having weak self-help skills, cited by study participants, refers to their diminished ability to advocate for themselves. This results in fewer services and less positive responses from social institutions whether from a government agency that exists to provide services for those with mental illness or within the community at large when social skills and self-advocacy are needed for shopping in a store, getting an apartment, finding and keeping a job, and other normal community activities.
Exacerbators

Refer to Table 2 for a complete list of the exacerbators of symptoms interfering with academic and social success as mentioned by study participants. Refer to Tables 5 and 8 for the lists of exacerbators that had a high degree of agreement among and within study participant groups.

Study participants identified 33 situations believed to exacerbate the symptoms of schizophrenia that interfere with academic and social success. Within this set of 33 factors, 25 resulted in high agreement (defined as 3-4 respondents) within the groups of students, parents, or teachers. Students showed high agreement on 21 exacerbators, parents on 20, and teachers on 13. They had 100% agreement of all study participants within groups and among all three groups on five exacerbators: (a) the side-effects of antipsychotic medication, (b) yelling by others, (c) extra emotion on the part of others, (d) worrying, and (e) school being stressful and frustrating.

Research Question 5 and Discussion of Findings

5. What are specific exacerbators of certain negative symptoms of schizophrenia?

Academic

School being stressful and frustrating was mentioned by all study participants as being a key exacerbator of the symptoms of schizophrenia. Teachers cited having a lack of information on the disability of schizophrenia, parents cited the school program not meeting the needs of their child, and the students reported that they felt agitated and worried while at school, all resulting in stress and frustration.
Academic difficulties are a symptom of schizophrenia, but they are also an ongoing exacerbator of other symptoms of schizophrenia. The pervasive symptom of schizophrenia affecting cognitive functioning and causing academic regression, adversely affects future academic progress, as well. Difficulty with academics, both skill regression and ongoing academic performance weaknesses, increased the students’ problems with negative thoughts of self-esteem, worrying, depression, and loss of goals.

Study participant parents reported that they observed their child significantly regress academically as they developed schizophrenia. Two study participant students had been in academic honors programs before developing schizophrenia. One had earned an ACT college entrance score of 26. As schizophrenia developed, all five students significantly regressed in reading comprehension, which affected achievement in all subject areas, and regressed in math skills and written expression.

Study participant students all reported that school work was very difficult for them, and it brought increased feelings of stress and worry. Even discussing their performance on school work during the study interviews seemed to distress them.

Lack of information on the nature of schizophrenia and the specific needs of the student were mentioned by both parents and teachers as factors in exacerbating negative interactions or, at least, resulting in less than optimal interactions between the adult and the student. Families and teachers reported that they had been given no useful information on how to work with or help the child/student with schizophrenia by any psychiatric professional. They also were not informed thoroughly about medication side-effects, the range of negative symptoms of schizophrenia, or any
intervention to employ. They were not directed to any support group specifically for schizophrenia. Anything that they now knew about schizophrenia, they had found out on their own, by direct experience with the student or reading information on internet websites. Most teachers had not even been told by their school special education administration, before the student entered their class, that their student had schizophrenia. Some had not been told until this study took place. This lack of providing useful information to those who will be living and working with the student acts as an exacerbator for the symptoms of schizophrenia. Without correct information, the proper interventions are difficult to discover.

In the study, only one student and that student’s parent mentioned too much homework as being an exacerbating factor in increasing stress and symptomology at home. However, it is important to note that this student was the only one who received homework. The other students had already had their school programs modified to eliminate homework. With this composite of information, it is probable that too much homework is a significant exacerbating factor and something that should be eliminated or sharply modified for students with schizophrenia.

The exacerbators of having doubts about their own thought processes, inability to do assigned homework, a feeling of having too much to do, experiencing exhaustion from being mentally over-taxed, mood swings, and the teachers’ lack of knowledge concerning schizophrenia all increase the possibility of school failure.

Physical/Environmental/Logistics

The physical environment of the classroom and the logistics of the school program exacerbated the study participant students’ symptoms of agitation, pacing,
distractibility, and zoning-out/shutting-down. Factors mentioned as significant exacerbators by a number of study participants were classroom schedule changes and schedule confusion, the hourly switching of classes that is a common program component in junior and senior high schools, as well as having too many teachers and continually needing to interact with new personalities. Not only was switching classes a problem because of the numerous teachers with whom the student had to interact and the time needed to adjust and focus on the new subject material, but the symptom exacerbator of crowded hallways was a problem. This correlates with the exacerbator mentioned by some study participants of not liking to be touched unexpectedly. Switching classes, having to maneuver through crowded hallways, and unexpectedly being touched all exacerbated the symptoms of agitation, worry, fear, paranoia, and distractibility.

Teachers discovered that seating the student in the middle of the classroom or too close to other students seemed to exacerbate their symptoms. Study participants mentioned that classroom noise, classroom chaos, and other students acting-out were of particular annoyance to the students with schizophrenia. The teachers reported that other students could remain in the classroom, ignore, or even join in with whatever was causing the noise or commotion, but the student with schizophrenia became highly agitated, wanting to leave the room. In some instances, they ran out of the room to escape the environment of the classroom at that moment.

Having too many choices or too much freedom seemed to exacerbate the students symptoms of schizophrenia. At an age when most youth are happy to be given more choices and freedom, the student with schizophrenia finds it too stressful and
overwhelming. Adults perceive they are doing what is best for the student by increasing choices and freedom, when actually, they are increasing the student’s stress and symptomology.

Difficulties with medication compliance and the side-effects of medication were cited by all study participants as exacerbating factors. All study participant students took more than one medicine three times a day. Parents needed to be vigilant about medicine intake, because the students could not be relied upon to take the medicine correctly. Failure to take the medication would result in an increase in the severity of the symptoms of schizophrenia, increasing delusions, hallucinations, and eventually a complete emotional detachment from reality. The side-effects of taking the medication most often mentioned in the study included seriously increased sleepiness, increased thirst, and tremors. Failing to take the medication resulted in the student not being able to function at school at all. The side-effects of taking the medication allowed the possibility of school attendance but did interfere with school progress, especially if there were no program accommodations specifically addressing this.

All study participant students, parents, and teachers reported that emotional and physical exhaustion occurred from thinking too much. One parent referred to it as brain exhaustion, which seems to be an accurate and concise descriptor. Study participants expressed that it took immense mental effort for the student with schizophrenia to function throughout each day, maintaining normal social behavior, attempting to understand academic material presented to them in school, and maintaining rational thought. After a period of time, the student with schizophrenia could no longer maintain, and went into a zoning-out/shutting-down period. This
seemed to be a time when they needed to sleep more and retreat from even the most everyday responsibilities of life. If not allowed to do this, their symptomology increased, and often they required psychiatric hospitalization.

One parent reported that the only school year that her son did not end up in the hospital was during the year she homeschooled him. Though this symptom of mental or brain exhaustion is a common symptom reported in psychiatric research and confirmed in the findings of this study, study participants also cited it as an exacerbator of other symptoms. Some students could maintain normalcy for only 2 to 4 weeks at a time. When brain exhaustion occurred, the student would also have increased agitation, fear, paranoia, pacing, wandering, delusions were more likely, and academic/cognitive functioning was almost nonexistent.

**Emotional**

The emotional atmosphere and behavior of others in the classroom significantly affect students with schizophrenia. Yelling and extra emotion on the part of others was mentioned by all study participants as exacerbating factors. Working with students with schizophrenia is very stressful, even more so when the teachers and parents are not given adequate information and resources. However, situations with escalating emotions compound the symptoms of the student with schizophrenia. Whereas, another student may stop a behavior, at least temporarily, upon hearing a harsh reprimand or frustration on the part of the adult caretakers, the student with schizophrenia reacts negatively. It is likely to increase the symptomology of agitation and need for escaping. They are at increased risk for zoning-out/shutting-down, and then no longer are listening to the adult. Both study participant parents and teachers
shared first-hand experience with this phenomenon. Attempting to control the student by physical force also was mentioned as being totally ineffective and actually resulted in escalating the problem.

Another exacerbator that earned complete agreement among all study participants was worrying. Excessive and unusual worrying was mentioned by all study participants as an emotional symptom of schizophrenia adversely affecting academic and social success. Worrying was then mentioned by all study participants as an exacerbator of other symptoms. Worrying can become so obsessive that it consumes a significant amount of time, interfering with all aspects of life, contributing to sleep disturbances and accelerating brain exhaustion from thinking too much, which lead to zoning-out/shutting-down. Worrying negatively influenced the student’s ability to sustain attention to school work, slowing down academic progress. It also negatively influenced social relationships, such as making and keeping friends. Worrying had a tendency to increase the physical symptoms of agitation, need for pacing, and ultimately exhaustion. It also affected the student’s emotional well-being, increasing negative thoughts of self-esteem, depression, and complaining. Worrying even increased the desire to stay home or wander away and general feelings of fear and paranoia.

Study participants mentioned that not only were specific stressors at school exacerbating, but also the normal stressors of daily life were a problem for students with schizophrenia. Teachers and parents may not realize this and may be looking only for unusual events that would be stressful. Daily events that would be only mildly stressful to others, can be highly stressful to a student with schizophrenia, increasing
agitation, worry, fear, paranoia, and exhaustion. Study participants commented on daily stressors as including such events and thoughts as, “Do I have my lunch with me?” “What time is the school assembly?” “My mother is taking me to the dentist today” or “I don’t have my assignment finished.”

Study participant students revealed insecurity concerning their own thought processes and suggested it as an exacerbator of other symptoms, both in the areas of confidence in academic study and in social situations. The students could not trust their own thinking because of the illness of schizophrenia. This led to hesitation in decision-making and caused them to be uncomfortable working alone on school work. A number of study participant students remarked that they felt extremely unsure of themselves when they worked on their own, doubting if they were doing the work correctly. The teachers reported that even though they gave clear instructions, the students would doubt themselves on each successive problem or activity. A number of the students questioned the researcher throughout the interviews as to whether they were doing the interview correctly and were they making any sense. One student seemed to sum up what they all were experiencing by stating, “When something is wrong with your brain, how can you believe anything you think?”

All of the aforementioned symptoms and exacerbators contribute to school stress, which, in turn, was a key exacerbator emphasized by all of the study participants. They reported that stress and frustration from school contributed to increasing agitation and worry as the school year progressed, cycling into zone-out/shut-down stages, increasing symptomology at school and at home, and frequent hospitalizations,
often occurring toward the end of the first semester, and then increasing through the spring semester.

Social

Factors in the area of social issues were identified as exacerbators of symptoms of schizophrenia. Having too many teachers and needing to meet new people and understand different personalities proved to be stressful for the students. Being required to work with unkind school staff was mentioned by one parent and one student as contributing to numerous significantly painful experiences with examples of serious mistreatment at the hands of professionals. These experiences are painful for any family to endure, but are particularly painful and can have long-term ramifications for families whose children have schizophrenia.

The social skill symptom of having difficulty with or losing friends was also cited as an exacerbator of other symptoms, such as increasing negative thoughts of self-esteem, depression, complaining, further regression of social skills, and social withdrawal. As the students developed odd behavior and began behaving in a more immature manner, it became difficult to make and keep friends. The symptoms of social withdrawal and waning social skills increased difficulty with friendships. As the students developed schizophrenia, most of their former friends began to reject them. Eventually, peers stopped coming over and parents of other families avoided including the student with schizophrenia in any social activities.

Four of the five families interviewed stated that they had felt various levels of rejection from their local church. One mother shared how the church members had visited the hospital offering support when their daughter had surgery, but were not
there for them when mental illness developed. Another situation involved the family not feeling welcome at church or youth group because of their son’s illness. Guilt and shame were felt by the parents concerning their children’s mental illness, and the church only aggravated these feelings. More than one parent stated that their child was not welcome in the church youth group, and no one called them to invite them to participate in church activities. One parent stated that the youth pastor had visited their son in their home on occasion, and it was greatly appreciated, though no teenagers had. However, no long-term or ongoing church outreach was available. One family stopped attending one church, because the church reported them for child abuse concerning comments their daughter with schizophrenia had made. They were cleared of wrong-doing, but they did not feel comfortable in returning to church. Another stated that the adults in the church had been supportive, but no teenagers had been accepting of their daughter since she became ill, causing her to experience great loneliness in attending church services. Three of the four church-going families reported that they no longer attend church because of their child’s disability and the reception they have received.

The symptom of difficulty with and loss of friends, became an exacerbator of other symptoms, because it caused decreased opportunities to use social skills and to practice and model effective social skills from peers. Problems with or loss of friends contributed to the symptoms of depression, negative thoughts of self-esteem, social withdrawal, and suicide ideation.
**Diminishers**

Refer to Table 3 for a complete list of the diminishers of symptoms interfering with academic or social success as mentioned by study participants. Refer to Tables 6 and 9 for the lists of diminishers that had a high degree of agreement among and within study participant groups.

This study identified 34 factors or situations that study participants considered diminishers of the symptoms of schizophrenia that interfere with academic and social success. Within this set of 34 factors, 31 resulted in high agreement (defined as 3-4 respondents) within the groups of students, parents, or teachers. Students showed high agreement on 17 diminishers, parents on 24, and teachers on 27. They had 100% agreement with all study participants within the groups and among all three groups on four diminishers: (a) taking a slower pace toward schoolwork, (b) personal attention from adults, (c) use of a calm voice by adults, and (d) an avoidance of extra emotion on the part of others.

**Research Question 6 and Discussion of Findings**

6. What are specific diminishers of certain negative symptoms of schizophrenia?

**Academic**

School stress was mentioned by almost all study participants as being an exacerbator of the symptoms of schizophrenia. It then follows that reducing school stress would be a diminisher. To reduce school stress, it will be necessary to improve the present school experience for these students. One study participant parent stated
that the whole school program would need to be redesigned in order for it to work for students with schizophrenia.

Study participants cited shortening school assignments and working at a much slower pace on schoolwork as successful interventions. In addition, one-on-one instruction appeared, from the study findings, to be essential for the student with schizophrenia to progress academically and to ensure a reduction in agitation, worry, distractibility, and zoning-out/shutting-down so often seen in the students with schizophrenia. Teachers reported, however, that accomplishing one-on-one instruction was difficult with other students in the classroom. Sometimes this was accomplished through homebound instruction, but for this to work a parent had to be home with the student all day. All teachers found that the teacher’s adult aide assigned to their classroom was indispensable and often worked with the student one-on-one. The one teacher who reported receiving no school support in working with the student with schizophrenia had no adult aide assigned to his room, making individualizing very difficult. Teachers found that assigning a classroom peer buddy/student aide to the student helped in providing time for one-on-one instruction.

The flexibility of the teacher to re-explain lessons numerous times and in different ways and the increased use of hands-on/visual learning materials, as opposed to a preponderance of paper and pencil work, were cited by study participants as being effective in increasing academic progress and diminishing distractibility and sleepiness. Hands-on/visual materials mentioned as successful by study participants included using math manipulatives with every math lesson, allowing the use of art to
express comprehension of academic information (e.g., painting, drawing, crafts, creation of collages, skits), educational field trips, and cooking.

Two study participant parents suggested that creating a truly modified program as opposed to only offering fewer or shortened assignments would be more beneficial and more in line with the spirit of the special education law providing for individualized education plans (IEP) for students with disabilities. How this modified program would look is an area for further research.

Most study participants pointed out that students with schizophrenia exhibit distractibility. The use of interventions already known to help students with Attention Deficit/ Hyperactivity Disorder is an obvious place to start when designing programs for students with schizophrenia. However, specific interventions were mentioned by study participants as having been successful with students with schizophrenia in diminishing distractibility. With the students’ inability to maintain sustained attention on academic tasks, their weaknesses in comprehending academics, and the stress brought on by school in general, teachers found that providing frequent breaks in the daily work schedule was essential. The students with schizophrenia seemed to need more frequent breaks than the other students. A written schedule, in full view of the student, such as on the desktop or wall near the desk, showing these break times, helped the students anticipate the break time with a positive outlook. This enabled the student to work productively for short periods of time. In addition, an increased use of hands-on, visual learning activities and assigning shorter assignments all helped to reduce distractibility.
Parents suggested that speaking in sound bytes worked best when talking to or teaching their child. The student did not seem to be able to register all the information in long, detailed sentences. This correlates with their weakness in following and accomplishing multi-step tasks. Teachers pointed out that this would be a hindrance in many jobs, limiting the options for employment.

*Physical/Environmental/Logistics*

Since there appears to be a cycle of productivity followed by a period of shutting-down, sometimes as regularly as every 2 to 4 weeks, it seems proactive to plan for it, possibly by planning soothing, non-stressful activities. By recognizing the need for the students to mentally rest, a more proactive arrangement can be made.

All human beings need mental and physical breaks from work. This is why society has weekends and vacations built into our work programs. Individuals with schizophrenia need a greater number of breaks. They are not able to maintain normalcy and function for as long as people without schizophrenia. They become mentally exhausted on a daily basis from trying so hard to think and live normally. This results in brain exhaustion, without having any particular external antecedent. This was cited by every study participant. Regular, normal life is stressful and exhausting for them. The antecedent is simply the stress of ordinary life over a length of time. This cause of stress was cited by a majority of study participants. To avoid this relapse, resulting so often in hospitalization, the ordinary school day must be changed to allow for rest. The symptoms of zoning-out/shutting-down, wanting to stay home, and at times, even wandering away may reflect a desire by the individual with schizophrenia to “escape” or “run away” from the disability and all the symptoms
associated with the illness. It is proactive to provide prearranged opportunities to accommodate this. By improving the school climate, making it more conducive for those with schizophrenia to function with less stress, the times needed for zoning-out/shutting-down may decrease. A more positive, nurturing school day experience has the potential to affect the 2 to 4 week cycling of productivity and shut-down and the fall/spring cycle of increasing symptomology and relapse as the school year progresses that this study has identified. This is a promising area for further research and the findings have the potential for helping students with schizophrenia to be able to stay in school, avoid hospitalizations, and increase their quality of life.

Sleep disturbances from the illness of schizophrenia and drowsiness caused by medication result in students with schizophrenia being excessively sleepy at school. Teachers who accommodated this symptom by allowing for nap time, had more frequent positive results with their students. Teachers stated that allowing the students to nap, either at their desk, on the floor, or on a cot in the nurse’s or counselor’s office resulted in the student being able to return to their class work with the ability to attend to their academic lessons. If no provision for napping was provided or allowed, the students became less and less able to continue on-task and eventually zoned-out/shut-down completely, just sitting at their desk, staring. Another frequently cited diminisher of many symptoms of schizophrenia was getting adequate sleep. Besides teachers allowing school-time naps to alleviate this need for sleep, sleep disturbance was addressed by parents by assigning a specific bedtime at home, even though their child was a teenager, playing soft music at night such as classical, and giving more of the medications at night.
Diminishers emphasized by study participants include having a pre-planned safe/escape room and a pre-planned safe/escape person to use as a safe haven. This can minimize the effects of a crisis and also can reduce the possibility of one developing by providing the student with the emotional security that a well-developed, proactive, preventative plan provides.

Teachers also reported arranging with a school counselor, nurse, fellow teacher, or aide to be prepared to be that safe/escape person when the student needed to get out of the classroom. Teachers who pre-planned such interaction and allowed the student to leave the classroom when needed had the most success with the student in the long run. The student would then return to the classroom able to continue his or her work. The opportunity to leave the classroom was not necessarily only used because of a crisis, but rather offered as an acceptable way to avoid mounting school stress and internal psychological symptoms such as fear, paranoia, worry, and agitation.

It backfires, though, if the “safe” persons are unavailable when the student needs them. Unavailability can be so traumatic that it can set off increasing symptomology. One parent reporting working hard with the school staff to design an IEP for the student that included having teachers write down assignments for the student and assigning a “safe” person for the student to go to in an emotional crisis. However, in the implementation of the IEP, the teacher refused to participate in the written assignment plan, confusing and upsetting the student and the “safe” person was frequently too busy to talk with the student when it was needed, telling the student to come back later. This only escalated the student’s needs and symptomology.
Pacing is a symptom of schizophrenia that, when allowed, was used as a diminisher to relax the student. Arrangements to allow pacing or walking in the classroom, in the hall, or gym, accompanied by an aide, became a diminisher of other symptoms. In some cases, the student was able to leave the classroom to pace within a prescribed area without being accompanied after trust had been established between the student and teacher. Clear plans for returning and continuing on their school work after the walk were pre-arranged, and the teachers found the students to be cooperative and thankful for this arrangement. Instead of fighting this need to move around and pace, the more successful teachers reported allowing it and using it as a destressor for the student.

An obvious diminisher of the exacerbators of noise, classroom chaos, and students acting-out mentioned by study participants was for the teacher to provide a quiet classroom. More than one teacher stated that they often allowed the student with schizophrenia to leave the classroom to work alone in another empty classroom or go to the counselor’s office to enable them to escape the noise or turmoil of the classroom. Sometimes, the student with schizophrenia would simply run out of the classroom, if they felt overwhelmed. Teachers found that it worked better if they had a pre-arranged, acceptable plan for these times. Teachers who provided a more relaxed classroom atmosphere, a safe person for the student to go to when overwhelmed, opportunities to pace, and to leave the classroom with approval, when necessary, had more success in avoiding the symptoms of agitation, running from the classroom, and times of zoning-out/shutting-down.
Study participants stressed that both a flexible school program and a structured daily schedule were necessary for students with schizophrenia to have school success. Being both flexible and structured may seem incompatible. However, they are not in this situation, as explained by the study participants. The structured daily schedule that study participants found helpful consisted of a sequence of daily activities, written down and taped to their desk or binder or on the wall near their desk that the student could refer to and depend on for stability, lessening their concern with time and worry over what would happen next. This written schedule gave them a greater sense of control. For students who had a weak sense of time passage and who became worried about time and schedules, a personal wristwatch was used as a way to give the students a feeling of control over his or her environment. They could glance at it in an unobtrusive manner for reassurance and to judge the amount of time left. This eliminated the class disruption caused by the students continually going to the teacher for this information and lessened the students’ agitation, particularly for students who had a poor internal sense of the passage of time.

They also found that offering only two clear choices worked best rather than multiple choices or an open-ended decision-making situation. Without this structure, schedule dependability, and reduced need for decision-making, the student would have increased agitation, worry, and distractibility. The school program flexibility that study participants referred to as essential consisted of teachers being open to innovative ideas, willing to create and provide opportunities to accommodate for the unique needs of students with schizophrenia, creating learning materials and activities
customized to the student’s individual needs, and being able and willing to change to meet the changing needs of the student moment by moment.

To address medication side-effects, more than one teacher stated that allowing a water bottle at the student’s desk or frequent trips to a nearby water fountain alleviated the medication’s side-effect of increased thirst and eliminated continual disruption or off-task behavior due to thirst. Families found that the use of a weekly pill box and supervision of the ingestion of medication increased medication compliance. They also stressed that it was of paramount importance to supervise this on a daily basis, because missing medication could be disastrous, resulting in increasing symptomology that was difficult to get back under control without a stay in the hospital.

Switching classes for each school subject and having to interact with too many different teachers throughout the day was mentioned by more than one study participant as being distracting and stressful. A restructuring of the school program would be necessary to avoid this common feature in junior and senior high school programs. Staying in one room for a great portion of the day and working with fewer teachers were both suggested as diminishers of negative symptoms by providing the student with a stable environment through familiarity. One parent stated that her son’s best year in high school was the year a team of only three especially dedicated teachers worked with him. Providing a quiet classroom and quiet work environment was employed by a number of the study participant teachers and found effective in reducing the student’s distractibility, stress, and agitation.

Teachers stated that the classroom configuration had an effect on the students. By placing the student’s desk against a wall and away from the other students, helped
with not only attention, but seemed to reduce agitation and worry on the part of the student with schizophrenia. Other teachers found that allowing the student to work at the back of the room, at their own table, or in a study carrel was very successful in helping the student remain calm and on-task. This seating arrangement, also, seemed particularly valuable in reducing vague feelings of paranoia and stress that students with schizophrenia experienced in the classroom.

The one reinforcer that most of the teachers and parents found effective was the reward of snacks of food or drink. Food is the most basic human reinforcer, and the teachers found it to be of the greatest interest to their students with schizophrenia. Use of all of these interventions reduced the stress from the general school environment to which all the study participants referred.

*Emotional/Social*

The study also revealed that teachers who developed a human connection with the student had a more successful relationship with the student and more success in helping the student with academic progress and social development. The positive effects of the human connection developed between certain teachers and students revealed in the study suggests that it would be important in helping the student to learn or regain lost social skills and gain a better awareness of who they are and what they can do.

Though social skill training was not mentioned by any study participant as being useful or effective as a diminisher of the symptoms and effects of schizophrenia, the reference to social difficulties was prominent in the interviews. Successful teachers in the study seemed to provide a nurturing and emotionally safe classroom environment
for their students. Numerous diminishers were mentioned that would have a social
effect (e.g., having the student be a helper to others, having a buddy assigned to them,
building a personal connection with a teacher, having a “safe” person to go to when
overwhelmed) even though these diminishers were not part of an organized social skill
lesson or curriculum. Personal attention and positive encouragement in the form of
continual reassurances by the teacher were cited by study participants as essential to
diminishing the student’s symptoms of worrying, distractibility, negative thoughts of
self-esteem, procrastination, and agitation.

Students with schizophrenia experience a loss of goals, exhibit an air of apathy,
and often show an unusual lack of concern in situations when concern would be
appropriate. Parents were most likely to recognize that the student had lost their
previous goals in life. The students often see no future for themselves, so extra efforts
are needed to provide them with nurturing and positive encouragement. Smaller,
attainable, short-term goals need to be developed for them with their input. Also,
organized opportunities for them to help others and having a buddy assigned to them
as a friend at school were two interventions pointed out by study participants as
having a positive effect on their student by giving the student with schizophrenia more
hope for the future, concern for others, and increased self-esteem.

An interesting finding from the study was that the students with schizophrenia
responded positively to teachers who had been trained in mental retardation. This
warrants further research into the different training teachers of students with mental
retardation may receive. It is possible that those teachers employ a significant level of
patience, have a quieter classroom than a typical general education classroom or a
classroom for E/BD, and have an expectation of working on academics at a reduced, low key pace, with frequent explanations and one-on-one assistance: all symptom diminishers cited by study participants. This study found that in some cases the student with schizophrenia would go to the Life Skills classroom (primarily for students with mental retardation) and assist students in that room. More than one study participant student reported that they derived great satisfaction from helping others and helping in the Living Skills classroom in particular. This worked as a protective intervention in diminishing the symptoms of negative thoughts about self-esteem and depression, both precursors to suicide ideation, another common symptom.

Since extra emotion on the part of others was cited as a significant exacerbator of the symptoms of schizophrenia, it was not surprising that all study participants cited a diminisher as being the avoidance of extra emotion. For the adults working with students with schizophrenia, refusing to participate in escalating emotion seems essential in helping the students to remain calm. The study participant students and parents both noted that the students depended on the significant adults in their lives to remain calm and in control of their emotions to assuage the students’ own confusing thoughts and feelings. They seemed to use the calm adult as a rock on which to lean during these stressful moments. Both teachers and parents emphasized that extreme patience was needed to work successfully with these students. The continual use of a calm voice, no matter how agitated the student became, was cited by every study participant as critical to thwarting the escalation of symptoms.

This insight correlates with the symptom diminisher of providing a safe/escape adult for the student to go to during any crisis or when feeling overwhelmed. Teachers
reported students coming to them during lunch to sit in their room to get away from the lunch crowd and seeking them out before and during the school day: going to them for reassurance. Study participants mentioned that the common symptom of excessive worry is assuaged by using a calm voice, providing continual assurances, positive encouragement, and a pre-arranged plan for a safe/escape room and safe/escape person.

When students were exhibiting a lack of concern in situations typically warranting concern and showing a lack of understanding of the seriousness of their inappropriate behavior, study participants suggested backing off, rather than arguing with the student and potentially escalating the situation. They pointed out that many times the best diminisher was to back off from interacting with the student and leave him or her completely alone for a period of time. The issue could then be revisited at a later time. Another effective diminisher was the technique of distracting and redirecting the student.

Some diminishers of the symptoms of schizophrenia interfering with academic and social success occurred outside the classroom. They involved interventions taking place within the family. Two key diminishing factors mentioned by study participants were the significance of family support and both parents being in agreement as to the plan of action for interacting and caring for their child. Parents reported that caring for a child with schizophrenia was extremely difficult. Without these two factors in place, the student was more likely to experience extra emotion occurring within the family and increased stress, both exacerbator for increasing the risk for failure in school and more frequent hospitalizations.
It is important to note that parent and family behavior does not cause schizophrenia, and many of the symptoms of schizophrenia are inevitable, requiring help from medication, hospitals, and professionals. However, family support and parental teamwork are highly influential in increasing the student’s chances for success. In addition, family support includes close, honest, frequent contact and interaction with the student’s school. Study participants reported that the student was more successful in school when both the teacher and parent collaborated successfully and frequently.

Reflections on Study Findings

Lack of agreement by study participants on symptoms, exacerbators, or diminishers does not necessarily mean that single participant observations are not accurate or useful. Rather agreement reveals that something is known by a number of constituents, that within a certain group many have come to recognize a factor, that among groups they all have experienced this, or it is evident or experienced in different settings. This certainly lends validity to a conclusion that those factors would be useful to address in designing interventions. However, fewer constituents noticing a certain factor, may simply reflect that not many have come to realize it, but, in fact, it is a viable concern. One participant may be more observant than another, have more training, experience, personal insight, or sensitivity to certain observations than another. For these reasons, any failure of all three study participants (i.e., student, parent, teacher) to mention the same factor as significant does not mean that a factor mentioned by only one or two of them is not pertinent to the development of interventions for students with schizophrenia.
Any single study participant may fail to mention a certain factor for a variety of reasons not related to the factor’s value for the purposes of this study. For example, in discussing symptoms of schizophrenia, both study participant students and parents noted that having difficulty going to sleep or awakening in the morning were factors that interfered with the students’ success in school. However, teachers may not have known of this regular occurrence unless the family mentioned it to them. Likewise, students and teachers both noted that seating the student too close to others in the classroom was a factor exacerbating the symptomology of the student’s disability, whereas the parents may not have been aware of this, because it occurred in the classroom. This response pattern is equally possible in the study participants’ notation of any of the symptoms, exacerbators, or diminishers discussed during the interviews.

Three parents and three students revealed that the student was insecure about his or her own thought processes, but only one teacher mentioned this. This may be due to teachers not being as aware of the innermost thoughts of their students or aware of their emotional state when it is not manifested outwardly. One teacher mentioned that she had been instructed by school personnel to avoid any discussions of any of her students’ personal feelings or emotional state, but rather to deal only with outward behavior, with the reasoning being that the teachers were not trained counselors. This would, of course, limit the teacher’s knowledge of a student’s thoughts.

None of the study participant teachers noted academic skill regression as a symptom of schizophrenia, but they all noted the below average academic skills of the students. All of the parents, though, did mention that their children experienced academic skill regression, two parents pointing out that their child was in honors/gifted
classes before the onset of schizophrenia and now struggled academically. The reason for this response pattern among the study participants is most likely due to the fact that the special education teachers began working with the students with schizophrenia only after the academic skill regression had taken place. The teachers saw that the students were not functioning academically at grade level, but they did not know the students nor observe their above average functioning before they developed schizophrenia.

One student and two teachers noticed a 2 to 4 week cycle of productivity from the student followed by a relapse and shutting-down of productivity for a few weeks. Some medical research has noted a pattern of patients holding it together for a number of weeks, functioning close to normalcy, followed by a time period of falling apart, referred to as disintegration. The research suggests that it takes so much energy for patients with schizophrenia to think clearly, function socially, and maintain normalcy that they can only sustain this effort for a limited amount of time. The other study participants may not have kept track of days and times of productivity and relapse closely enough to observe a definite pattern. However, though other study participants did not note a specific 2 to 4 week cycle, they all did emphasize that sometimes the student was productive and on-task and other times they would stop working, sit and stare, or become overly sleepy, referring to the behavior as zoning-out or shutting-down.

Teachers in this study specifically noted that their students would be making good progress, academically and socially, being productive in school, and receiving positive feedback from parents and teachers, and then suddenly disintegrate. Productivity
stops, progress seems to revert, and the teachers are bewildered by this, seeing no particular antecedent to the cessation of productivity. The fact that teachers can note no antecedents lends credence to the hypothesis that students with schizophrenia can only maintain normalcy for a limited period of time before mental exhaustion sets in. Extreme sleepiness and zoning-out/shutting-down during this time are common descriptors, both cited by study participants as symptoms interfering with academic and social success. All of the students are possibly experiencing a cycling of near normalcy followed by a shut-down stage. Further investigation in this area is necessary and seems warranted as a promising research area to pursue.

If such a pattern could be established, pre-planning for interventions at school and home could anticipate such a down-time. More opportunity to nap and take part in relaxing activities could be offered to the student. What activities would be considered relaxing for students with schizophrenia warrants further study. Knowledge of this phenomenon on the part of teachers and parents has the potential to aid teachers and parents in avoiding the escalation of emotion that is likely to occur when the adults suddenly witness the student no longer being productive (i.e., obedient). Yelling and extra emotion on the part of others is unusually upsetting to those with schizophrenia. These two factors (i.e., yelling and extra emotion) are noted by all study participants in this study as being significant exacerbators of the symptoms of schizophrenia.

If the student is shutting-down mentally and emotionally, because of a sensory overload and exhaustion from attempting to maintain his or her thought processes, the teachers’ and parents’ reactions of heightened negative emotion directed toward the student will only aggravate the student’s ability to function normally. The student,
apparently, needs this down-time. Reducing the exhibition of reactive negative emotion and providing a soothing atmosphere both at school and home during the student’s shut-down period has the potential to provide a more positive experience for both the students and adults. Then the student can be eased back into necessary academic and social pursuits, after the shut-down time passes. Without this type of intervention, moving smoothly through these cycles is not possible and may account for the frequent cycling in and out of psychiatric hospitals throughout every school year that all five of the study participant students experienced.

Study participants revealed that the students’ with schizophrenia would have less symptomology through the summer, when off from school and staying home, but would increase symptomology as the school year progressed. At the first of the fall semester, they would be doing fine. As the semester neared its completion, they would gradually increase in agitation, worry, and other symptomology, frequently having to enter the psychiatric hospital by the end of the semester. When they returned to school in the spring semester, they did alright at first, gradually descending again, requiring hospitalization by February or March. After release from the hospital, they would not be functioning as well at school for the remainder of the spring semester. Some parents and teachers described it as “they were done,” “they never got going again,” “they just checked out,” and they just “zoned-out” or “shut-down.” Parents reported that the students “recovered” over the summer and “had a very nice summer.” Then the cycle would start again when school started (refer to Fall/Spring Cycle in Symptoms Table 1).
Most of the teachers and parents thought that perhaps the medications were not working and needed to be changed when this occurred. One parent stated that it was very likely that what went on at school caused the pattern of events. All parents reported school being stressful and frustrating. In all cases, they had a similar pattern and sequence of events for each student. This finding warrants further investigation into the probability that the school program and environment itself is causing the descent into increasing symptomology. This is plausible, especially when considering that other exacerbating factors involving the school program were identified in this study as well. Those factors include the findings that (a) school was extremely stressful and frustrating, (b) the school work was too difficult, (c) social skill problems manifested at school and were exacerbated there, (d) academic regression and academic weaknesses produced mental exhaustion and negative thoughts of self-esteem and feelings of depression, and (e) the cycling of 2 to 4 weeks of productivity followed by a period of zoning-out/shutting-down occurred throughout the first semester, symptomology increasing as the school year progressed. Considering the findings from this study, further research should be conducted to investigate the effect of the school program on the student with schizophrenia. Research already tells us that these students drop out of school after developing the illness at a higher rate than any other disability group. The findings from this study, in combination with additional research, should be able to tell us why. Then interventions could be developed to help these students have a more successful school experience.

Occasionally, a factor was mentioned by only one study participant. In this study, that occurred for (a) the exacerbator of a general education teacher not getting any
support for working with the student with schizophrenia and (b) the symptom of heightened procrastination observed and mentioned by one teacher. Though only mentioned once, these factors should not be ruled out as being possibly influential. Instead, further research should be conducted to ascertain whether additional study participants will also mention these same factors.

The exacerbator of church rejection warrants further discussion and investigation. All of the parents shared that they understood that other people were afraid of mental illness and uncomfortable around their children, and that they did not blame them for avoiding them, but nonetheless, they expressed that it was extremely painful and isolating, especially at a time in their lives when they needed support more than ever. The church has a history of reaching out and helping the needy, so it is surprising that it seems to have a blindspot in the area of mental illness. However, it mirrors the views and reactions of the majority of society that accounts for the many homeless and uncared for mentally ill. One study participant mother stated, “I thought that since they were Christians, they would help me, but they didn’t.”

In the original literature search and review for this study, this researcher did not include the topic of church members’ rejection or support. Further investigation by this researcher, after identifying this need through the study interviews, discovered one book written on this specific topic: *Strength for His People: A Ministry for Families of the Mentally Ill* (Waterhouse, 2002). This book was recently written for the purpose of educating the church in this area of ministry. Waterhouse suggests that there is much work to be done in the churches to educate church members on ways to reach out to families with mentally ill family members and overcome the social stigma and false
beliefs that now alienate too many people from the church during a time of immense need.

This study found numerous needs in the area of community issues related to individuals with schizophrenia. These community issues affect school to community transition success for students with schizophrenia. Illuminated by this study are the needs to (a) develop support groups specifically for those with schizophrenia and their families, (b) educate society in general concerning schizophrenia, (c) educate psychiatric, medical, counseling, and social service workers specifically in the practical living needs of students with schizophrenia, (d) create effective adult living programs/plans, (e) create college-level intervention programs, (f) develop church outreach and education, and (g) reduce social stigma surrounding the illness of schizophrenia.

Conclusion

This study identified symptoms of schizophrenia interfering with academic and social success and exacerbators and diminishers of those symptoms. Numerous factors had high agreement within and among the groups of study participant students, parents, and teachers, increasing the validity of these findings. The factors identified through this study should provide starting points for future research studies, eventually leading to the development of efficacious interventions to increase academic and social success for students with schizophrenia.
CHAPTER V

SUMMARY, IMPLICATIONS, RECOMMENDATIONS

Summary

The study has explored the experiences of students with schizophrenia, their parents, and their teachers in an effort to understand the symptoms of schizophrenia that interfere with academic and social success and the exacerbators and diminishers of those symptoms. Study participants were identified utilizing the technique of purposeful selection based on the criterion of having developed or having been first diagnosed with schizophrenia from the ages of 12 through 21. These study participants, their parents, and their teachers were interviewed on two occasions, resulting in over 30 hours of taped interviews. These interviews were then transcribed and analyzed, line by line, utilizing qualitative methodology, with the intent of identifying patterns, multiple agreement both within and among groups, and unique observations and significant insights. Through this process, patterns emerged revealing the symptoms of schizophrenia that study participants perceived as interfering with academic and social success. Further analysis identified those situations that exacerbated those symptoms and made academic and social success less likely and those situations that diminished those symptoms and made academic and social success more likely. These findings are an initial contribution to the special education field’s knowledge base needed in order to develop academic and social interventions for the population of students with schizophrenia.
Implications

The implications of the study findings suggest that unique interventions could be used with students with schizophrenia to assist them in remaining in school and continuing their education. This study has helped identify the specific symptoms of schizophrenia that particularly interfere with academic and social success in school, family, and community. The findings reveal that parents and teachers have discovered situations that, for the individual students in this study, exacerbate or diminish the symptoms of schizophrenia. In addition, there was considerable agreement both within and among study participant groups on these factors, suggesting potential for generalization to the larger population of students with schizophrenia. These findings suggest that specialized interventions could possibly be designed to be used with all students with schizophrenia, improving their chances for success in academic, social, family, and community areas of life. Improving the school experience has potential for decreasing the high drop out rate from school and poor transition into society that these students now experience.

While medical science works toward relieving symptoms through medication, reducing side-effects with new discoveries in medicine, and continues the search for a cure for schizophrenia, educators must turn to the consumers (i.e., students, parents, teachers) for insight into the effectiveness or lack of effectiveness of current academic and social interventions. The students with schizophrenia, their parents, and their teachers all hold information that is vital to the successful creation of optimal academic and social interventions for this special education population.
The findings of this study, hopefully, will serve as useful starting points for future researchers to gather additional data on the specifics of the symptoms of schizophrenia as they affect academic and social success. Further research into specific school and home interventions can build on the factors discovered through this study that exacerbate or diminish the symptoms of schizophrenia that now interfere with school success for these students.

The study found certain factors to be of special interest in thinking about working with students with schizophrenia. Within the study findings, an emphasis on certain symptoms, exacerbators, and diminishers suggested some areas that are not as strongly emphasized in typical interventions for special education students with emotional and behavioral disorders (E/BD). They are areas that warrant additional research to ascertain their significance in designing efficacious interventions for this population. This study found the following factors to be specifically attributable to the special education disability of schizophrenia and significant enough to warrant further investigation.

- Cognitive regression occurs as the illness develops.
- Brain exhaustion from thinking occurs from daily, normal life experiences.
- There is a need for the student to leave the classroom periodically.
- Pacing/walking is a symptom and is needed to release stress and physical agitation.
- There is a need for a pre-arranged and acceptable safe/escape place and safe/escape person: not for inappropriate behavior but as a proactive intervention for internal emotional stress.
• There is a physical need for napping during the school day.

• The use of a study carrel or desk next to a wall as a positive place of choice, not so they will not bother others.

• There is difficulty switching classes, working with multiple adults, crowded hallways.

• There is difficulty with being given numerous choices or increased freedom.

• There is a loss of some degree of pleasure and development of limited interests as the illness progresses, thus limiting the effectiveness of reinforcement/ consequence style behavior modification interventions.

• Food rewards are of higher value than most other reinforcers; other reinforcers are difficult to discover and will take extra insight on the part of the teacher and parent.

• Negative consequences are not very effective as a learning tool; the student’s sense of loss is not great enough, nor do they care enough for them to work, due to their lower sense of desire.

• There is a symptom of heightened concern and confusion with time; an apparent difficulty with the mind’s internal time clock/internal sense of the passage of time, resulting in difficulty judging how long it takes to do something or how much time has passed, increasing stress, worry, and agitation.

• Extra emotion can set in motion a downward spiral of symptomology.

• The excessive need for one-on-one instruction (stemming from their insecurity concerning their own thinking processes, academic skill difficulties particularly in reading comprehension, logic, math, and written expression, distractibility,
and social withdrawal and regression in social skills making learning in a group situation difficult).

- The pattern of cycling in and out of productivity and near normalcy to unproductivity and increased symptomology every few weeks and the pattern of increasing symptomology as the school year progresses, resulting in multiple psychiatric hospitalizations throughout the school year, yet not as likely to require hospitalization during the summer break or when homeschooled or on homebound instruction.

Recommendations

The findings of the study have identified symptoms of schizophrenia that interfere with academic and social success and factors that act as exacerbators or diminishers of those symptoms. The study findings support the hypothesis that further research is needed in special education in the area of schizophrenia. The data generated from this study have identified the following areas in need of further investigation by professionals in the field of special education, specifically as they pertain to schizophrenia: (a) academic remediation methodology, (b) social skill retraining, (c) classroom configuration and school environment, (d) school program logistics, (e) teacher training and information, (f) parent training and information, and (g) psychiatric, educational, and parental collaboration. The findings of this study prompt the following specific recommendations:

1. Additional research, interviewing numerous other students with schizophrenia, their parents, and their teachers, should be conducted to confirm the findings of this study
and contribute additional insights into what exacerbates or diminishes the symptoms of schizophrenia.

2. Using the findings of this study, and from additional studies conducted hereafter, specific school and home interventions should be developed and tested with students with schizophrenia, in the areas identified in this study, to ascertain their effectiveness in helping these students complete their schooling and successfully transition into the community.
APPENDIX A

LETTER OF CONSENT
March 24, 2003

Paula J. Flint
(address removed)

RE: Human Subjects Application No. 03-018

Dear Ms. Flint:

On February 28, 2003, the University of North Texas Institutional Review Board reviewed your project titled "A Qualitative Analysis of the Symptoms of Schizophrenia Interfering with Academic and Social Success." The Board agrees that the risks inherent in this research are minimal, and the potential benefits to the subjects outweigh those risks. Your study is hereby approved for the use of human subjects with the stipulation that contact with potential subjects not begin until letters of cooperation from approving institutions are received.

Enclosed is the consent document with stamped IRB approval. Please copy and use this form only for your study subjects.

U.S. Department of Health and Human Services regulations require that you submit annual and terminal progress reports to the UNT Institutional Review Board. Further, the UNT IRB must re-review this project annually and/or prior to any modifications you make in the approved project. Please contact me if you wish to make such changes or need additional information.

Sincerely,

Peter L. Shillingsburg
Chair
Institutional Review Board

PS: sb
APPENDIX B

INTERVIEW GUIDE
INTERVIEW GUIDE

1. Tell me about your child (student/client/patient) who has schizophrenia. Tell me about your personal experience with having schizophrenia.

2. What was he/she like before developing schizophrenia? What was your life like before you developed schizophrenia?

3. What events led to you coming to know that he/she/you had schizophrenia?

4. What changes did you observe?

5. How did these changes affect his/her/your life? Future plans? Goals?

6. What help have you (student, parent, teacher) received? From whom? How?

7. What treatments have you tried? Results? (i.e., medications, education in special education, education about the illness, counseling, training, rehabilitation, community services, other support)?

8. What have you found that makes symptoms worse? Which symptom, how is it worse, what are the antecedents (What is going on before/at the time it worsens? What do you think might trigger it?)

9. What have you found that makes the symptoms lessen? Which symptom, how is it better, what are the antecedents (What is going on before/at the time it lessens? What do you think might be affecting it?)
APPENDIX C

INTERVIEW GUIDE FOR SECOND INTERVIEW
INTERVIEW GUIDE FOR SECOND INTERVIEW

1. Describe in your own words the symptoms and behaviors you noticed that led you to seek help for your child before he/she was diagnosed with schizophrenia.

2. Describe the various people or agencies that helped you and how they helped you.

3. What were the symptoms and behaviors that led you to a psychiatrist and the diagnosis of schizophrenia?

4. Looking back, what small behaviors or changes did your child experience that might have been the very beginnings of the illness.

5. Describe what your child’s personality was like before they developed schizophrenia and what has changed now.
   At home:
   With family members:
   At school:
   With friends:
   At work:
   Other:

6. Describe what your child’s behavior was like before they developed schizophrenia and what has changed.
   At home:
   With family members:
   At school:
   With friends:
At work:

Other:

7. Describe what your child’s talents or interests and strengths were before they developed schizophrenia and what has changed.

8. What have you noticed (be as specific as you can) that makes your child’s symptoms or behaviors worse? Which symptom or behavior, in what situation, and in what way? (Name and describe as many as you can).

9. What have you found (be as specific as you can) that makes your child’s symptoms or behaviors better? Which symptom or behavior, in what situation, and in what way? (Name and describe as many as you can).

10. Check any of the following that your child experiences.

   • Difficulty going to sleep_____.
   • Difficulty waking up_____.
   • Less interested in food or specific foods_____.
   • Less interested in past hobbies or sports_____.
   • Less mature behavior_____.
   • Less use of manners (e.g., table manners)_____.
   • Less thoughtful or considerate_____.
   • Difficulty understanding reason for rules_____.
   • Difficulty understanding explanations_____.
   • Difficulty understanding what they read_____.
   • Increase in complaining about other people_____.
   • Increase in complaining about their own appearance or clothing_____.
• Decrease in school work completion_____.
• Decrease in their social skills (e.g. telling inappropriate jokes)_____.
• Decrease in friends getting along with them_____.
• Being alone for more of the time than in the past_____.
• Lack of former goals_____.
• Apathetic or ambivalent attitude_____.
• Lack of interest/response to rewards or consequences you may impose_____.
• Decreased use of logical reasoning skills in daily life_____.
• Difficulty believing your evidence for thinking a certain way (e.g., when you try to warn what will happen if you do x-y-z; try to explain what really happened during an event; repeat what someone said)_____.
• Difficulty changing classes (e.g., movement in hall, crowd, different teachers, personalities, freedom, choices)_____.
• Involvement with the law_____.

11. Include any other behaviors, situations, symptoms, things that help, things that do not help that you think might possibly be helpful for us to know.
APPENDIX D

BIOGRAPHICAL INFORMATION ON THE

STUDY PARTICIPANTS INTERVIEWED:

INFORMATION ON THE SPECIFIC EXPERIENCES OF EACH FAMILY
BIOGRAPHICAL INFORMATION ON THE STUDY PARTICIPANTS INTERVIEWED:

INFORMATION ON THE SPECIFIC EXPERIENCES OF EACH FAMILY

Four families interviewed for this study have been able to keep their children in high school, so far, with an exorbitant amount of family support, creative interventions, and school to family continual contact. The fifth student did not develop schizophrenia until after entering college.

One student was in honors classes before developing schizophrenia, thereafter needing to enter a full-time, special education program in a separate, public school facility. The student has had to resort to homebound instruction at this time, to complete her high school senior year, because of continual hospitalizations when attending school. She will be attempting to attend junior college in the fall while continuing to live with her family.

One family saw their child graduate from high school after many years of struggling for special education services and many unpleasant school experiences and frequent hospitalizations. Only one year resulted in no hospitalizations: the year that he was homeschooled. After graduation, he attempted to attend junior college, but the student had to drop out because of the symptoms of the illness. The parent attempted to access support for her son at the college, but none was available that was effective for the symptoms of schizophrenia. He now lives in an assisted-living apartment, still with continual support, involvement, and care-taking from his parent.

Another student in this study graduated with honors from high school, earning an ACT score of 26, before developing schizophrenia. When the illness developed, he was still a teenager in college. Because of the symptoms of the illness, he eventually
was forced to drop out of college entirely. Before that, though, he was able to complete a two-year associate’s degree stretched over a number of years as the illness began to develop, but was not able to continue his education in the four-year university program. He accomplished the two-year program with constant parental involvement and vigilance. He received no support or intervention from any college or educational personnel. He has never been able to be employed. He is not homeless, but only because of the vigilance and involvement of his parents with whom he lives. He continues to have frequent hospitalizations. At the time of this interview, he had failed to take his medication for approximately two weeks. This is apparent in his conversation recorded in the interview transcript. Also, the first interview appointment three days earlier had to be cancelled because his father could not awaken him.

The other two students will return to their high school special education program next fall, but have only successfully completed this school year with continual support, involvement, and interventions from their parents, special interventions from their teachers, and continual school/family communication. Even so, the school year was extremely difficult and stressful for the student and family, with periodic hospitalizations throughout the year. Both of these parents worry about what their child will do after leaving high school. All of the parents worry about the possibilities for their children to ever live on their own, and they wonder who will take care of their children after they are gone.
APPENDIX E

INTERVIEW TRANSCRIPTS
Interview One with Mother of Student B with Schizophrenia
Age 18

WHEN DID YOU NOTICE…OR WHAT WAS B… LIKE BEFORE?

B… was in the stars program through 8th grade. Very intellectual, very independent child. Creative. She was always trying to invent something. In the absence of other playmates she spent a lot of time on the phone with friends or out playing with the dogs. We had three dogs at the time. She would set up in scenarios. She would cull things from different parts of the yards and make anything from a stump to an old tire and make a setting that she created. She wanted to design Star Trek sets. She had a friend and they used to do this on the phone. She was learning to use the computer a little bit to do that. To line draw different shapes to put together and make it look like a real blueprint. She wanted to be an inventor. She was always creating something. Straight, beautiful, great grades. Very self confident, even in the lack of…every year she was sure she was going to be a cheerleader…and every year she didn’t make the tryouts. Tryouts are pretty locked up in most small towns I’ve discovered. The kids who start in 3rd grade or 2nd grade, they’re pretty much it for the rest of the school. It’s tough to break into that. She almost did one year, but then she got discouraged. It took her four or five years of trying out to get discouraged. Tough girl. Teachers loved her. All but one. We won’t go there. That was a rough year. A little spoiled. She was an only child for eight years. A good student, a lot of perseverance, hard worker, strong willed, creative, independent person.

CREATIVE AND HAD GOALS. INTERESTING THINGS THAT SHE WAS PLANNING ON DOING OR WANTED TO DO WITH HER LIFE.

She was determined she was going to some school such as MIT. She had MIT in mind. She wanted to know where a really technical science school was. Where she could really get into the deep stuff. And I said “well,” and I started naming places and she wanted to go there.

WHAT BEHAVIORS OR SYMPTOMS BEGAN TO HAPPEN THAT CAUSED YOU TO GO SEEK PROFESSIONAL HELP?

It started with the death of her father. She was 13 when her Dad died. Her second Dad. She was one when the first one died. Didn’t remember much of it…any of it. But I think the emotions were still there in her brain somewhere. When her Dad died she had a really tough time.

A CAR ACCIDENT?

No, this was the one who died of an accidental overdose. She was there and she tried to help me revive him because I had to talk to the police and we were at his mother's house, so she was there. So it was just the three us trying to resuscitate him and keep him going until the paramedics got there. Which turned out to be useless. It was very hard for her. Very difficult for her to accept. At 13 they are old enough to be able to suppress their emotions, and young enough to not realize how dangerous that can be. And how harmful.

AND THIS WAS HER STEPFATHER?

It was the father that had raised her. He adopted her. He was legally her father and all she ever knew. The sun rose and set on him. She was Daddy’s little girl. I encouraged that because they didn’t get along at first and I thought she needed…she tried not to grieve and be strong for Mom. Who was actually doing very well having already lost a child and husband before. I kind of had the hang of this. Not that I was enjoying it, but I kind of knew where I was going and dealt with the grief as quickly as I could because I didn’t want to hang around in it any longer than I had too. I knew that it was possible to…time would do something. And that some of the work that I could do would speed that up to some degree. I got engaged very shortly after it all. That was very difficult for her. The day after I said I’d marry him, I just didn’t know when exactly. I went and picked her up at school, took her to lunch and
talked to her about it. I said “If you’re not ready for this then I won’t do it.” She said, “I might feel different down the road than I do now, so you might as well do it now.” She wanted me to be happy. She was constantly saying she wanted me happy. Putting my needs before hers and resenting it inside. Not telling me. And the resentment builds. About a year later, right before I had Eric, we found that she had been cutting on herself. We got a call from the school counselor out of the blue. We had not idea that she had been doing that. She’d been doing quite a bit of it, but she’d been carving words in herself. Screaming help, basically. And that’s when we started to seek counseling and within a month or so she was in the hospital because she was cutting herself too much and threatening suicide. She had her first schizophrenic episode…which is what…she probably actually had the first one in the hospital. She’d just gotten there and it kind of…I don’t know if it was the combination of being there, plus all the other stresses that finally set it off, but she called me on the phone and they were having a really rough day in the girl’s unit. All the girls were acting up. They had a lot of attitude problems there too, which was another reason she hated going to the hospital. A lot like the school, except with a lot of chemical problems too. It was hard to listen to for her. She called me and she was not making sense. She was screaming that she was going to hell, that somebody was going to take her to hell, that the floor…she was going to go through the floor, she could feel it. And then she would stop in the middle of it and say, “Mommy, my toes are cold. Will you bring me my toe socks when you come.” And then she’d start crying and caring on again. She was probably out of it by the time they gave her a shot Haldol. But they went out and gave everybody a shot of Haldol because all the girls were out of control, apparently. That was kind of freaky to hear, but when I saw her have severe episodes here as well. She was completely out of touch with reality and doesn’t remember them and doesn’t know what happened. She relies on other people to tell her what happened. Woke up to, “what happen, where am I, why am I in this situation. That wasn’t the last thing I remember.

DO YOU RECALL WHAT MEDICATION THEY GAVE HER WHEN SHE FIRST WENT TO THE HOSPITAL OR WHAT SHE WAS TAKING?

Not offhand. The first thing they did was give her an antidepressant.

WAS SHE STILL TAKING THAT WHEN SHE GOT TO THE HOSPITAL?

No. They didn’t give her anything until she went to the hospital. She wasn’t on any medication until she went to the hospital.

WHEN SHE FIRST GOT TO THE HOSPITAL, THAT’S WHEN THEY STARTED...

The doctor talked to her and decided that she was depressed and perhaps bipolar. He gave her an antidepressant and after that episode when I talked to her, he was putting her on…was it Depakote first and then Lispordole. Hallander put you on that? Not Hallander. Who was the other doctor? Hawkitt. I spoke with Hallander because she was out of town on the weekend and he spoke to me about what was going on. But they put her on Lispordole. Not long after that…she was home a full week and had to go back. She had a full psychotic episode here at home with my Mother present. My Mother had come for the birth of the baby and he was due within the week. So we had to deal with all this at once. We just…My husband is a rock. He’s a calm, unruffled person. For him to get frustrated, it’s about as severe as it gets. I’ve never seem him get completely and totally out of control. Not every remotely out of control. And it’s been great. I think it was meant for him to be here when we got to this point because we couldn’t have done it without him. We had to take her to the hospital with him sitting in the back holding on to her. And it turns out that is what she wanted. She wanted to hold on to him. He was strong and I drove and we took her to the emergency room. And to Green Oaks again, and she spent another week down there. Missed the birth of the baby that way. But the episode was pretty frank and I started to see a pattern. She would get agitated, and then she would start hallucinating. This time she was seeing little green men outside her window, the one that was going to take her to hell. Shortly after that he started following her around at school and tapping her on the shoulder. Which got alarming. She told me that she had been having some of these feeling for a while and had not been telling anybody about them. So I don’t know exactly when they started but it was sometime that spring. She would hang out with the school counselor. They really didn’t know what to do when she got back.
to school. And when she started feeling agitated or frightened she couldn’t concentrate and she would ask to be excused and the school counselor finally arranged it okay. She would go hang out with Linda if that was possible. That was not always possible. Sometimes Linda had other students to deal with. Sometimes B ended up lying down in the nurse’s station. It seemed like two or three days a week I had to go get her and bring her home because they didn’t know what to do with her. I had to bring her home, which meant she wasn’t doing any school work, she wasn’t getting any counseling, and she wasn’t getting anything here. Just Mom’s supervision and maybe after a while we got an appointment with Dr. Watts in Denton after the first hospitalization, which didn’t even take affect until after the second one because they were so close together. The first time he could see us turned out to be right after the second hospitalization. I had started to do some research over the Internet before we saw him and I talked to a friend of mine that I knew from a church group who had said that her husband had schizoaffective disorder. She gave me a website and I went and read up on it. I had seen some bipolar literature. My second husband’s natural daughter has been diagnosed that way once and we had her here for a year and a half, so we had to deal with some of these weird things…swings and moods. What I read about them didn’t seem to indicate that they would go through what she did so rapidly. In such a rapid succession. It seemed way to fast for classic bipolar, but it might fit the schizoaffective definition better. So I went in ready to ask the doctor what the difference was. I put forth to him my opinion that maybe this might be more accurate than bipolar. Although I didn’t know, and I wanted more information. The first thing that he said was “she’s not bipolar, she schizoaffective.” And I said, “That’s what I thought.” So that was the diagnosis that stuck for a very long time. And she has had a couple more of the psychotic episodes since then. She goes through the agitation, the anger, the fear, she’s pacing, she can’t stand still, she’s frightened out of her wits, the adrenalin is racing and then she begins to want comfort but to push it away at the same time. Sometimes she goes completely berserk and does weird things and then she collapses or zones. Maybe goes to sleep for a few minutes…20 minutes. When she comes to, she’s starving. It’s funny. Every time she wakes up she says, “I’m hungry.” And the first time she did that she had a girlfriend over to spend the night and it scared her friend to death. She ended up laying on my waterbed and she wasn’t sure how she got on my waterbed. She went to sleep for about 20 minutes while I talked to her friend and tried to calm her down. It must have been the second one because I knew what was happening by then. I said, “It’s okay.” We had called a doctor and we were waiting for him to call back and we rode it out and I discovered that we could. We had to. We couldn’t get help that fast especially living this far out of town. It takes an ambulance 20 minutes just to get here. I can have her at a hospital in 20 minutes if I push, easily. Not there is much they can do except again, wait for it to calm down, applying medicine and the medicine doesn’t work quickly. I think it was after that when we were given some Lorazepam to have on hand in case we needed it. I found out quickly that one Lorazepam knocked her out for nearly 24 hours. When she comes to, she’s starving. It’s funny. Every time she wakes up she says, “I’m hungry.” And the first time she did that she had a girlfriend over to spend the night and it scared her friend to death. She ended up laying on my waterbed and she wasn’t sure how she got on my waterbed. 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What’s the name of the other stuff B? Xanax. We switched the Xanax because she was having panic attacks. That’s helped with tiding her over until the medication increase, for instance, takes effect or the doctor tries to lower…She’s been on Trypitzol, that’s the latest in the psychotic arsenal. Right now she is on three anti-psychotics and it’s a delicate balance we found. He really wanted her off the Trypitzol because of the weight gain problem is so severe and the diabetes in our family puts her at risk. She gains so much weight, which does help 16 year old self image any to bloom 40 pounds in four months. Something like that. She can give you the numbers. But it was pretty depressing in and of itself. Before the school year was out, they had…she spent the last six weeks of school in Challenge. They didn’t know what else to do with her. That was her sophomore year. The very end. She had just turned 15. We wrote out the year with the counselor’s help. Worked on it all summer and she started school in the fall but then right about the time school started she had to spend a week in the hospital again. The stress of starting school again. She was scared to death. What am I going to do, what if all this stuff happens at school that we’d been trying to deal with all summer. She had been in the hospital again in June. So she tried it and it didn’t work so they switched her over to Challenge during her sophomore year, probably because of the long term thing. We just muddled through sophomore year. Her grades were atrocious. She failed a couple of classes…not failed, but got such a low grade that she was not happy. It was a "D," I think. In spite of all that she was able to maintain a “D.” She was out of school so much. Attendance was the major problem. Of course, concentrating to get the work done was a challenge. The Challenge Center could do that. They had a much higher student to
teacher ratio. Perhaps five kids in a class. And that was the whole high school. They had a teacher or two for the high school kids. Maybe up to eight students at times. It fluctuated. The downside was that the police was frequently over there because the kids often have problems that require calling in the police. If they threaten teachers or other students, the police are there. That was hard for B. The stress was difficult. She did grow to become very close to some of the teachers. It turns out that some of the teachers were people that I already knew and so that made it easier being in small community that we felt comfortable with these people.

SHE WAS AT THE OLD CHALLENGE CENTER FIRST. AND THEN THE NEW ONE?

Right, she was with them when they moved. She finished out that year and decided to go ahead and keep her in the Challenge because it was still really rocky. She spent a lot of time in the hospital. She spent seven weeks in the spring of her sophomore year in a long term facility. Finally, she dealt with the grief. Two years after her Dad died. A year and a half later. I’m losing…it had to be two and a half years because she was 16. That helped a lot. She had the counselor there worked with her on the grieving. Which was obviously starting a lot of these episodes. They’ve settled into a pattern since then, but the grieving would throw her off and would bring on things.

IS IT WHEN SHE WENT TO THE RESIDENTIAL…

Yes.

HOW LONG DID SHE STAY THERE?

Seven weeks straight.

AND WHAT WAS THE NAME OF THAT PLACE?

Cedar Crest. It’s down by Temple. Long drive. We couldn’t go frequently. We did not make family therapy to most of these places, but family therapy was designed to help those that are in dysfunctional homes to create a home environment that would help the child be healthy, as well as the rest of the family to deal with it. That was not our issue. So when they stressed it and we couldn’t make it, they were still able to release her because the counselor would have a meeting with us at the time of release and realize that things were about as healthy as they were going get here. We’re just learning to deal with the disorder itself, not with other issues that were causing problems. She had the other issue that was causing problems, and she dealt with that at Cedar Crest. She refused to talk about it and down there the lady was able to break through to her and get her to do some basic child psychology therapy. She did some coloring and drawing pictures and things.

YOU FOUND, FOR THE MOST PART, WHEN YOU WENT FOR COUNSELING OR THE FAMILY THERAPY, IT WAS MORE GEARED TOWARD DYSFUNCTIONAL FAMILIES AND THEY WERE LOOKING TO YOU WHAT WAS WRONG WITH YOUR FAMILY.

And they weren’t able to find anything. So, yeah, let’s go home. Even with talking to the brothers and sisters, the little ones, they were fine.

SO THEY REALLY DIDN’T HAVE ANYTHING TO OFFER YOU?

We didn’t have dysfunctional, to speak of. No. Except for the fact that Mom remarried. But this was B’s issue and we were doing our best to make it as easy as we could for her. She got counseling here in Denton that first summer with Linda Nigrin. She’s crazy about Linda. Linda is a really a straight forward, basic, tell me what you want to do kind of person. What do you want to talk about and how do you want to deal with this, and how does this make you feel? Directing it back to you. I’ve visited with her a few times on my own to deal with the stress of this and it’s helped a lot. She goes to her regularly.

AND THAT’S NOT THROUGH THE SCHOOL, BUT…
No, we had to get private counseling. The school didn’t know what to do with her. The school
counselor has been wonderful. They do have a school counselor at Challenge who is a former minister,
he’s well versed in the Boys Town Program, very articulate, and he sat down with B and with me one
day and tried to walk us through communication training exercise because we were not communicating
on the same level. It taught us a few things. We didn’t finish with the course of exercises he was going
to go through with us because summer came up, but I think we both learned something from it. We
needed to focus more on each other when we were talking and to stop and listen to each other better
instead of trying to walk over each other talking. Which is a bad habit I’ve had anyway. He went out of
his way to help us in any way he could. He takes the kids on outings periodically, they have flexibility
and they were lucky to have him. The administrators have both bent over backwards to help Becky and
hustled when they needed to get the corporation from the school district’s that they needed. Ann has
been wonderful that way with this Home Bound Program when B had to go to Texoma for the hospital.
The new doctor we have is based in Sherman and comes to Gainesville. When we go see him, we go
up to see him in Gainesville, but he practices in Sherman and he’s got privileges in Texoma Medical
Center Behavioral Health Unit. Switching doctors was so awful, going back and forth to the hospital
and depending on our health insurance plan, to different hospitals, and every time a different doctor
would see her, he’d have his ideas on what would be wrong with her and as many medicines as she’s
been through, we’re sure somebody is going to go back and try something she’s already been on no
knowing. They don’t have full records and any one place and we wanted to stay with this doctor
because we’d been working with him for several months before she finally had to go back to the
hospital. The balance shifted for some reason. Again, he had been trying to take her off the (inaudible)
and increase some of these newer medicines that don’t have so many side effects and when she went
out there the first time, all they knew was that she was 18. It’s an adult facility. She’d just turned 18, so
they accepted her. That’s why that option was open to us. The second time she went out there, they
found out she was a high school student and they didn’t want her, even though she was 18. And the
reason they didn’t want her is because they have to, by law, provide a teacher for her and they don’t
have that kind of set up with anybody. Talking to Ann, she informed me that she had spoken to her
administrator about all this too in case it needed to be done, just a few days before just in case because
things were looking pretty bad. She said, “That’s the school district’s responsibility.” I said, “Oh.” And
so when they weren’t going to take her and I’m calling all over the place all morning crying for help,
trying to get an ambulance that would cross the county lines, which wasn’t going to work, and the
school finally talked to her on the phone and talked her into realizing that she needed to go to the
hospital and needed to take her medicine. She had refused to take it for the first time. “No, I won’t take
it. No, I won’t go to the hospital. I’m not going to hallucinate.” But she doesn’t remember that. I
couldn’t get her to change it and I talked to them and I called Ann and told her “They don’t want to take
her because they don’t have a teacher, and what was it that you told me, what do I tell.” They don’t
seem to realize that it’s the school district’s responsibility. So what would you do? You know, I needed
advice. And the counselor was there before Ann was, so I spoke to him first because I called too early.
First thing in the morning this was going on. Right after the kids left for school and right after my
husband left for work, damn it. He would have been a big help. I was about to call and get a friend to
come over and help me muscle her into the car and take her to the hospital. I didn’t see how I was
going to get it done because we needed to admit through Gainesville and nobody in Denton would take
her Gainesville, nobody in Cook County would come over and get her. What a mess. I mean, they’ve
got their little jurisdictions and nobody steps on…they’re private companies but they’re not stepping on
each others. We cannot go into Denton County unless they request backup. We can’t go into
Cook County. That’s their territory. So I can’t take her to that hospital where they can admit her to
Texoma and do the prework that Texoma wants done. Denton won’t do that for them. They don’t have
an agreement with Denton hospital.

SO YOU WERE GETTING TROUBLE GETTING THE CARE SHE NEEDED BECAUSE PEOPLE
WEREN’T WORKING TODAY? THE PROGRAMS THAT WERE AVAILABLE WEREN’T
COORDINATED.

Weren’t coordinated at all, and this was the hospital and the school…
SO YOU’LL HAVE TO COORDINATE IT?

And the ambulance…private ambulance companies and the insurance companies and it was just a bunch of broken pieces that I couldn’t put together and I was frantically trying to make a picture out of these puzzle pieces that didn’t go together.

AND ALL THIS TIME YOUR DAUGHTER NEEDS HELP RIGHT NOW?

And she’s sitting on the floor rocking back and forth, like this. And I was afraid she was going to hurt herself. Apparently that was not a threat at that point. She was pretty benign about it. I’m faced with this 200 pound child who won’t take her medicine. They talked to her on the phone. I said, “Will you talk to them,” and she said “Sure.” So she picked up the phone and they started talking. By the time she got off the phone she was ready to go to the hospital. I don’t know what changed. But she didn’t want to hear it from me. I thanked them. She spoke with Richard and I think she spoke with Ann, but I’m not sure.

AND THAT WAS THIS SEMESTER?

Yes. That was just February. It was right after her birthday. It was the end of February and most of March she was in the hospital, and that was the last time. She came out the first time and went right back. It was not working out. I have discovered, and I tell the doctor what I know. I’m learning not to be afraid to share my observations with the doctor and I found a doctor…thank you Lord…who will listen to me and my observations. Both doctors have said that they want Mom’s take on it because Mom is the one having to deal with this day-in and day-out, 24/7. And Mom is the one who remembers what she doesn’t remember, and they want to see the outsider’s observations of it, not from the emotionalized victim. She’s inside of it, and I see on the outside. That’s helps them to get a well rounded picture. The school also asks me, “What do you do when she gets like this?” What should we do? What do you want us to do? They were actually asking me how to deal with her. Do you want us to just call you? This is getting ridiculous the counselor pointed out. She’s got to go home every time. But I noticed that it takes…for instance, when he would drop the Zyprexa, it would take a week, almost exactly, to see the full effects, good or bad. Then we would know if there was going to be a problem. Within a day or two of the week being up. That first week everything would run along okay. And then the level would drop enough that we would suddenly see whatever was going to happen, if there was any. And if we could go a week and everything was still level, then it was okay to drop it right there. But if not, every time we had to float back up. Sometimes half of what he had dropped, sometimes all of what he had dropped. Sometimes we’d him and say, “Okay, we got a problem.” She’d miss a day of school and we’d have the Xanax going and she’d sleep through it while the Zyprexa level came back up. It took about a day and a half or two days for her to feel better. Sometimes he’d give her a front loading dose to get her back her there, depending on how much he dropped. He had not able to take her completely off it. He tried that at Texoma, the two back to back visits. It didn’t come off. He left her on a small dose of it, but he did increase the Geodon and increase the Seroquel. She’s on Geodon, Seroquel. She didn’t have to take any medicine in school, but they leave a bottle of Xanax there. I need to go get it. They were authorized to give it if necessary. She usually knew when she needed one. That helped. They could let her lie down in the office or let her sleep. We finally worked out something that started to be a workable routine before she went to the hospital this last time. It did help her stay in school a lot longer.

WHAT WAS THAT?

Well, they had discovered that if she took a nap, she would handle things better. The medicines make her sleepy and mid to late morning she would be dozing off. She was given permission to sleep, but she had to stay in the classroom because they don’t have the staff or nurse or secretary that’s in the office all the time. She can’t be left alone because she can be hurting herself, even if it’s with her fingernails. When she gets agitated she still wants to hurt herself. She will use staples and push pins in the wall as potential weapons, if not just her fingernails. She’s done that until she got it so raw it almost bleeds. It should up for days. That was allowed. They came up with a reward system for her
that was not the Boys Town System because that was not helping her anymore. It hadn't been for over a year and they felt that they had neglected that as they talked among themselves and realizing that they needed to do something different for this child and to flex some more. And since they were in a position to be flexible, why not? So they came up with rewards and they asked B, "What would be a reward to you, what would you consider an award so that when you finish this paper, or this amount of work in a certain period of time?" The teacher can say, "Well done, B. Here's a treat." Candles, bath products....They made a whole basket of stuff. When she turned 18 they took her out to lunch, but only on condition that she finished the credits that she was working on in that two weeks beforehand. Then they took her to lunch. The staff ladies too her because there are really no adult women there except the staff ladies. In fact, there are hardly any girls in that school. One or two girls in the entire school. The ladies took her to lunch and she got to pick. "But if you didn't finish the projects and the credits, it's McDonald's," which she hates. "If you do finish the projects, you pick where we go." So they came up with a rewards system and the attention that she needed. The kind of attention she wanted, and would motivate her. And so they worked with her to find out what her motivations were. Not too many teachers have the leeway to seek a lot of students and say, "Okay, what are your individual motivations?" Because they've got so many students. If you have 30 students, you can't figure out 30 different children's motivations and do them all. It's just not feasible. So in the traditional classrooms, there was no way she was going to make it.

AND DID THIS CUSTOMIZED REWARD SYSTEM...WAS THAT DEVELOPED MORE THIS YEAR OR LAST YEAR?

Yes, all this year. After a lot of trial and error over the years and after the school taking the time to observe as I got better dealing with her, they watched me and learned from me. That's what kind of happened. Because I was learning from scratch. I think I was learning from inspiration. A little from the doctors, a little from the counselors, a little from B, and just seeing what worked and trying to stay calm, first of all. You never had one source to educate yourself. I read a lot.

YOU READ ON YOUR OWN?

Yeah. I read a lot. But that's about it. And I didn't have any reading that said, "Here's what you do when your child has a psychotic episode. No idea. I tried this and I tried that. Fortunately, I knew B. And I tried what I could and when I realized what didn't work, I stopped. When I realized we had some major fights before I realized certain things were not going to work. Certain types of confronting her. She hit me a few times and I hit her a few times trying to figure out what was going to work, and obviously that was going to escalate things, so I backed out of that in a hurry. I remember her hitting me one day and I refused...I had to stop myself from hitting her back or doing anything, even grabbing her. I just grabbed her and tried to hold her still because she'd go berserk, and that didn't work. So trying to control her did not work. I had to distract and redirect like I would with him. If he was frustrated or angry or two children who wanted the same toy, it's distract and redirect. Sometimes it was just go along with it for a few minutes. Sometimes it was back off. It was one when she...

NOT FEEL LIKE YOU HAD TO FIX IT RIGHT...

One day when she had...I think I did tap her with something and she got angry. "Don't you hit me." It was all this anger came pouring out. She had a knife and then she had an ax. When she picked up the knife, it was a steak knife, but very sharp steak knives that we got from my father-in-law's house. I picked him up at the phone and I backed very slowly. And she didn't seem to be terribly focused on me. I could see she...she didn't remember any of this later. This was her last full blown...I backed out very slowly, and got in the van in the driveway and locked the door. The van was out of the garage. We had some other things going on. The tractor was in there. She picked up the ax...she threw the knife across the garage, which we found several weeks later in the garage. She picked up the ax and came toward the van, but she didn't seem to see and I was talking to 911 at the time telling them what she was doing and trying to stay very calm and I put Eric in the car with me because I didn't want him to get hurt. And she hacked at the garage door frame a few times and then dropped the ax and just seemed to shut down. All the angry went...and she just walked out, barefooted, I think she might have had
stockings on of some sort, but she walked out down the driveway in the gravel, picked her way very carefully down the driveway just like zombie. She then started up the street in the middle of the road. I warned them that she was in the middle of the road. You can come over one of those little rises and not know somebody is in the middle of the road. So I said, “Be careful.” She sat in the middle of street about two houses over and then before they got there she’d scooted over to the edge of the grass and was looking at something in the grass. She was sitting there with her legs in front of her. Like this. And she was looking at something. She said the first thing she remembered was the police kneeling down next to her asking her if she was B. She was like, “What am I doing here.”

IN LOOKING BACK ON THAT INCIDENT, OR OTHERS SIMILAR, WAS THERE SOMETHING THAT YOU COULD SAY NOW WAS PROBABLY A PRELUDE TO IT OR A SIGN THAT IT WAS GOING TO HAPPEN? ANY TYPE OF BEHAVIOR/SYMPTOM THAT COULD TIP YOU OFF IN THE FUTURE?

I know one thing that makes it worse. Makes it more likely to explode and that is physical threats to her, of any kind. Any kind of threats. Anything that makes her angry and feels offended or violated, is going to aggravate it very quickly. There’s a less likely chance of getting medication into her, less likely a chance to get her under some sort of controlled situation.

IT CAN BE SOMETHING PHYSICAL OR SOMETHING VERBAL? RIGHT? SAID TO HER THAT SHE PERCEIVES AS A THREAT?

Name calling. Anything that would be considered attacking.

WHAT ABOUT AN ULTIMATUM?

Sometimes.

LIKE SOMETHING A PARENT MIGHT SAY?

Sometimes. That’s happened once or twice. Not for a full blown schizoid episode, but for the borderline stuff where she’s just gone completely “ahhhhhhh,” and out of control and she hates that feeling from what I understand, but it does happen. Earlier I remember there was one day when she was suppose to do the dishes, she wanted to talk to a friend, she was feeling anxious inside and wanted to speak with her friend, thinking that would help her. And I was trying to get her to do the dishes and there seemed to be more interruptions than there were things being done. And she hadn’t done anything around here in a long time and it’s an issue from time to time. I do need the help. I can’t take care of all these kids and clean up after all of them. I shouldn’t be expected to do it all the time. Obviously, every mother feels that way. And it’s bad for the children if we do. And rather than do the dishes…she was fine. I had been listening to the Boys Town Love & Logic tapes and that sort of thing. Then I said, “Well, you feel free to call your friend as soon as you get through with the dishes.” Oh, she was angry and she yelled the “f” word in my face and I slapped her. So she went stomping off to her friend’s house, which is over a mile away, and when I talked to her friend’s mother later, I told her what had happened. She says, “Well, if my daughter had said that word to my face, I’d have slapped her too.” She didn’t understand the rest of it. She didn’t know what all was happening. There have been times when she’s stormed off down the street and stormed outside, because she didn’t want what we were telling her she had to do. But that was because her chemicals were out of balance. That’s not an issue when the chemicals are balanced. When the medication is working, we don’t have these problems with her, so we look back at it and we don’t see…my husband and my natural reaction is to treat it with tough love, but that doesn’t seem to help in the long run. It does help her in the long run because she’s aware that certain behavior must be controlled and it has encouraged her to some degree to learn to control it. But I think she’s been more encouraged by positive things than by those negative things. Other examples of people who have been able to control it, the movie “The Beautiful Mind” was a huge inspiration to her. And to me too. I remember using that to talk to her and she started catching the vision that “Hey, I can control more of this than I think I can.” And she really did think she could control certain amount of it. Sometimes the parts that she couldn’t, but she was starting to see that there were thinks that she could control and not feel so helpless and feel more powerful and
to realize that maybe you can live with some of this stuff. And just doesn't mean you are doomed and your life is over.

AND DID YOU FIND SOME THINGS THAT SHE COULD DO TO AVOID ESCALATING INTO A FULL BLOWN EPISODE?

There were some things that we found that helped. I don’t know if they stopped a full blown episode since it didn’t happen. I can’t tell if it was going to. She came in from the barn one day saying that she was kind of scared being out there. It’s her job to feed the chickens. She said she saw big colored spots on everything. And I said, “Honey, your brain is just farting. It’s a way of decorating the ugly, nasty, stinky barn and try to make it look better. Just trying to decorate it. Try not to think of the anxiety level that comes with the pictures.” If she could drop the anxiety level and see it in some other light, perhaps humorous. So we’ve dealt with a lot of humor. I went to pick her up one day at school and she was really angry and “You gotta take me home!!” And I told her that if she was not going to calm down I would walk out the door. And she immediately dropped her tone and controlled her voice. Some of the staff was there in the next room and they were listening. They were like “Wow.” She can do this. I didn’t tell her right then. I thought to myself, “Ah haw.” But I told her later, “You did it. Don’t tell me you can’t.” She can if she wants to badly enough. Now I’m saying it’s easy. It may be harder than pulling your own teeth out when they’re rooted, but it can be done, and it’s a lot of work. The fact that she did, proved that she could. From what she did once, she knew she could. I tried to store those things in my memory as say, “Okay, you’ve done this before and you can do this again.” School capitalized on that, I capitalized on that, and we finally began to work out some…to make some progress. She stayed in school. The goal was to stay in school, even if she had to sleep; at least she was at school. That was what we tried first. And she was at school getting the instruction, getting the help from the teachers that she wasn’t getting at home. If she couldn’t focus, she needed more help from the teachers. On most of her medications there was a cognitive effect that was dampening everything, so she has not felt like the intelligent child she was.

THAT WAS THE NEXT THING I WAS JUST GOING TO ASK YOU. IN FACT, WHAT SYMPTOMS OR BEHAVIORS SEEM TO CAUSE HER TROUBLE ACADEMICALLY?

What was the name of the stuff that was causing all the trouble and causing the cognitive….starts with a “t.” Topamax. We were not told by Dr. Watts that there was a…we told him we were having cognitive difficulties and all this clouding was going on. She couldn’t focus. He never told us that was a possible side effect of the Topamax. I didn’t see it on anything. Sleepiness, yes. Dr. Gleason has informed us that the major problem with Topamax and the weight gain thing was the Zyprexa. Those two we want to get you off both of them if possible. We were like “wow.” And just in the last month, the cognitive clouding has gone. He switched her to Zonagrad, it’s a mood leveler. The mood swinging was a major source of problems. Any stress was bound to bring on some sort of an episode. We’ve seen her having manic episodes, that’s what we call them. I’m not sure how classic they are, but sometimes those manic episodes are what have lead to the big hallucination things. So if her mood is stable, she is less likely to hallucinate, although sometimes she still does have this feeling that the floor is moving a little. For a while she had things like the walls were breathing. Things were changing colors. An adjustment in any psychotics would take care of that. That is obviously strictly chemical. And it’s frightening. She’s not seemed to be frightened by it as much lately. She has had one or two slight sensory feelings of maybe floor dropping or something. Maybe a side effect of the blood pressure thing. We both have orthostatic hypotension. I have it worse. I asked him what that was, and she said that she’d get dizzy when she stood up and it would take her a second. He’d say, “Oh, that orthostatic hypotension, or low blood pressure. Blood vessels don’t constrict properly when you stand up. The blood rushes down and then before it stabilizes, you get light headed.” I said, “Oh, what do you do about it?” And he said “Stand up slowly.” Duh. Thanks a lot. I’ve been doing that all my life and my Dad taught me to go ummmm, and just grunt a little bit and force some blood up into my head so I wouldn’t get so dizzy and fall down. Which wasn’t a bad idea. I’ve had my kids do that. It might give you a headache, but at least you’re not falling down or passed out. Stand up slowly, geez. So that wasn’t a side effort of the medicine.
WHAT ABOUT SOCIALLY? DID SHE CHANGE, SOCIALLY, ESPECIALLY AFTER THE LONG TERM...

First of all, she scared her friend to death. That's the only person who has actually seen a psychotic episode. That friend was having her own emotional problems anyway. A dysfunctional family setting, so they gradually because not friends. I don't know if that had anything to do with Becky’s…it may at first. She said it did. She can tell you more of that and the details of what happen with that. But I think she was just not able to handle Becky’s neediness at the time. She was having more problems. Her Dad suddenly came back into her life and all kinds of wacky things. But the thing that I noticed the most, and I really felt bad for her, was when she was gone long term, we mentioned her young women’s leaders at church where she was and what was happening. And they said is there anything we can do. You know, "Where’s B." Well, what were we suppose to tell her—seven weeks in the middle of the school year she's gone. So I told them what was going on. I didn’t think of stigma. I didn’t think of ….I thought these are Christian people, these are ladies who know B and love her and they’re not going to think badly of her. The girls at church...there aren’t a lot of them exactly her age. Just a couple of them. A lot of them are younger. A lot of them are older. The older girls seem to handle it alright. But then they all graduated and went on to the adult program, or college and moved away, or got married. And that left her with the younger girls. Most of who didn’t know how to deal with it. Apparently they were told also where she’d been. When you came home, they did what teenage girls do when they don’t know what to do, which is nothing. When they don’t know what to say, they don’t say anything or they say something snide to deal with their own lack of confidence, or they inadequacy to deal with the situation. They make jokes or snide remarks, or just avoid. They all avoided her. Which made her feel pretty bad. All of a sudden, girls who had been friendly to her, would sit with her, would shop with her.....a least one would invite her over to spend the night once in a while, or vice versa. They wouldn’t even speak to her. They avoided her and tried to ignore her and tried to pretend they didn’t hear her. Wouldn’t sit with her. Wouldn’t scoot over and say “Sit with us.” One girl, one of the youngest one...they start this program at 12 and they quite at the end of high school. One of the brand new girls apparently was scared to death. I don’t know that it helps that her brother goes to school with B or is at that school. That might have been before he went there. She wouldn’t touch her. She wouldn’t shake hands with her. She wouldn’t sit with her. And she would respond when B spoke to her in a group. They would be standing in a group and B would say something and this girl would never respond to what B said. She must have been scared to death. I know that there are people who have the big idea that you can catch what somebody else has. Even if know what it is. She has stayed with the church, but the reason is because she has a testimony to the gospel, not because she has friends who go to church. Which is really the best reason to go to church, not because of the social atmosphere. But it’s sad not to have the social atmosphere, and it’s not fair to her.

YOU'RE GOING TO CHURCH TO WORSHIP GOD.

But you do it with a group. The fellowship is important. Christ stressed that the fellowship is important. Paul talked about it a lot. The fellowship was important to strengthen each other's testimonies. And she gets it, but not on the personal one-to-one level with any of the people her age. She gets it from listening to others speak and from listening to the lessons taught and reading her scriptures and praying and from the family. But she doesn’t get it from her peers, which is difficult. It’s harder. She has suddenly grown up very quickly because of that. Her best friends are now all adults. The ladies at school, her counselor, several of the women at church have been very friendly with her, her former leaders. We change positions in there a lot. It’s all volunteer. So the callings are rotated on a regular basis. And so those that were her young women leaders are no longer, but are still friends with her. Some of them aren't that much older than she is and some of them are. Out next door neighbor has been wonder support and she also goes to church with us. Her daughter use to hang out over here and babysit for me, and sometimes she’d come over here to hang out.

HAS SHE WORKED OUTSIDE THE HOME?

No, never. She’s worked for me a lot by babysitting and cleaning my house.
DOES SHE HAVE HER DRIVER’S LICENSE?

No. We had a problem with driver’s training. She was not ready to take the final test when the driver’s training was over, they guy said, “Tell you what I’ll do. I’ve done this a few times with my students. You go home and practice with Mom some more this summer and then you call me when you think you’re ready to take the test, and I’ll give you the test and not make you take the class over again and then I’ll give you the paper and you can go get your license.” And she was like, “Oh, wow, that’d be great.” So we practiced and then we called him. No answer. We called. No answer. We called again and we left messages on the automatic recording and nobody called us back. We actually got a real person one day who said, “Yeah, I’ve been looking for him too. He’s late. When I get hold of him I’ll tell him to call you.” Nothing happened. I called back later, about noon that day. I had called at nine, he was looking for the guy. I called a noon, no answer. I called at three, no answer. I finally, several months later called the switchboard and said I’m having a problem with driver’s training. They gave me an office and the lady was out. Left her a message. Never got an answer. By that time we had decided she was going to be 18 in just a few months, just forget it. The permit had expired. What was the point? We couldn’t do it anyway. So we just let it go and waited until she’s 18. As soon as turned 18, she started having problems. I can’t legally let her practice drive, so we have to find parking lots somewhere and practice. We were going to go yesterday and we both slept in. Oh, she’s practiced. She’d like to try it. If she can pass it, great. If she can’t, then we’ll do some practicing somewhere. I’m going to ask them if they can give us some kind of permit so she can practice.

DO YOU THINK THAT IF SHE HAD NOT DEVELOPED THE SCHIZOPHRENIC TENDENCIES THAT SHE WOULD BE ABLE TO DRIVE?

She would have passed the test. She would have understood the class. She had a hard time with the class because of the medicine she was on. It was the medication clouding her ability, I believe, clouding her ability to learn. She could not comprehend everything. She’s come home and says she was really having a hard time.

DO YOU THINK NOW SHE’S ABLE TO LEARN THE MATERIAL MORE EASILY?

Oh, yes. Oh, she’s whizzing through things. Her teacher is just delighted with the program B has made.

THIS IS INTERESTING BECAUSE...

This is what they wanted to do all year long. This is the kind of progress they were trying to make.

SINCE YOU STARTED HOME SCHOOLING, OR HOMEBOUND...

Well, when she came home from the hospital the last time, she was level. It’s hard to say which was more effective. The homebound was a possibility before, but when she was begging, “I want to stay home, I want to stay home.” That was because it was her comfortable womb and away from all the stress and from having to try. Well then we were reluctant to even present it to her. We all talked about it before she arrived at the ARD meeting and I said that I was afraid of this. Richard said I believe you and I believe it’s a valid concern. Let’s not mention it to her. He gave me the paperwork and I even filled it out and gave it back and said, “Put this in the file if you ever need it it’s ready to go.” So we did not bring that up to her. We told her that was not an option yet and that and here is what we wanted her to do. We had already talked about some things I thought would help her stay at school. But by the time she’d missed another three weeks of school, it really wasn’t a choice. The homebound was it. And she has blossomed. It’s turned out to be the right choice at this moment. It’s not always the best choice, because not all schools can do it quite like this. They don’t all have teachers this dedicated. They don’t have the set up and the coordinating (end of side one). I remember trying to talk to her about the grieving when that was the issue. Trying to bring it up and do what helped me when I needed to grieve and was fighting it, was actually force the issue and make myself cry. Once I got it out of my system, I felt better and I could breath and I could move on. But when I was stifling it, it was stifling me. I could see that happening to her, but she would resist my advances. I might play his favorite song on
the radio and talk to the other kids and say, “This was your Dad’s favorite song.” She didn’t want to hear it. Or a song that would remind her of him and she didn’t want to hear it. A song that would point out how happy I am with Loral, she didn’t want to hear it. That meant her Daddy wasn’t here. It was too many things. I couldn’t walk around on egg shells. But I found humor did help the most. And I remember telling her that her brain was farting, and she laughed. That caught her completely by surprise. She got such a kick out of that. Immediately her stress level when down, her tension when way down as soon as she laughed. Well laughter does that. I’ve read that laughter does that. But I didn’t think of the two in connection until it happened. You’re just having brain farts, because I didn’t know what else to do. I had to stay calm and I needed to look at in a way that would relax me, so I did what helped me and it helped her. It was stress in me.

SO THE HUMOR HELPED BOTH OF YOU? 

Yes, it did. I talked to them about it at school and they loved that. They loved that. And they can tease her. I went to pick her up one day and she was all stressed out and I said something about some kid at school who was coming on to her and just really being obnoxious. He would touch her, which she didn’t want him around. She didn’t want to be mean. B is one of those people who does not like to be mean to people. She’s been rejected enough that it’s given her a very kind heart, even when a kid has problems, she recognizes that hopefully they can work those out and there’s probably something good in there. She wants to…she can’t even be angry at these girls at church who won’t speak to her. She comes and says, “Mom, I can’t hate them. I love them. They are children of God just like me.” Oh, what an attitude. I’m so impressed with her attitude. I know, I’m going to get you crying. That’s twice I’ve done that to you now. I went in there and we were talking about…I had brought her a piece of chocolate…..she had wanted some and we got her a little sample bar of chocolate that maybe I had in my purse. And that seems to help. Chocolate, music, humor…I’ve used all those on various times trying to see what would calm her down and distract her. Sometimes I just held her hand and let her squeeze until she felt better. Driving down the road holding her hand and turning on the radio and letting her flip it around and downing chocolate or something.

THIS IS WHEN SHE’S FEELING AGITATION?

Agitation and lack of self control. When she wanted to hurt herself, I would hold her hand. She couldn’t scratch herself if I was holding her hand. But we went to school and I said something about…somebody was going to do something to somebody and I said, “Well, you’ll just have to go beat up on Brandon, that’ll make you feel better.” And she started laughing. She had tears streaming down her face and she started laughing and the teacher that was with me looked at her and said, “Yeah, that it.” That one knew what was going on with this Brandon thing and she was struggling not to be mean to him, but she was having to tell him to “leave me alone.” You know, he’d come twirl her ponytails, he’s come put his hand on her shoulder and say “What are you doing B.” “Don’t touch me.” You know, she was starting to have to do a little of this. And he was absent that day, so we could joke about it as it turns out. But I said, “You just have to beat up on Brandon.” She was angry and she wanted to hit something or hurt somebody.

YOU MENTIONED HER WANDERING DOWN THE STREET ONE TIME. HAS SHE DONE MUCH OF THAT WANDERING OFF OR RUNNING AWAY?

No. No. I think she’s afraid to. Until recently she’s been afraid to leave home at all. I mean, she didn’t want to go to school. She wanted to stay home. And that was the reason we tried to keep her going to school because by law she had to be at school. We didn’t tell her there was an alternative at first because we were afraid she would snatch that up and end up staying home and she’d rather crochet and play with her brother and clean her room and sleep than do school work at the time. But that’s because she couldn’t concentrate. She felt stupid when she was doing her school work. At least that’s what I think was going on in her head.

SO SHE HASN’T HAD ANY INVOLVEMENT WITH THE LAW?
Well, yeah. Just that time and another time when she was hitting me when we were in the car and I pulled over and I was hollering out the window. You know, I was screaming because I was like, “What am I going to do.” I was trying to drive down the street and she was threatening to jump out of the car and I was trying to hold on to her, and the next thing I know she is hitting me. So I made a u-turn and headed back to the hospital. My husband was at the hospital having a vasectomy. And I had to take her to the counselor, him to the outpatient, pick her up and drive her back to school, then go back for him. So we were headed toward Sanger. We ended up turning around and heading straight back down toward Community, because I was not dealing with this by myself. I was going to go back down to the hospital. I didn’t know what else to do. And halfway down there we ended up pulling over very quickly into the parking lot and a man pulled in behind me that I had almost hit in my swerving. He asked if we were okay. He called the police. So they came over and talked to us. I was sitting there in the car and we both crying our eyes out, yelling, and she was threatening, and she was about to get out of the car and they came to...now it wouldn’t do any good to jump out of the car. She tried to jump out of the car a couple of times. We had major physical altercations. We had one there and the police came and took her to MHMR, and put her in Millwood. They went that way. That was the first time she went to Millwood. The police seemed to deal with Millwood. The other time we were in Alvarado for Memorial Day week, and we were working on the property, and we had gone to Lowe’s to meet my husband. I think I dropped off some of the kids. And I turned around and started back for the property and she jumped out of the car and I made a quick u-turn. Held my finger on the door lock. She was scaring Stephanie because she started hitting me. “Please don’t do that, please don’t jump out of the car, B. Please don’t hit Mommy.” And I was like, “I got to do something.” But I couldn’t hit her back. I had already learned not to hit her back. I’m driving on the freeway back to Lowe’s and back to Burleson, and screamed into the parking lot, found my husband had already gotten what he needed and was coming out to the truck with my son. I screeched up to him and she jumped out of the car and started marching across the parking lot. I talked to him and I was just....and he went walking after her. She was just really combative and it didn’t have anything to do with me and the police came because they saw him trying to hold on to her and trying to hug her. You get the bear hug thing going. And somebody in a restaurant nearby saw and called the police and they came out. She was like, “Take me away from here.” So then they put her in Millwood again. Both times the police have been involved they put her in...When they just came down the street here...

I LIVE NEAR MILLWOOD IN ARLINGTON. I DRIVE BY THERE ALL THE TIME.

Yeah, well, she’s been in there twice. Not the best place. She didn’t mind the hospital. I don’t remember what it was she didn’t like. It might have been the doctor. And they do get a lot of Medicaid cases down there. Which sometimes isn’t the ideal care.

(End of tape)
I wonder if you could tell me some things...see my main goal is to find out things that would help a teacher in the classroom or help the teacher to make lessons for someone who’s had your experiences—to find out things that could make the classroom more successful for students in the future. Also, I want to find out things that parents and families could do, and I want your perspective. I’ve got your mom’s perspective and I’ve got your teachers’ on what they saw and thought, but what you think is very, very important, because you’re experiencing this every day. Before you first went to the hospital the very first time, do you remember what it was like before that, when you were 13 or 14 years old? Do you feel different now?

Yes. I felt like life wasn’t worth anything. I felt like I needed to express myself to myself. I don’t know if it makes sense, but you know, I didn’t expect anybody to see what I was doing. There were some people around me that were doing the same thing and then I came out, one of my friends caught me doing it.

You’re talking about cutting yourself?

Cutting on myself, yes. He went and told the counselor and I got so mad and I...in that kind of situation (long pause) freaking out just adds to the situation. Extra emotion is not needed for stuff like that from other people. Extra emotions. For episodes, for example. Extra emotions are not needed. Everybody should be calm, you know, because the person will eventually calm down. That is true even when you’re on your medicine and everything is going good, I still have that problem. When everybody at school escalated, and I’m escalated, it just escalates more. So that’s one thing. Everything should be calm. That would help a great deal in teaching in the classroom. If it’s stressful and if everything is all hyper and waaaaaa, then it’s not good.

The noisiness in the classroom?

The noisiness.

In addition to the teacher getting mad or kids getting mad at each other or arguing, but also just noise?

Yeah. I’m trying to think.

What about changing classes and walking up and down the hall with the other students? Does that bother you at all?

Depends on the day. Depends on my mood. If I feel fantastic that day and my medicine is all level, I feel fantastic. It feels good to get out of the classroom and being all cooped up and going up and down the halls. But sometimes, it’s too stressful to get out of the classroom. You just want to sit there and you want to get up maybe once or twice, you know, to go to the bathroom and stretch your legs. I’ve found that I like to stay inside more often, you know, during the day. And then go outside with a couple of the little ones, my brother or sister, and play in the hose with them or something like that. Get a little rowdy. What kind of classroom situation are we talking about?

Well, there are two kinds, of course. There’s the general education high school classroom where some kids with your disability try to stay at a regular high school and regular class, and then some kids go to someplace like the challenge center. Other school districts have a classroom in the high school.
Is that possible for them to stay?

I WAS WONDERING WHAT YOU THOUGHT? HOW WOULD YOU FEEL IF YOU HAD TO STAY AT THE REGULAR HIGH SCHOOL AND GO TO ALL THE REGULAR CLASSES?

I wouldn’t do it. Not unless I’m on my meds…I don’t know. I wouldn’t be able to do it unless I was on my medicines because the way I feel off my medicine is off balance. I feel so awful. I feel like I’m behind all the time. Right now, I’m behind on a couple of things, but I’m fine with that. I can deal with it. It’s like, life keeps moving. But when I’m off my medicine, I’m behind mentally, physically, spiritually, academically, everything. You know, in a world and what’s going on around me, you name it, I feel behind.

DO YOU FEEL ANXIOUS, LIKE YOU’RE TRYING TO CATCH UP?

Yeah. Well, it depends.

DO YOU FEEL LIKE YOU CAN’T DO IT?

Yes, I feel like I can’t do it. I have to take it one step at a time. I can’t have five different things going on at once. I have to sit in one classroom at a time like a hyperactive kindergartener. You can’t switch them any classes.

STAYING IN ONE ROOM SEEMS TO HELP YOU?

Yes.

FEEL MORE CONNECTED AND CALMER?

They were trying to switch me classes in the school I was at, you know, at Challenge.

THE CHALLENGE CENTER, RIGHT.

Yeah. And they tried to switch me classes and it would not work. I was not getting anything done. I didn’t get anything done this last year anyway. I mean, I did, but not that much. I did more at home. I got a whole…over a semester’s worth of work done at home than I did at school.

WHAT WOULD YOU SAY WOULD BE THE REASON, SOME OF THE REASONS FOR THAT?

Because it’s relaxed, it’s quiet, it’s comfortable, it’s a familiar space, and I have the things that I need at my fingertips. And I have one-on-one contact with the teacher. That seems to help.

WHEN YOU SWITCHED CLASSES…WHEN YOU LEFT ONE CLASS AND ENTERED ANOTHER CLASS, IS THAT THE TIME IT BOTHERED YOU?

Yes, because you are disturbing what you were working on and getting settled to another spot. And you will be disturbed from that class and getting settled into another spot. And you are switching gears every time and it is so stressful to do that.

WHAT ABOUT WHEN YOU STAY IN THE SAME CLASSROOM THAT YOU ARE FAMILIAR WITH AND IT’S QUIET AND CALM, BUT THEY SWITCH THE SUBJECT? LIKE YOU WORK ON MATH FOR AN HOUR, AND THEN THEY SAY OKAY, NOW PUT IT AWAY AND GET OUT SCIENCE, NOT PUT IT AWAY AND GET OUT LANGUAGE. HOW DOES THAT WORK?

It’s uncomfortable for me. I like to work on self pace. You know, for a couple of hours you work on that and then after lunch work on another subject. And then the next day…they have A day and B day…that’s how I work on it. That works a lot better for me.
SO “A” DAY, “B” DAY, YOU WOULD WORK LONGER ON ONE SUBJECT?

Yes, because my attention span is a lot shorter. A lot…it’s difficult to deal with.

TO PAY ATTENTION TO DIFFERENT THINGS?

It’s a lot more difficult to deal with when you switch faster.

IT’S HARD TO GET YOUR ATTENTION BACK TO THE NEW THING?

Yeah, get your attention back when you switch…if you switch. When I switch and stuff, one thing to another, you know from paragraph to paragraph, I can get in a column of reading, but when I have to go back up here, I lose my concentration. Because I’m like down at the bottom. I wish it would go on forever, because then I could read it. But once I get back up here, I’ve lost my concentration. And I have to read the first two lines or so over and over and over and over until I’ve gotten through my head. Then I can start reading again and it takes forever to read it. I hate reading.

SO WHEN YOU GO TO THE NEXT COLUMN OR THE NEXT PAGE, IT’S HARD FOR YOU TO TRANSFER YOUR UNDERSTANDING, WHERE YOU ARE?

Yeah.

LIKE YOU READ ONE PAGE, AND….

Just my concentration. Transfer my concentration over here.

TO REMEMBER WHAT YOU WERE THINKING ABOUT.

Yeah, there you go. Yeah.

TO REMEMBER WHAT YOU WERE THINKING ABOUT? SO YOU READ ONE PAGE AND YOU UNDERSTAND IT. AND THEN YOU GO TO THE NEXT PAGE OR THE NEXT COLUMN AND IT’S HARD TO GET YOUR ATTENTION BACK ON THAT TOPIC, AND UNDERSTAND WHAT YOU’RE REMEMBERING FROM THE FIRST PAGE. YOU HAVE TO REMEMBER ALL THAT STUFF FROM THE FIRST PAGE TOO, RIGHT?

Yeah. It’s not remembering, it’s keeping your focus.

ON THE TOPIC YOU ARE READING ABOUT?

It’s like you read it, and then it’s like you’re getting distracted by other things.

JUST BY MOVING YOUR EYES OFF OF IT AND GOING TO THE NEXT PAGE, YOU CAN GET DISTRACTED DURING THAT SHORT TIME?

Yeah. I didn’t pick my nose or scratch my head, you know.

YOU START THINKING ABOUT OTHER THINGS TO DISTRACT YOU?

Yeah. You don’t just think, “Oh man, I’m going to lose my attention span, blah, blah, blah.”

WHAT DO YOU THINK HAS HELPED YOU THE MOST, FROM EITHER TEACHERS, COUNSELORS, DOCTORS, YOUR MOM OR…?

(long pause) They’ve always been trying every little thing, tweaking every thing. The attention.
THE ADULTS THAT ARE GOING TO HELP YOU BY PAYING ATTENTION TO YOU?

No, giving me attention.

GIVING YOU ATTENTION FROM THEM? ONE-ON-ONE ATTENTION?

One-on-one attention.

AND THAT ATTENTION CAN BE JUST TRYING TO UNDERSTAND YOU, TO HELP YOU, OR IS THEIR A SPECIFIC KIND OF ATTENTION THAT YOU WANT?

Just like talking to you. Like…I don’t know what it’s called. Like personal attention. And also naps tend to help because all the medicine makes you so tired and you are mentally so worn out from all the crap that goes on in your head that you just…

SO THE CONFUSING THOUGHTS IN YOUR HEAD AND TRYING TO CONCENTRATE WEARS YOU OUT?

Yes! It wears you out. You just go to sleep. I’m hardly ever tired anymore now that my medicine is straightened out. There was one other thing. I had it, but now I’ve lost. The Homebound thing has really worked. But that’s probably not…You’re probably looking for staying in school.

IT’S GOOD TO KNOW WHAT REALLY WORKS. BUT YOU’RE VERY OBSERVENT. A LOT OF FAMILIES OR MOST FAMILIES COULDN’T DO HOMEBOUND. YOU OBVIOUSLY HAVE TO HAVE YOUR MOTHER AT HOME TO ASSIST YOU AND THE SCHOOL HAS TO SEND A TEACHER OUT TO GIVE YOU WORK.

Well, one time at school…Here are the different things they’ve tried at school for me. One time they tried putting a desk in the nurse’s office and having me work in there. It was totally quiet. Because I have this problem with quietness. Anyway, they put the desk in there. They had me work in the counselor’s office. They had me walk up and down the halls, you know, a little bit to relieve some tension. There was a cop in Sanger that…named Officer Lahosky, that I’ve grown real attached to. He walks up and down the halls with me whenever I’m stressed out and feeling bad. He’s really cool. And one of the aides would….whoever is available, would go with me to the gym and we’d walk around the gym with me. And one time I was…. It was just me and the aide in the gym, and I walked around. I ran around the gym and I stopped in the middle and I spinned around and this foot doesn’t work so good because I cut on myself on my ankle with my nails. So that’s not a good thing. I did some other things. Oh yeah, Dr. Norris walked with me outside. Things like that worked.

THE LAST TIME YOU WENT TO THE HOSPITAL, THEN YOU WENT BACK TO CHALLENGE CENTER AT THE SCHOOL FOR A LITTLE WHILE.

For about a day.

OH, JUST ONE DAY. AND THEN…

Not this last time, the time before. I went for a day and then I came home and said this is awful, awful, awful. And I didn’t go to school the next day because I refused my medicine and went to the hospital again and I’m here.

SO THE LAST TIME YOU WENT TO THE HOSPITAL, YOU STARTED DOING THE HOMEBOUND? YOU DIDN’T GO BACK TO THE SCHOOL FOR A FEW WEEKS OR ANYTHING?

Yeah.
DO YOU REMEMBER BEFORE YOU EVER HAD ANY SCHIZOPHRENIC SYMPTOMS? BEFORE YOU EVER WENT TO THE HOSPITAL. WHAT DO YOU THINK HAS....HAS ANYTHING CHANGED ABOUT YOUR ABILITY TO DO YOUR SCHOOL WORK OR UNDERSTAND WHAT YOU READ, OR HOW YOU FEEL ABOUT THINGS, OR EXPERIENCES...

What?

BEFORE YOU EVER HAD ANY HALLUCINATIONS OR ANY...BEFORE YOU EVEN NEEDED TO TAKE MEDICINE. DO YOU REMEMBER HOW YOU FELT THEN? BEFORE YOU EVER CUT ON YOURSELF. WHAT KIND OF GOALS, HOBBIES, OR THINGS THAT MIGHT BE CHANGED NOW, THAT ARE DIFFERENT?

Well, how far back?

I GUESS YOU FIRST WENT TO THE HOSPITAL IN 9TH GRADE, RIGHT? SO BEFORE THAT. LIKE 8TH GRADE OR SOMETHING.

When my Dad died?

YEAH.

I remember I was pretty happy. I was outgoing and…

YOU DID GOOD IN SCHOOL, RIGHT?

Yeah.

YOU WERE A GOOD STUDENT. SCHOOL DIDN'T SEEM HARD THEN?

I was cutting it close, but was doing pretty good.

THEN AFTER YOUR DAD DIED IS WHEN YOU STARTED TO CUT ON YOURSELF AND....

Yeah. I started smoking that summer. The summer of 8th grade I started smoking. The summer of 9th grade I was smoking.

AND YOUR DAD DIED IN 9TH GRADE OR IN 8TH GRADE?

8TH grade.

SO YOU STARTED SMOKING AFTER YOUR DAD DIED?

Yeah. I think I smoked to 10th grade.

DO YOU SMOKE NOW?

No.

DID YOU EVER, DURING THIS TIME, TAKE ANY DRUGS THAT WERE ILLIGAL?

No.

YOU NEVER TRIED SMOKING MARAJUANA?

No.
JUST REGULAR CIGARETTES?

Yes.

SO YOU WERE ABLE TO STOP DOING THAT? THE CIGARETTES?

Yes.

WHEN YOU WENT TO THE HOSPITAL, DO YOU THINK THAT THEY HELPED YOU? DO YOU REMEMBER BEING IN THE HOSPITAL AND WHAT IT WAS LIKE?

It helped me.

THERE WERE TWO HOSPITALS THAT DID NOT HELP. MILWOOD AND TIMBERLAWN. THEY DID NOT DO A THING FOR YOU. WHY DID THEY NOT HELP? WHAT WAS BAD ABOUT IT?

Their groups and stuff.

THE GROUP THERAPY? THEY DIDN'T HAVE ANY THERAPY THAT DID ANYTHING FOR YOU? AND YOU WENT TO A GROUP WITH OTHER TEENAGERS AND A COUNSELOR LIKE TALKED TO THE WHOLE GROUP. THAT DIDN'T HELP?

Green Oaks. What was the last one? And TMC, Texoma Medical Center, were the two best ones that I have ever been to.

WHAT WAS GOOD ABOUT THAT? WHERE THEIR GROUPS DIFFERENT?

Their groups were excellent. It was a very nice place. TMC was very clean, very neat and very nice.

WHAT DID THEY DO IN GROUP THAT WAS A GOOD THING TO DO THAT YOU REMEMBER?

They gave you tips.

THEY ACTUALLY TOLD YOU THINGS THAT YOU COULD MAYBE TRY?

That's what they did and how to process it. You know, you're problems. That's what they did at Green Oaks. They gave you a lot of tips and processing.

PROCESSING? LIKE FIGURING OUT WHAT YOU DID AND WHAT CAUSED YOUR PROBLEMS AND MAYBE HOW TO AVOID IT IN THE FUTURE, IDEAS TO HELP YOURSELF?

Say that again.

THE TIPS THEY GAVE YOU, WERE THEY SO YOU WOULD THINK ABOUT WHAT YOU DID THAT CAUSED YOU A PROBLEM AND GAVE YOU TIPS ON HOW TO MAYBE AVOID THAT IN THE FUTURE OR ACT BETTER?

Yeah, sort of.

OR TIPS ABOUT UNDERSTANDING YOUR ILLNESS?

Yeah, it's a little overall. It rounds out everything, so everybody gets something out of it.

SO SOME OF EVERY AREA FOR EACH PERSON'S PROBLEMS?
Yeah, they have Arts & Crafts, Occupational Therapy, they have everything. They have fat groups, and they are really big groups.

SO DIFFERENT GROUPS DEALING WITH DIFFERENT THINGS, DEPENDING ON THE PERSON, WHAT THEIR NEEDS ARE? BUT AT MILWOOD AND THE OTHER PLACE...

I’ve also been at John, Peter, Smith and it was nice, nice, nice hospital. It’s a temporary hospital. You know, it’s temporary. Like a stabilization hospital. You go there and then you go to a temporary hospital, then you go to long terms. The temporary hospital, I went there and stayed one night. I don’t know why I just told you that.

WITH YOUR SCHOOL WORK, HAS IT BEEN DIFFICULT LIKE WHEN YOU WERE DOING MATH LAST YEAR. YOU FINISHED YOUR MATH CREDITS LAST YEAR.

Math was horrible.

DIFFICULT?

It was tedious.

DID YOU LIKE MATH?

It was hard, but it was like it came in little bits that took forever.

DIFFERENT STEPS YOU HAD TO GO THROUGH FOR THE MATH PROBLEMS?

it was just little problems. One problem here, one problem a day I did. It took all day to do the problem. I didn’t get any free time during the day because I was working on the problem during my free time. It really stunk! I couldn’t work on the computer. It was on a program called ALX. I recommend nobody use ALX. Ohhhh, I could not work with the computer.

IT HAD THE LESSONS RIGHT ON THE COMPUTER?

Yeah.

AND IT WAS SUPPOSED TO BE YOUR TEACHER?

Yeah, you just click on it. You read the lesson and you do the problems, you answer the questions and you’re done. But it’s supposed to be simple. It was suppose to be a package deal. It was the hardest thing I have ever done. And that ticks me off. I did horrible on it because I had to do it three or four times before I got a decent grade on it.

SAME THING TO DO OVER AGAIN?

Yes.

UNTIL YOU GOT A GOOD GRADE?

It ticked me off.

SO IT WAS FRUSTRATING.

Yes. I was supposed to be done with it in six weeks. It took me the whole year to do it.

SO YOU THINK IT WOULD HAVE BEEN BETTER TO HAVE A HUMAN TEACHER TEACHING IT TO YOU?
Oh, no. I would have been done with it that year we hadn’t of…. I asked them if there was a way to print it out. I printed it.

OH, SO WORKSHEET STUFF. AND YOU WERE ABLE TO WORK BETTER ON A PIECE OF PAPER THAN JUST ON THE COMPUTER? DID YOU EVER FEEL LIKE YOU KNEW WHY IT WAS BETTER ON PAPER THAN ON THE COMPUTER?

No. It just suits me better. I'm visual and hands-on.

IT WAS TO TOUCH SOMETHING?

Yes. Hands-on and visual. I work better.

SO JUST THE COMPUTER SCREEN AND TYPING THE ANSWER WAS FRUSTRATING FOR YOU?

Yes. Hands-on and visual.

IT WASN'T ENOUGH?

I have to be able to write it down.

SO IT ACTUALLY MADE YOU GET THE WRONG ANSWER WHEN YOU JUST DID IT ON THE COMPUTER, BUT WHEN YOU GOT IT ON PAPER…?

I could work it out. It was also faster because it was already out and the whole thing was right there. All the steps and I could just take it and work it out and check the answer and give it to the teacher. I could get five problems done in a day. This is like the second semester.

YOU FINALLY FIGURED THAT OUT THE SECOND SEMESTER AFTER YOU’D ALREADY FRUSTRATED YOURSELF IN THE FIRST SEMESTER. IN THE 6TH GRADE, WAS MATH EASIER FOR YOU? DID YOU LIKE MATH OR DID YOU ALWAYS NOT LIKE MATH?

It was alright.

WHAT WAS YOUR FAVORITE SUBJECT?

English.

AND THAT’S WHAT YOU ARE WORKING ON RIGHT NOW, ISN’T IT? YOUR ENGLISH CREDIT THAT YOU’RE TRYING TO GET NOW? THE LAST CREDIT.

Yeah.

WHAT ABOUT PROBLEMS WITH YOUR FRIENDS?

I had a friend…actually I've had a couple of friends, several friends in some of this. My first panic attack, I was watching….This was before I even had that friend over. I was watching Sixth Sense with my best friend, the one I have now. She didn’t abandon me. I had my first panic attached and we were watching…I already said that. And she handled it just fine, you know. We were at her house staying the night and her Mom was engaged to some guy and had come in the door with plastic, paper bags. And she said, we need that quick, quick…(deep breathing sounds).

THAT HAPPENED WHILE YOU WERE WATCHING THE MOVIE?

Yes. Well, the end of the movie. That was my very first one.
I’VE SEEN THAT MOVIE BEFORE. IT’S REALLY SCARY.

Oh, no. It’s not scary. I’ve seen it a million times.

YOU DON’T THINK IT’S SCARY?

No.

I THINK IT’S REALLY SCARY?

“I see dead people.”

IT’S A GOOD MOVIE. IT’S WELL MADE AND INTERESTING.

It’s a good movie.

IT’S SUPPOSED TO BE SCARY THOUGH.

Jason is scary or Michael Myers is scary.

IS IT SCARY TO YOU?

Yes, Michael Myers and Jason are scary. Anyway, then we had my old friend, Shy, over. And we were in my bed and we’d just got done smoking. And we got caught. And we went to bed right after that and we were cracking up and laughing and stuff and she started talking to me and said something, “Becky, Becky.” I got up and I started pacing the floors. I don’t remember what was happening after that.

BUT YOU REMEMBER PACING BACK AND FORTH.

I remember pacing back and forth. I remember her saying, “Becky, Becky.”

MOM: DO YOU REMEMBER SITTING IN MY OFFICE AND YOU CAME IN AND TOLD ME YOU WERE SCARED?

Yes. I remember more of this now. I don’t remember this before.

MOM: SHY CAME AND GOT ME AND I WAS LIKE “OKAY, HERE WE GO AGAIN.” ACTUALLY, I STAYED AS CALM AS I COULD FOR SHY’S BENEFIT AND IT TURNED OUT TO BE THE RIGHT THING TO DO.

DID THAT SCARE YOUR FRIEND?

Yeah. And the next thing I know I’m laying on my Mom’s bed.

MOM: THAT’S RIGHT. YOU SLEPT THERE FOR 20 MINUTES.

SO YOU FEEL ASLEEP?

I got under the covers with Shy and you gave us kisses goodnight. And then you said, “Somebody’s been smoking!!” That’s never going to happen again. My Mother would flatten me.

SOME OF YOUR FRIENDS WERE SCARED OR WORRIED.

There was another group too. What were those two girl’s names who came over here and I threw a fit? Kathy and Kayla.
SOME OF YOUR FRIENDS HAVE STUCK BY YOU AND OTHER PEOPLE HAVEN'T REALLY BEEN Able TO HANDLE IT?

Yeah. I promised I wouldn't say anything to anybody.

ABOUT ONE OF YOUR FRIENDS? OKAY.

Even if it's for this. I'm not going to say anything. They have the identical situation as me. They stuck by me.

SO SOME PEOPLE ARE EMBARRASSED BY....

I indirectly told you what I was going to say.

RIGHT. SO SOME PEOPLE, YOU THINK, IF THEY DIDN'T HAVE THIS, WOULD BE EMBARRASSED FOR OTHER PEOPLE TO KNOW. DO YOU FEEL THAT WAY?

Most people I know already know about me.

SO MOST OF YOUR FRIENDS, RELATIVES AND NEIGHBORS KNOW WHAT YOU'RE GOING THROUGH, RIGHT? DID IT EMBARRASS YOU AT FIRST, OR DOES IT EMBARRASS YOU AT ALL?

At first I was little worried they'd make fun of me. But they're not going to make fun of me or think down on me, even if they do, I don't care.

SOME PEOPLE HAVE THOUGH?

Not a single person.

OH, THAT'S GOOD.

Some people just haven't been able to hang around as much. The only problem is some people have been a little nervous around me or can't handle it. That's the only problem. That's what I've been afraid of.

PEOPLE AT CHURCH?

Yes. At church and my ex-best friend. She wasn't able to handle it. It frightened her too much. She saw that episode and she couldn't stand it any more. I've called her once or twice and she won't talk to me.

HOW DOES THAT MAKE YOU FEEL?

I've grown to not care.

IT DOESN'T BOTHER YOU NOW. AT FIRST, THOUGH...?

At first it hurt. I've learned to not care though. My cousin took her out to do an irritation test on me and it was funny. He's like, would it bother you if I sat here on the phone and you talked and I didn't respond. I'd just hang up on you. I don't care. You don't bother me.

THAT WAS HIS IRRITATION TEST?
Yes. His goal, every time he calls me, or I call him, is to irritate me. Every time before we ever talk, “Are you irritated yet?” “Yes.” “Okay, now we can talk.”

RIGHT BEFORE YOU HAD AN EPISODE, LIKE WHERE YOU HAVE HALLUCINATED, SEEN THINGS, HEARD THINGS, OR FELT REAL AGITATED, REAL SCARED AND WORRED—HAS THERE BEEN ANYTHING THAT’S HAPPENED RIGHT BEFORE THAT MIGHT CAUSE IT OR MIGHT BE A WARNING SIGN TO YOU THAT IT’S GOING TO HAPPEN?

I don’t know. We haven’t been able to figure that out. The first deal is I would fall asleep for 20 minutes. It’s evolved into other things. It’s evolved into bipolar. You know, psychosis. Schizo-affective side effects.

BUT YOU HAVEN’T SEEN A PATTERN YET THAT YOU COULD LIKE PREDICT?

No.

IT KIND OF TAKES YOU BY SURPRISE?

Yeah.

BUT YOU DO KNOW THAT PEOPLE SPEAKING CALMLY HELPS, AND HAVING THINGS BE CALM AND QUIET AND ORDERLY HELPS. GIVING YOU TIME TO TAKE A NAP OR REST.

Taking things easy works a lot. If it’s laid back and calm, I function this way much better.

SO WE KNOW HOW A LITTLE BIT TO MAYBE PREVENT THE PROBLEMS FROM GETTING WORSE, BUT WE DON’T KNOW WHAT TRIGGERS IT OR STARTS IT. EXCEPT FOR STRESS.

LIKE SOMEONE YELLING AT YOU...

Stress would start it. Like somebody yelling at me.

AND STRESS INCLUDES YELLING AT YOU, AND WHAT OTHER THINGS ARE STRESSFUL TO YOU?

Death.

THAT WOULD BE TRUE FOR EVERYBODY, WOULDN’T IT?

Its positive things that could set it off. Positive stress. Like all the stuff that’s been going on right now, I’ve been worried that I’m going the buckle under the stress. I’ve also been worried that I’m going buckle under all the work I’ve been doing.

SO YOU’VE SUCCESSFULLY DONE YOUR WORK.

No, not the school work. The housework.

THE HOUSEWORK HAS BEEN STRESSFUL?

Oh, man, I’ve been doing tons. See all that laundry in there. I have to fold all that and I’ve been washing all that and sorting it into piles on the floor and I haven’t caught up from four or five days ago. I just recently did that. I have to do it again. And I take care of the animals out in the barn, which is the cat, 12 chickens and baby chicks, and I maintain my room, my bathroom, and I’m suppose to take care of my Mother’s bathroom. It’s gross too. I have other things.

YOU WERE CALLING IT POSITIVE STRESS.
Graduation. I’m going to the symphony orchestra instead of prom. I’m getting all fixed up for it. Everything that goes in…

SO THESE ARE GOOD THINGS THAT YOU’RE GOING TO DO, BUT THEY KIND OF WORRY YOU?

With all the work I’m doing, I consider that positive stress.

BECAUSE YOU’RE SUCCESSFULLY DOING THE WORK?

Yes.

YOU SUCCESSFULLY DO THE WORK, AND I KNOW YOU’RE DOING SUCCESSFULLY AT YOUR SCHOOL WORK BECAUSE THE SCHOOL TOLD ME. AND SUCCESSFULLY DOING YOUR CHORES HERE AND GETTING CLOSE TO GRADUATING. YOU CAN SEE THAT YOU’RE REALLY GOING TO BE ABLE TO DO THIS. THAT’S POSITIVE, RIGHT? THAT MAKES YOU FEEL HAPPY?

Oh, and getting my dress fixed.

SO IT’S POSITIVE. YOU LIKE IT, BUT IT’S ALSO STRESSING YOU OR WORRYING YOU?

I’m nervous that I’m going to buckle under the pressure.

THAT YOU MIGHT HAVE ANOTHER PSYCHOTIC EPISODE OR A MANIC EPISODE?

That I might get all angry and irritable and “agrrrrr.”

EVEN THOUGH IT’S GOOD.

Even though it’s good pressure. I might get cranky at somebody.

IT’S A LOT FOR YOU TO BE DOING AND A LOT FOR YOU TO BE THINKING ABOUT?

The bad stuff and the good stuff.

DO YOU WORRY THAT IT’S GOOD, LIKE YOU’RE GOING TO GRADUATE, BUT YOU MIGHT NOT BE ABLE TO DO? YOU MIGHT NOT GRADUATE?

Oh, I know I’ll graduate. I have one more paper to do.

SO YOU ARE CONFIDENT ABOUT THAT?

Yeah, after I’m done with you, I’m going to go make a phone call to the vet asking ten questions and incorporate it into a paper and then my teacher is going to come tonight and we’re going to finish the paper and I’m done.

GREAT.

I would be done tonight.

DO YOU HAVE GOALS FOR THE FUTURE BEYOND GRADUATION AND BEYOND GETTING THE LAUNDRY DONE?

College. I want to be a nurse. I’m going to apply at NTTC between today and June 1st. And I’m going…

TO START TAKING CLASSES THERE?
Yeah.

ARE YOU GOING TO TAKE A FEW AT A TIME?

It's going to be complicated because there are some classes that I haven't taken yet that are required from high school.

OH, THAT YOU WOULD TAKE OVER AT THE...IT'S A JUNIOR COLLEGE, RIGHT? SO YOU COULD TAKE SOME CLASSES OVER THERE THAT SOME PEOPLE TAKE IN HIGH SCHOOL, BUT YOU CAN TAKE THEM AT THE JUNIOR COLLEGE. IS THAT WHAT YOU ARE SAYING?

I don't know. Probably.

YOU CAN MEET WITH THE COUNSELOR AT THE JUNIOR COLLEGE. ARE YOU AND YOUR MOM GOING TO GO DO THAT?

That's what I'm going to do.

THEY HAVE THESE CATALOGS AND THEY CAN TELL YOU WHAT YOU WANT TO STUDY AND IT TELLS YOU WHAT TIME OF DAY THE CLASSES ARE AND YOU CAN PICK WHAT CLASSES YOU WANT TO TAKE. SO YOU SHOULD BE ABLE TO PICK WHETHER MORNING CLASSES, AFTERNOON CLASSES, AND THEY EVEN HAVE THEM AT NIGHT. EVENING CLASSES IF YOU LIKE THAT BETTER.

Yeah.

A LITTLE MORE FLEXIBLE, THEN YOU CAN FIGURE OUT WHAT CREDITS YOU NEED TO GET A CERTAIN DEGREE. YOU THOUGHT ABOUT GOING INTO NURSING, RIGHT? YOU WOULD GO TWO YEARS AT THE JUNIOR COLLEGE, AND THEN YOU GO TO THE NURSING SCHOOL, RIGHT? WHICH WOULD BE AT ANOTHER PLACE. HAVE YOU GOTTEN ANY BROCHURES OR BOOKLETS ON THAT?

I've gotten a catalog.

THAT CAN HELP YOU FEEL MORE CONNECTED TO MAKING YOUR PLANS. SO YOU CAN KIND OF GET SOME ANSWERS FROM THOSE BOOKLETS SO YOU WON'T FEEL SO STRESSED. WELL, I GUESS...UNLESS YOU HAVE ANYTHING ELSE. ARE THERE ANY OTHER STORIES YOU WANTED TO TELL ME ABOUT OR ANY OTHER THINGS THAT MADE YOUR SYMPTOMS WORSE OR BETTER?

I know one thing. It was like today, not today, resisting....I'm trying to remember what it was. Ahhhh. It's resisting, it's resisting.....nevermind.

I'M GOING TO COME BACK A SECOND TIME. THE REASON IS BECAUSE YOU AND YOUR MOM MIGHT THINK OF THINGS THAT YOU WISH YOU'D TOLD ME THAT YOU DIDN'T THINK OF. AS YOU THINK ABOUT WHAT I WAS LOOKING FOR...YOU'LL THINK "OH, MAN, I WISH I HAD TOLD HER THAT." SO I'LL COME BACK ANOTHER TIME AND GET MORE IDEAS FROM YOU. BUT I WAS GOING TO READ ONE OF THE SYMPTOMS THAT SOME PEOPLE HAVE, THAT DOCTORS HAVE FOUND OUT, AND SEE IF YOU THINK THAT HAS EVER HAPPENED TO YOU, OR NOT. EVERYONE DOESN'T HAVE ALL THE SYMPTOMS, OBVIOUSLY, RIGHT. THAT'S TRUE OF ANYTHING. THE FIRST ONE THEY FOUND A LOT HAVE IS APATHY, THAT MEANS THEY LOSE THEIR GOALS. THEY DON'T CARE ANYMORE. THEY JUST DON'T CARE. OR THEY DON'T CARE ABOUT THINGS THEY USED TO CARE ABOUT.

That's one.
YOU’VE HAD THAT? WHAT HAVE YOU LOST CARING ABOUT?

Everything. Not now. I have lot of goals.

BUT DURING THE LAST COUPLE OF YEARS?

Everything. I tried to commit suicide so many times it’s not even funny. I just never got very far.

THAT WAS FROM A FEELING OF NOT CARING ANY MORE. DID YOU LOSE INTEREST IN SOME OF YOUR FAVORITE HOBBIES OR ACTIVITIES THAT YOU LIKED AND YOU JUST DIDN’T LIKE THEM ANYMORE?

Like crocheting. I quit crocheting for like two years.

AND THAT WAS SOMETHING YOU HAD LIKED, RIGHT? AND I HEARD YOU MOM SAY YOU WERE DOING THAT NOW.

Yeah, I’ve got latch hooking going too.

WHAT ABOUT NOT PHYSICALLY MOVING FOR LONG PERIODS OF TIME?

Like vegging?

LIKE SIT IN A CHAIR AND NOT DO ANYTHING?

That’s vegging.

NOT WATCHING TV EITHER.

That’s still vegging.

I MEAN REALLY VEGGING.

Super duper vegging.

DID YOU DO THAT, DO YOU THINK?

Sometimes I would.

DID IT EVER HAPPEN AT SCHOOL?

I did once or maybe more.

WHERE YOU JUST SIT AND JUST STARE?

I laid there and I did not want to do anything. I know I need to, but I just can’t. I want to move.

HOW ABOUT NOT TALKING TO PEOPLE OR WANTING TO COMMUNICATE OR WANTING TO BE ALONE? HAVE YOU EVER FELT THAT?

I do the total opposite. “Hey, hey, hey, hey, hey be with me. I need attention.”

SOMETIMES THEY’VE FOUND THAT THE STUDENTS USED TO BE ABLE TO UNDERSTAND WHAT TEACHERS WERE TELLING THEM, INSTRUCTIONS, AND THEN AFTER THEY GET THIS THEY HAVE DIFFICULTY UNDERSTANDING TEACHERS. LIKE EVEN THE LESSON THEY ARE
TEACHING THEM OR THE TEACHER'S INSTRUCTIONS TELLING THEM WHAT TO DO. THE STUDENT HAS TROUBLE NOW UNDERSTANDING WHAT ON EARTH THAT TEACHER IS SAYING. HAVE YOU HAD THAT?

No.

THAT HASN'T REALLY BOTHERED YOU. AND DIFFICULTY UNDERSTANDING WHAT YOU READ. LIKE SOMETHING THAT YOU USE TO BE ABLE TO READ, LIKE A BOOK OR SOMETHING, YOU UNDERSTAND. THEN AFTER YOU GOT THIS, IT WAS DIFFICULT TO UNDERSTAND.

After you're done reading it, you're like “what?”

YOU CAN'T REMEMBER WHAT YOU READ OR WHAT IT MEANT?

Yeah. All the time. After you are done talking to somebody too, it's like, "What did we just talk about?"

DOES THAT BUG YOU?

Yesssss. It is so weird.

SO TOTALLY NOT UNDERSTANDING THEIR CONVERSATION. DOES IT ALSO HAPPEN WHEN YOU READ THINGS TOO?

Well, a little bit.

DO YOU READ BOOKS? LIKE FICTION BOOKS FOR FUN?

Not very often. I don’t read them very often.

DID YOU USED TO?

Most of them are in the attic. I only have a couple fiction ones. But most of my books are What I Wish I'd Known in High School, stuff like that. Informational books. But I have had that problem a lot. Like reading it over and over and over and over because I didn’t understand what I was reading.

WHAT ARE THEY TALKING ABOUT THERE, RIGHT?

Yeah.

LIKE SOME KIDS WILL SAY THEY USED TO PLAY VIDEO GAMES AND NOW THEY CAN'T REMEMBER THE RULES OF THE GAME. OR SPORTS. THE RULES OF SPORTS, LIKE VOLLEYBALL, OR IF YOU DID SOMETHING AS A SPORT AND THEY CAN'T REMEMBER THE RULES.

No, but I have had agitation.

AGITATION.

I still get agitation. Agitation is why I’ve gone home sometimes. It looks like I’m doing the jiggy and I’m not doing the jiggy, I’m agitated.

DID YOU WANT TO GO HOME OR DID THE SCHOOL WANT YOU TO GO HOME?

Both.

YOU JUST WANTED TO GET OUT OF THERE?
Yeah. My knees are shaking and I’m doing this (humming).

AFTER YOU GET HOME, DO YOU STILL FEEL THAT WAY?

Yes. I will do that until 2:00 in the morning and it’s only 8:00 in the morning.

SO IT ISN’T JUST GETTING OUT OF SCHOOL?

No, it’s agitation.

IT’S AGITATION THAT YOU CAN’T GET RID OF?

You can walk in the house and I’ll sit down and (humming).

BUT YOU WANT TO GET HOME BECAUSE IT’S MORE ACCEPTABLE AT HOME OR MORE COMFORTABLE AT HOME?

It’s more comfortable. It’s my home.

SO EVEN THOUGH YOU FEEL AGITATED, YOU FEEL BETTER AT HOME?

It’s a more comfortable agitated.

WHILE YOU’RE AGITATED, IT FEELS SAFER TO BE HOME?

If you’re agitated, why not feel comfortable while you are agitated.

THAT’S A GOOD POINT. HOW ABOUT THIS ONE? EXCESSIVE WORRYING. SOME PEOPLE REALLY, REALLY WORRY ABOUT SOMETHING, BUT THEN, LIKE IN A FEW HOURS OR SOMETHING, THEY DON’T CARE AT ALL. THEY’RE NOT JUST NOT WORRIED ANYMORE, NOW THEY DON’T EVEN CARE. DO YOU HAVE THAT?

Well, the only thing I can remember is certain things. I can be a worry wart sometimes. My Mom and I will be fighting, and I’ll go, “Oh my gosh, Oh my gosh.” Spazzing out about what we’re saying and then five minutes later I’m be “What.” I forgot about that ten minutes ago and she’s still buzzing about it. She’s like “rha rha rha rha rha.”

SO YOU’LL BE UPSET AND WORRIED, BUT THEN QUICKLY YOU’RE NOT THINKING ABOUT IT ANY MORE. YOU DON’T CARE ABOUT IT ANY MORE? YOU TOLD ME ABOUT BEING DISTRACTED A LOT DURING SCHOOL WORK.

Oh, yes.

DO YOU GET DISTRACTED OTHER TIMES BESIDES SCHOOL WORK?

Yes. I don’t anymore because my medicine is level.


I’ve been level for exactly four weeks.

YOU MENTIONED PACING. THAT’S HAPPENED TO YOU BEFORE. AND WANDERING. DO YOU EVER LIKE LEAVE THE HOUSE AND WANT TO JUST WANDER REALLY FAR AWAY? NOT REALLY RUNNING AWAY FROM HOME. I KNOW YOU DIDN’T DO THAT?
I did. I wandered down the road.

DO YOU REMEMBER WHAT YOU WERE FEELING WHEN YOU WERE DOING THAT?
I don’t remember doing it.

ALL OF A SUDDEN YOU WERE DOWN THE ROAD, RIGHT?
I also did that once in Alvarado, when we were building our house and I wandered down the road.

YOU WEREN’T REALLY GOING ANY SPECIAL PLACE TO GO DO SOMETHING? YOU WEREN’T TAKING A WALK TO ENJOY THE SCENERY?
No.

YOU WERE JUST WANDERING?
Yes. I think I was partially mad. I felt mad.

HAVE YOU HAD ANY IDEAS OF SUICIDE? MAYBE NOT ACTUALLY HURTING YOURSELF, BUT THINKING ABOUT IT?
I had that. Yes. Many times.

HAS ANYONE EVER SAID THAT YOU LIKE LAUGH INAPPROPRIATELY. LIKE WHEN NOBODY ELSE IS LAUGHING, NOTHING FUNNY IS HAPPENING, OR IN CLASS, DID YOU EVER DO THAT?
Yeah, once or twice while I was hallucinating or in a psycho episode.

SO SOMEONE ELSE SAID THAT, BUT YOU DON’T REMEMBER THAT HAPPENING BECAUSE…?
No.

WHEN YOU’RE IN A HALLUCINATING TIME, CAN YOU REMEMBER THEM?
I remember moments during that time.

BUT NOT THE WHOLE THING?
No. Like a blub here and a blub there.

SO IF SOMEONE IS ASKING YOU ABOUT YOUR HALLUCINATIONS, IS IT DIFFICULT FOR YOU TO DESCRIBE IT BECAUSE YOU ONLY REMEMBER LITTLE PARTS OF IT?
Yeah. That’s why I was saying I remember pacing the floor and her going, “B, B.” I don’t remember what I was doing, I just remember her saying that and pacing the floor. I remember being in my Mom’s office. I don’t remember how I got there. I mean, it’s right there, obviously I went in there. But I don’t remember what happened. The next thing I know I’m in my mother’s bed asleep.

SO YOU HAVE TO KIND OF RELY ON YOUR MOM OR SOME OTHER RELATIVE OR FRIEND TO TELL YOU WHAT YOU ARE TALKING ABOUT AT THAT TIME? THE TEACHER AND YOUR MOM BOTH MENTIONED SOMETHING ABOUT A LITTLE GREEN MAN AND AFRAID OF THE LITTLE GREEN MAN. DO YOU REMEMBER THAT?
Oh, yeah. Yes. Yes.
WHAT IS THAT LIKE?

I don’t like him. He’s really creepy. I remember an episode I had pacing the floor. I remember… I do a lot of the pacing the floor thing. And I remember him following me or floating or something. I don’t remember what he was doing. I was in the living room and he… what did he do? Oh, yeah, he pricked my foot and I felt it. I saw him and he was following me around and he was telling me it was time to go to hell. There was a middle aged man outside this window and I’ve seen a green man outside my window. I see the middle aged man out front by the light post. I’ve seen the little green man everywhere. My Mom probably told you about the spots out in the barn. I’d forgot about those.

BUT NOW YOU REMEMBER THEM?

Yes. Because I came inside and told my Mom.

SO THE LITTLE GREEN MAN. IS HE SMALL?

Yeah. He’s about that big.

HE’S LIKE A MAN OR AN ELF OR SOMETHING? IS HE UGLY LOOKING?

Kind of a derby thing, and….

SO HE’S NOT REAL DEFINED? ISN’T REAL CLEAR? YOU JUST KNOW HE’S THERE?

You can see him. He’s not here now.

HOW LONG AGO DID THAT HAPPEN LAST?

He came after me one time with a big old machete. And when he came after me with it, my Mom made me run through the machete. That was scariest thing next to my Dad dying I have ever done.

WHAT DID YOU FEEL WHEN YOU RAN THROUGH IT?

I was bawling.

AND THEN AFTER YOU WENT THROUGH, WHAT HAPPENED?

I was still bawling.

DID YOU REALIZE HE HADN’T CUT YOU, OR DID YOU THINK HE REALLY HAD?

I realized it.

THAT’S WHAT YOUR MOM WAS TRYING TO DO, RIGHT? TO SHOW YOU IT WAS NOT REAL, IT WASN’T REALLY GOING TO CUT YOU?

That was the first set of days of going downhill before I got to be home schooled. Not home schooled, but homebound. The next week I was out for four days that week. I left early (end of side one of tape). I was in school for a couple of days and then I would go home early for every day, go home early every day the next week for a few days. Then I’d stay at school. And a couple of weeks later I went to the hospital.

SO WERE YOU HERE WHEN YOUR MOM HAD YOU RUN THROUGH THE MACHETE?

It was right there.
THEN SHORTLY AFTER THAT YOU WENT TO THE HOSPITAL?
That was the first set of days that I stayed home.

THAT WAS RECENTLY?
That was a couple of months ago.

AND THAT’S THE LAST TIME YOU’VE SEEN THIS GREEN GUY BUGGING YOU? DO YOU THINK IT HELPED YOU TO HAVE YOU DO THAT? YOU KNOW, FACE THE LITTLE GREEN MAN AND RUN THROUGH IT?
I don’t know. I don’t think very clearly when that happens.

IT SEEMS LIKE IT BOTHERS YOU TO TALK ABOUT IT?
Oh, no. I’m just thinking about it.

YOU ARE TALKING ABOUT IT FREELY, BUT IT SEEMS LIKE IT BRINGS UP BAD MEMORIES?
No, this is a really boring subject for me. It’s so boring. I don’t like it and it’s really boring.

I’M JUST THINKING THAT IT MIGHT BE A GOOD THING THAT MOMS COULD KNOW TO HELP, YOU KNOW? TO MAKE YOU REALIZE IT ISN’T TRUE AND TO MAKE YOU FEEL LESS AFRAID?
The funniest one ever was when Devlyn, my brother, not the baby, the next one. He was about this tall. I had a big ol’ Barbie hallucination from my Mom’s door and Devlyn walked through it and he walked back through and through it. And I like said, “Walk back through that.” He said “What?” I said, “Walk back through the doorway.” He did. “Do it again.” There’s a Barbie in the doorway. I was cracking up. It was a hallucination.

BEFORE HE WALKED THROUGH IT, DID YOU THINK IT WAS REAL?
No, I didn’t think it was real. I know when I’m hallucinating. But sometimes I start to wonder if it’s real because I hallucinate for such long period of time, so…

SO IT DOESN’T GO AWAY AND SO YOU’RE THINKING THAT MAYBE IT IS REALLY THERE?
I’ve done that twice. The first time I thought maybe it is real. They’re hear and they are peeing me off. Then the next time I think maybe they really are real.

WHEN THINGS HAPPEN LIKE YOUR BROTHER WALKING THROUGH IT AND EVERYTHING?
I’m making fun of it and laughing at it and stuff like that.

BECAUSE IT’S OBVIOUS TO YOU THEN IT’S NOT REAL AND IT’S NOT AS SCARY THEN. YOU’VE PROVEN IT TO YOURSELF.
No, I just get used to it. I don’t panic. I say, “Hey, green man, what’s up.” But when he’s got a machete and he’s running after me, it’s going to creep me out. That’s true. Next time I’m probably going to take the next step and go poof and let the machete go through me.

I WONDER IF YOU COULD MAKE IT CHANGE? YOU KNOW, IF YOU COULD MAKE IT GO AWAY.
I wonder if I could make my own hallucination!
YOU SAID WHEN YOUR BROTHER WALKED THROUGH IT, IT PROVED TO YOU IT WASN'T REAL, SO THEN IT BECAME FUNNY. IT WASN'T SCARY. OR WHEN YOU MOTHER MADE YOU RUN THROUGH THE MACHETE, THAT WAS STILL SCARY, BECAUSE YOU FELT THAT FEAR AND HOW SCARY THAT IS BECAUSE IT'S A BIG SHARP KNIFE, BUT THEN AFTER THAT YOU CAN LOOK BACK AND SEE IT WASN'T REAL BECAUSE YOU DIDN'T GET CUT. YOU KNOW? I WONDER WHEN YOU ARE BY YOURSELF, WITHOUT YOUR BROTHER OR MOM, IF YOU COULD FIGURE OUT A WAY TO CHANGE…

…that sensory perception?

YEAH. I DON'T KNOW IF YOU CAN OR NOT. THEY HAVEN'T DONE ANY STUDIES ON THIS, I DON'T THINK.

Well, I’ll do my own study.

YOU CAN DO YOUR OWN STUDY AND SEE IF YOU COULD FIGURE OUT SOMETHING TO DO OR PLAN AHEAD…”THIS IS WHAT I'M GOING TO DO WHEN I THINK SOMETHING IS NOT REAL AND TRY TO PROVE IF IT IS OR NOT.” TRY TO PROVE IT TO YOURSELF, TO HELP YOURSELF NOT BE AS WORRIED AND STRESSED ABOUT STUFF. I CAN SEE HOW THAT WOULD…

Wig me out.

YEAH, WIG YOU OUT. IT'S GOOD THAT YOUR MOM IS SO SUPPORTIVE OF YOU AND TRYING TO FIGURE IT OUT.

Everybody is like, “Wow, you have great support network.” I do, yeah. I'm really glad. I wouldn’t be so good off if I didn’t.

DO YOU HAVE DIFFICULTY GOING TO SLEEP?

Without my medicine I do. (Whispered) I forgot to take my medicine last night.

DO YOU TAKE IT JUST AT NIGHT, OR MORNING AND NIGHT?

Morning and night.

IS IT REAL HARD TO WAKE UP? DO YOU WANT TO SLEEP ALL DAY?

No.

YOU CAN WAKE UP FOR SCHOOL AND STUFF?

If I don’t take it at night, then I wake up with the boonies in the morning.

WHAT’S THAT MEAN?

Really, really early. With the boonies.

DO YOU FIND YOU ARE LESS INTERESTED IN SPECIFIC FOODS OR IS YOUR APPETITE FINE?

My appetite is bigger on certain medicines. Smaller on others.

HAVE YOU BEEN WORRIED ABOUT YOUR APPEARANCE OR YOUR CLOTHING LIKE TO A BIG AMOUNT? I MEAN, ALL TEENAGERS CARE ABOUT THEIR HAIR AND CLOTHES AND STUFF, BUT I MEAN TO AN AMOUNT THAT IT’S REALLY…
There are some things that...I’ve had paranoia...like when I was in the hospital, I was afraid that people were going to steal my underwear. But I carried it out to the point where I...I also had a problem with the drain. Afraid of the drain. To the point to where I accused my roommate because she had underwear that looked exactly like mine. You know, I showed her mine and they were the Hanes, all the way up to here, and they were grayish, like mine, and I thought she stole mine. I was counting my underwear and I was short a pair. They were in the dirty clothes. I felt so stupid. I apologized all over the place to her. Then the drain, I had a problem with that a couple of years back when I was at Cedar Crest, a long term RCC. I went in there and I covered the drain with a wash cloth to take a shower and when the wash cloth wasn’t on the drain, I’d have to move the curtain and check the drain before I could sit down on the toilet and use it. Or I’d have to get out of the bathroom as fast as I could. Or have the door cracked.

DID YOU THINK ANYTHING WAS GOING TO COME OUT OF THE DRAIN OR JUST VAGUELY SCARED?

I was afraid cameras were in the drain. I now don’t have that problem or a fear of people watching me. But I did before. And I just realized that. I don’t..."Nobody is watching is! Nobody is watching me!" Yeah! I know, that really sounds insane...

BUT IT’S A GOOD FEELING THOUGH, RIGHT?

It is. I’ve had that problem for years. My medicine is level. And I’m watching out my window while I undress. I don’t need blinds in my window. I have some stuff in the window, just like that.

BUT YOU ARE WAY OUT IN THE COUNTRY HERE, SO IT’S VERY UNLIKELY THAT ANYONE COULD SEE IN.

I don’t think my neighbors…the neighbor I just went over to her house...you know...

YOUR FRIEND. YOU DON'T CARE IF THEY SEE YOU.

Yeah. I don’t think she’s going to be watching through the trees next to my window anyway. I had fears like that. You know, fear that my Mom was going to leave me at the hospital and never come back. Stuff like that. That’s the other one.

IF YOU’RE THINKING SOMETHING A CERTAIN WAY, THINKING SOMETHING HAPPENED AND YOUR MOM DISAGREES WITH YOU. DO YOU HAVE TROUBLE BELIEVING HER? EVEN IF SHE GIVES YOU PROOF? YOU TOLD ME ABOUT SEEING THE SPOTS OUT IN THE BARN AND YOU TOLD HER. WAS IT EASY FOR YOU TO BELIEVE HER WHEN SHE TOLD YOU IT WAS NOT REALLY THERE?

Yes, because I knew they weren’t real. Actually, wait a minute. She said they weren’t real. I was like, “No, then how come I see them?”

THAT PARTS REAL, RIGHT? YOU DO SEE THEM. YOU’RE NOT LYING.

I didn’t believe her and so...I’m not able to talk very well today.

NO, YOU’RE DOING GREAT. YOUR MOM SAID SHE TRIED TO EXPLAIN THE SPOTS BY SAYING YOUR BRAIN...

They are purple and yellow.

YOUR BRAIN IS TELLING YOU THAT THEY ARE THERE. I MEAN, THAT SEEMED TO HELP YOU THAT SHE IS STARTING TO BELIEVE YOU...I MEAN, SHE BELIEVES YOU...
She told me…she doesn’t like the word “fart.”

I GUESS THAT’S WHY IT WAS SO FUNNY TO YOU BECAUSE SHE DOESN’T USE IT VERY OFTEN, SO IT SHOCKED YOU, RIGHT?

She says, “I hate that word.” I don’t like the word “hate.”

YOUR TEACHERS SAID THAT THEY WERE LOOKING FOR REWARDS FOR YOU, TO HELP YOU REACH YOUR GOALS. THEY SAID THEY GOT CANDLES AND THINGS LIKE THAT. WAS THAT HELPFUL?

Yes.

TO HAVE REWARDS TO WORK FOR?

Well, the out to eat thing was a big reward. Yes, actually it was. It was very good. It kept me dragging myself along. Picking myself up by my boot straps.

OKAY. WE'RE GOING TO STOP HERE. (end of tape)

Interview Two with Student B with Schizophrenia Age 18 and her Mother

WELL B----, I WANTED TO TALK TO YOU AGAIN TODAY ABOUT SOME OF THE SAME THINGS WE TALKED ABOUT LAST TIME AND ANY NEW THINGS THAT YOU WANT TO TELL ME ABOUT SCHOOL OR FRIENDS OR FAMILY---AND HOW HAVING SCHIZOPHRENIA AFFECTS THEM.

Mother: My other kids---B----’s sister and brothers---began acting up, but they don’t have the chemical imbalance. I had to come up with something, because my son was exhibiting some behaviors of throwing tantrums in the house and screaming and yelling and beating things, he was exhibiting aggressive behavior at school too, getting into fights, stealing and lying. It was getting to be clustered together too closely for me to just say, “Oh, well, he's just pushing the limits a little.” It made me really nervous. I said, “Okay, we’re going to tighten it all up and you’re going to earn everything.” I want him to understand a little more clearly exactly how to control his behavior. So this new system I started seems to be helping. They're getting more attention, and they're getting more positive reinforcement, rewards for what they do. And more concrete consequences. In the context of what it would be like if they were earning money in the real world for their behavior and having to buy their own privileges. So they're buying snacks, they're buying television time, they're buying anything to drink that's not water unless it's served with their meal, they’re buying the privilege of going to soccer or scouts or Tai Kwan Do or somebody's house, or chatting on the phone.

AND THAT'S WORKING WITH YOUR OTHER CHILDREN?

So far, yes. It’s helping.

AND B?

He’s capable of it. Sometimes she’s not. And they don’t understand that. They think that sometimes they don’t have to be in control.

RIGHT. YOUR SIBLINGS, YOUR BROTHER AND SISTER THAT DON’T HAVE ANY DISABILITIES MIGHT CHANGE THEIR BEHAVIOR BY SEEING THAT YOU NEED A LOT OF DIFFERENT TYPES OF HELP AND START CAUSING THEMSELVES PROBLEMS BY THEIR BEHAVIOR, BUT YOUR MOM SAYS THE REWARD...IS IT POINTS OR COUPONS OR SOMETHING?
B: It's kind of like coupons. They're called slips. They look almost like money.

SO THAT PROBABLY WOULD HELP THEM, BECAUSE THEY DON'T HAVE A BIOLOGICAL PROBLEM. THEY'RE JUST KIND OF COPYING YOU.

If they do have biological problem, it hasn't shown up yet.

SO THIS SHOULD HELP THEM.

Yes.

NOW, DO THINGS LIKE THAT HELP YOUR BEHAVIOR TOO?

No.

NO? SO THAT TENDS TO NOT BE ENOUGH FOR YOU TO CHANGE BEHAVIOR?

No. Well, like the Challenge Program, they have a point system similar to the slip system. You have to earn everything! I mean everything! You have to earn sodas, you have to earn candy. And only on Friday. You have to earn all kinds of things. And you have to earn wearing your clothes, you know, different clothes. But it used to be that you had to earn eating. Earn everything. Now they've kind of leveled it off. But you used to have to earn everything. And that didn't work for me. I didn't care. So points and slips and stuff like that, rewards...some rewards, yes. It depends on what it is. But the rewards they were giving and the rewards my Mom is giving the kids?---No. You know, I'm not a big reward person in that sense.

Mom: That's why they came up with their own unique reward system for her. They started asking her what her motivators were, or what she would be willing to work for, and it did. It took them a while to come up with that idea. I'm just glad somebody did.

Dr. R--- did.

Mom: We were lucky to have a group of people who not only had taken the time to get to know B personally. To know what she likes and doesn't like. But to take the time to try and think of that one individual student separate from the rest and what they could do for her and not have to worry about whether it fit in with the curriculum or the rest of the school, or you know.

TO INDIVIDUALIZE IT?

Mom: Yes. And that's difficult to do in a large school district.

WHAT ARE YOUR PLANS WHEN YOU GRADUATE NOW?

Well, I want to go to college. I'm hoping to go to NCTC and be a nurse.

AND NCTC IS THE JR. COLLEGE CLOSE BY?

It's in Gainesville.

AND YOU'D LIVE AT HOME AND GO UP THERE AND TAKE A LOT OF CLASSES, FOUR OR FIVE AT A TIME OR JUST MAYBE ONE OR TWO AT ONCE?

I don't know.
Mom: We have an appointment with Texas Rehab on Monday. We’re going to discuss that very sort of thing with them.

SO AT TEXAS REHAB YOU’LL DISCUSS GOING TO COLLEGE AND WHAT THEY SUGGEST WILL BE A GOOD PLAN?

Yes.

AND SO DO YOU THINK YOU’LL NEED SOME KIND OF REWARD SYSTEM FOR JR. COLLEGE?

No. Because I was needing reward systems…I think I needed the reward system to hang in there, because I was out of the loop. You know, I was kind of out there.

MENTALLY?

Mentally. And I was not willing to do anything. I think.

Mom: She was on medication that was affecting her cognitive ability too much. It made it difficult for her to concentrate, so it was too easy to give up, I think.

That’s what I’m saying.

Mom: Yeah, okay. I was wondering if the medication had anything to do with it, because you’re so different. They’ve taken her off that medication and what a difference. What a difference! That was Topamax that he said was probably doing the main part of that. It’s funny, the names were so opposite. Topamax and Zonagrad. She went from Topamax, which brought her down, to Zonagrad which unzoned her and she’s doing really well. She can focus again. She can think, she can function, she can process, she can get excited about things without being manic.

SO NOW YOU’VE BEEN ABLE TO MAKE SOME PLANS?

Yeah.

BE HAPPY ABOUT THAT.

Mom: She’s even dating a little bit now.

SOMEONE YOU MET RECENTLY?

Mom: No, somebody who grew up a little bit.

FROM YOUR CHURCH?

Yeah.

SO YOU’VE KNOWN HIM FOR A LONG TIME?

Yes, quite a while.

Mom: His mother and I are good friends. His mother and Becky are real good friends too.

Yeah. She’s real sweet, and he’s pretty cool. You know, I’ve wondered what would happen if I had a really big problem. Not a really big problem, but like a really big bad thing happened to me. What would happen this time?

Mom: Right now, you mean, with you not being in school?
No. Like if somebody died or something.

Mom: Another traumatic event?

Yes.

Mom: Oh, man.

Wonder what would happen?

Mom: You’d probably end up in the hospital, long term until you got over it.

HAVE YOU BEEN THINKING ABOUT THAT RECENTLY?

Sometimes.

YOU THINK WHAT WOULD HAPPEN IF SOMEONE ELSE DIED FROM YOUR FAMILY?

Mom: That’s a worry because people do die. She had a dip when Grandma died, but it was…

Not as bad...

Mom: No.

…as when my Dad died.

Mom: She had begun to cope with her Dad’s death and that was part of it.

DOES YOUR CHRISTIAN FAITH HELP YOU COPE WITH PEOPLE DYING?

Yeah.

SOME? IT’S STILL SAD.

It’s still really hard.

RIGHT.

I’ve ended up in the…the first death, broke the camel’s back.

Mom: It was just over a year when B fell apart. Just over a year after her Dad died, she began cutting and started having hallucinations and such. She was determined not to grieve. Bound and determined, she was not going to do it. She wasn’t going to cry. I couldn’t help her, and I couldn’t reach her, and we think that’s what started this…triggered the switch that she already had. The inherited switch of some sort, a genetic thing, whatever it is that causes it. It just went on!

THEY SAY THAT CRYING ACTUALLY HELPS YOU. MOST PEOPLE ACTUALLY FEEL BETTER.

Mom: She had an excellent therapist at Cedar Crest who helped work with her on the grief issue.

Oh my gosh, it was so hard.

Mom: You didn’t like the lady, but what she did for you was...

Yes, I liked her. The one I didn’t like was Janie.
Mom: It was the other one you didn’t like.

Janie was a butt hole.

Mom: Okay. Well, the one that helped her…I remember speaking with this one lady, and she was helping Becky get through it.

At first I didn’t like her, but oh man, she was good. She was good. She had me write a letter to my Dad. It took me two days to write it.

Mom: One sheet of paper.

I sat there and I cried before I even got “Dad.”

Mom: She called me when she was just about to start this thing.

And I didn’t start it right after I hung up.

Mom: I made her promise that she would at least get out the paper and write words “Dear Dad.”

And I was crying. That girl from California that I was telling you about that was in there—she was in there, and she had her arms wrapped around me and “it’s okay, it’s okay.” She came through the other unit with me.

Mom: You find support from unlikely places.

But anyway, I wrote “Dear Dad.” Then she had me go in there with her when I had finished the letter a couple of days later. And we went in there and she had me face a chair. She put a chair in front of me. Faced the chair and read it to it, as if my Dad was right there.

THAT WAS HARD FOR YOU, BUT IT HELPED YOU.

That was so hard. I’ve never bawled so hard in my life. I bawled harder than when my Dad died. I didn’t bawl as hard when my Dad died. It was that much grief built up in my system.

Mom: I’ve bet you’ve heard of that chair therapy, huh Paula?

YES. WE PRACTICED IT BEFORE IN CLASS. MY MINOR IS IN COUNSELING. I’M STUDYING THAT TOO. AND SO SOMETIMES YOU’RE CONCERNED IF SOMETHING, LIKE YOU SAID, BAD HAPPENS AGAIN. PEOPLE DIE OR SOMETHING SERIOUS HAPPENS, HOW WILL YOU HANDLE IT. DO YOU KIND OF HAVE A PLAN OF WHAT YOU MIGHT THINK OR DO IF THAT HAPPENS?

My plan is to get it out before it gets me. That’s all I can do.

EXPRESS YOUR FEELINGS AND….

Bawl.

CRY AND TALK ABOUT IT AND HOW YOU FEEL?

Yeah.

Bawl my eyes out everyday. No, I’m just kidding.
DO YOU THINK WHEN YOU GO OVER TO THE COLLEGE, THAT WILL PROVE TO BE A
STRESSFUL THING? EVERYTHING IS NEW, AND NEW TEACHERS AND NEW PEOPLE.

(Yawning) I was up half the night. I couldn’t sleep.

COULDN’T SLEEP LAST NIGHT?

Yes.

YOU TRIED TO GO TO SLEEP, BUT YOU JUST STAYED AWAKE?

Oh, no. I woke up at like 3:30 in the morning and couldn’t sleep until about 5:00.

DOES THAT HAPPEN VERY OFTEN?

No. It’s was just weird.

SO YOU’RE TIRED TODAY. SO WHEN YOU TALK TO THE PERSON FROM TEXAS
REHABILITATION COMMISSION, YOU’RE GOING TO TALK ABOUT GOING TO COLLEGE AND
HOW TO MAKE THAT A SMOOTHER PROCESS.

Yeah.

AND I GUESS IT WILL BE GOOD THAT YOU’RE LIVING AT HOME BECAUSE YOU’RE FAMILIAR
WITH HOME, AND THEN YOU’RE GOING TO TRY AND GO TO THAT NEW SCHOOL AND SEE
WHAT IT’S LIKE.

Yeah. The 23rd I’m going to sign up for the TAAS test and take the TAAS and then go over to the
college, I hope. I’ve got to talk to somebody’s mom. I haven’t talked to her yet. I keep forgetting to talk
to her about it.

SINCE I TALKED TO YOU LAST TIME, AFTER THE FIRST TIME WE MET, HAVE YOU THOUGHT
OF ANYTHING YOU WISHED YOU’D TOLD ME THAT COULD HELP TEACHERS OR STUDENTS
THAT GET IN YOUR SITUATION THAT YOU WISH YOU’D TOLD ME AFTER I LEFT, OR YOU
THOUGHT, “OH, I SHOULD HAVE TOLD HER THAT.”

I don’t know. It was just emotions about containment of the kids, because that school is a mess. It
really is. It’s worse.

AND WHAT’S BAD ABOUT IT?

People run amuck. Last year they had a system that worked so good and everybody…at the beginning
of this year it was good. It was pretty good at the beginning.

WERE THEY USING THE SAME SYSTEM AS LAST YEAR?

Huh?

WHERE THEY USING THE SAME SYSTEM LAST YEAR AT THE BEGINNING OF THIS SCHOOL,
OR DID THEY HAVE A NEW ONE FOR THIS YEAR?

A new principal this year, Dr. Fitzsimons—she’s a good lady to work with. Don’t get me wrong. But the
system they used last year was a lot better for a lot of people. The year before they used…it was so
much better and it was so sharper and everybody worked better.

SO IT WAS MORE CLEAR WHAT YOU WERE SUPPOSED TO DO?
Well, people did what they were told. Yeah, I guess it was clearer what you were supposed to do.

LIKE WHAT THE CONSEQUENCES WERE, AND WHAT THE REWARDS WERE, OR HOW TO EARN THE POINTS?

They understood…I don’t know. They understood what they were supposed to do.

THE CHILDREN, THE KIDS?

Yeah. And they did it. I don’t know how or why, but they did it.

BUT THIS YEAR FOR SOME REASON THE STUDENTS AREN’T DOING…

I don’t understand why they’re not doing it. All they have to do is a couple little things and you know, I mean I don’t remember what the couple little things are. I haven’t been there in forever (sic--she has been on home bound instruction for only about 2 weeks). But when I was there, she’s like “Oh, yeah, I remember her.” I remember being there, but like, you do this and this. I’m not making sense. I’m not making sense. I hear myself talking and I’m not making sense. Nevermind. Nevermind.

YOU’RE TRYING TO EXPLAIN THEIR SYSTEM AND HOW THEY CHANGED IT. BUT THEY STILL HAD POINTS, RIGHT?

Yeah.

YOU WERE EARNING POINTS?

I had points. Oh gosh, I’m sorry.

OH THAT’S OKAY. DID YOU HAVE DIFFERENT STUDENTS OR SOME OF THE SAME STUDENTS CAME BACK?

Some of the same students came back.

AND WERE THEY ACTING DIFFERENT?

Yes--worse. I was even more--worse. I hated it a whole lot.

SO YOU DIDN’T LIKE IT---THE SCHOOL?

Yes.

BUT YOU HAD SOME OF THE SAME TEACHERS, DIDN’T YOU---WHO YOU ALREADY KNEW?

Three of the same students. I mean, not students, same teachers.

SO YOU HAD SOME OF THE SAME TEACHERS, BUT ALSO SOME DIFFERENT TEACHERS.

Three of the same teacher’s aides too.

AND DID YOU GET ALONG STILL WITH THEM?

We got along.

WHAT ABOUT THE NEW TEACHERS?
Yes.

YOU GOT ALONG WITH THE NEW TEACHERS. SO WAS THE WAY THE CLASSROOM WAS RUN DIFFERENT OR WAS HOW THE STUDENTS ACTED?

The way the whole school was run. I hated it. I hate the whole school. I don’t hate the people, but the way it’s run.

AND WERE THE TEACHER’S ACTING DIFFERENT?

No.

SO THAT WASN’T THE PROBLEM.

The system.

THE SYSTEM THAT THEY WERE SUPPOSED TO FOLLOW.

It’s weird. You can’t walk down the hall by yourself.

AND YOU USED TO BE ABLE TO DO THAT?

I used to be able to walk down the hall. But you had to be on a certain level. You know, stuff like that. Its petty little things.

SO IT WAS A REWARD TO BE ABLE TO WALK IN THE HALL.

Yeah. Like you earn your rewards. You earn points and with those points you can do stuff, I think. No, that doesn’t make sense. I don’t remember.

YOU TOLD ME THAT BEFORE—THAT YOU EARN POINTS TO HAVE PRIVILEGES…

Yeah, that’s right. I haven’t been there in so long.

RIGHT. BUT YOU’RE GLAD YOU DON’T GO THERE ANYMORE?

That’s right. Yeah, I out did the system.

SO YOU HAD A LOT OF PRIVILEGES THIS YEAR AND YOU DIDN’T GET IN TROUBLE VERY MUCH, RIGHT?

I got in trouble once the whole two and a half years I was there.

SO THAT WOULDN’T MAKE YOU FEEL BAD, RIGHT? YOU WEREN’T GETTING IN TROUBLE A LOT?

Yeah. That was when my chemicals were out of whack and I beat the crap out of a kid. (Laughter)

YOU’D PROBABLY GET IN TROUBLE FOR THAT?

(Laughter) I almost got a ticket. A real ticket.

FROM THE AUTHORITIES, RIGHT?

Yeah. He didn’t give me one. He threatened to give me one, but he didn’t. He’s a really cool officer. I saw him one day at school and his name is Officer L---. He is so cool. The first time I saw him, it was
like you guys...he didn’t even gripe at me. There were three people involved. He said, “Now you, don’t
do it again.” “You stop this.” “You do that.” He said it quickly and left. Because he doesn’t have much
time to fool with people, you know. And the next time he saw me was...he’s checked up on me a
couple of times. And one of the times I saw him, I was crying really hard, and I ran up and wrapped my
arms around him real tight...Officer L---! I was crying, and we walked up and down the halls and talked,
and it was pretty cool.

SO IT HELPED TO HAVE SOMEBODY THAT CARED...THAT SHOWED THEY CARED ABOUT YOU?
Yeah.

ANYTHING ELSE YOU CAN THINK OF ABOUT THE SCHOOL THAT MIGHT HELP? OR THINGS
THAT HELP YOU LEARN?
Peace and quiet! That's what helps me.

YOU LIKE IT TO BE PEACEFUL AND QUIET.
Some people like noise, some people like quiet. I like quiet. Quiet is usually the best situation with me.
And I like to play classical music to calm down, put on my headset, and lie down.

SO CLASSICAL MUSIC HELPS YOU? AND WHAT ABOUT KEEPING THINGS ORDERLY AND
ORGANIZED? DO YOU LIKE THAT? DOES THAT HELP YOU?
Yes. Organized is better, but if I had to dig through to find something...I keep my room organized,
usually. It’s not right now. There’s all my graduating stuff and school stuff and getting my money
straight and...

BUT YOU LIKE IT TO BE ORGANIZED?
Yes.

WELL, I GUESS IF YOU CAN’T THINK OF ANYTHING ELSE THAT WOULD HELP OR ANYTHING
YOU WISHED YOU’D TOLD ME---KIND OF YOUR SECOND CHANCE TO TELL ME THINGS IN
CASE YOU FORGOT SOMETHING OR YOU REMEMBERED SOMETHING LATER. I HAVE YOUR
EMAIL ADDRESS, YOUR MOM’S, AND YOU OR YOUR MOM COULD EMAIL ME ABOUT HOW IT
GOES AT THE COLLEGE, BECAUSE I’D LIKE TO KNOW HOW IT WORKS OUT FOR YOU. I’M
INTERESTED IN HELPING KIDS LIKE YOU TO BE ABLE TO GO TO COLLEGE AND FIND OUT
WHAT WORKS OR IF THERE ARE ANY PROBLEMS, SO THAT PEOPLE CAN MAYBE SOLVE
THEM---LIKE YOUR SCHOOL COUNSELOR OR THIS PERSON AT THE TEXAS REHABILITATION
COMMISSION. SO THAT WILL BE INTERESTING TO SEE HOW YOU ADJUST TO COLLEGE.

I can send you a letter or something.

YEAH. THAT WOULD BE COOL. IF YOU COULD SEND ME A LETTER. WRITE IT OR EMAIL IT.
DO YOU USE THE COMPUTER?
Yeah, sometimes. I have a really tiny, weenie computer right now. My Mom has a computer in their
room, so we can use that.

THAT WOULD BE INTERESTING TO KEEP IN TOUCH WITH YOU AND SEE HOW THINGS ARE
GOING FOR YOU. WELL, I’LL GO COPY THESE THINGS NOW, AND IT WAS REALLY NICE OF
YOU TO TALK TO ME ALL THIS TIME. I’M SURE THE THINGS YOU’VE SHARED WITH ME WILL
HELP A LOT OF OTHER PEOPLE. (End of tape)
DID YOU KNOW B… BEFORE SHE DEVELOPED SCHIZOPHRENIA?

No.

AND HOW LONG AGO DID SHE COME TO THE SCHOOL THAT YOU FIRST MET HER?

I started last year and she was already a student here. So I think she had come during the previous year, like middle ways.

DECEMBER OR JANUARY?

Sometime around that time?

AND LAST YEAR, DID YOU GET AN OPPORTUNITY TO WORK WITH HER?

No. I taught intermediate completely self contained last year.

SO THIS YEAR, WAS FIRST SEMESTER YOU GOT TO WORK WITH HER?

Yes.

AND THEN, WAS IT JUST A MONTH AGO THAT SHE WENT TO HOME SCHOOLING OR HOMEBOUND?

I think it’s been more than a month. It’s been at least six weeks because I don’t have any grades on the books for her.

SO THE VERY BEGINNING OF THE SEMESTER, YOU SAW HER? SHE WAS HERE A LITTLE BIT?

She really hasn’t been here much this whole entire semester. She was out either sick or she would go home early and she had me from 12:00 to 1:00, so she would go home a lot.

SHE’D GO HOME BEFORE SHE MET WITH YOU?

Yes.

SHE’D BE HERE IN THE MORNING AND THEN LEAVE. AND THEN FIRST SEMESTER, DID YOU WORK WITH HER MORE?

She was much more together the first semester.

I KNOW SHE WAS GONE THIS SEMESTER BECAUSE SHE WAS IN THE PSYCHIATRIC HOSPITAL. THE FIRST SEMESTER, DID SHE GO TO THE HOSPITAL?

Not that I know of.

SINCE YOU’VE ONLY WORKED WITH HER SINCE SHE’S HAD SCHIZOPHRENIA, MAYBE YOU COULD TELL ME WHAT EXPERIENCES YOU HAD IN THE CLASSROOM…WHAT BEHAVIORS CAUSED HER A PROBLEM, IN EITHER LEARNING ACADEMIC MATERIAL OR SOCIALLY?

She would tend to sit and stare a lot. I would have to motivate her to work. I think it was the meds and she…she kind of knew, herself, that it was the meds. She was on and off a lot of stuff. And they were always trying to level them out or they were always manipulating the medicine, so it seemed like she was just struggling with staying awake, focusing. She could try to do computer research on a research
paper she was doing and she would look up one thing and then she just couldn’t figure out how to go to the next one. I’d show her, but then she’d forget by the next time I went around there.

FORGET WHAT THE STEPS WERE?

Yeah. And, mainly motivation and just being alert and awake were her real problems. On days that the kids were really obnoxious and rowdy and horrible, it would irritate her tremendously. She would be able to block it out for a long time, and then it seems like she would just…and I would think she was okay because she was sitting calmly and I thought she was doing her work or whatever, but apparently it was all going in and kind of building up, and sometimes…A couple of times, only a couple, she actually would explode and she would run out of the room and say she couldn’t deal with this shit any more, you know. Then I would realize that “Oh, they’ve been getting to her.”

LIKE SHE WAS HAVING A PROBLEM THE WHOLE TIME, BUT SHE WAS SITTING QUIETLY, AND THEN JUST KIND OF BLEW. AND SHE WOULD RUN OUT OF THE ROOM?

Yeah, she did a couple of time. She couldn’t take it any more. One time she even asked me. She said, “I’ve got to get out of here now.” And I was like, “Okay, okay, fine.” I would have the aide go with her and walk around the cafeteria to just calm down.

IN THOSE SITUATIONS, WERE THEY USUALLY BECAUSE OF OTHER STUDENTS?

Oh, absolutely. And then the only other time I really saw her having difficulty functioning was really like staying awake, staying motivated. She seemed really groggy a lot of the times. Only one time did I ever see her come in real animated—dancing around, just totally out of character and the first thing I asked her was “What did you have for lunch.” Because I thought that maybe she had a soda or something, you know, or something she doesn’t usually have. She doesn’t drink sodas. She said that she thought she was on a new med and that her and her friends had drank a bunch of cokes over the weekend and she doesn’t usually drink cokes. She said, “I really think maybe the caffeine is messing with me.” And I mean we had to take her up to the office that day. She just literally couldn’t calm down. I was scared she’s going to hurt herself because she kept spinning in circles and like falling.

SHE WAS REALLY PHYSICALLY HYPERACTIVE?

And that is really not like her. She’s usually very calm.

YOU MENTIONED SOMETHING ABOUT JUST SITTING AND STARING. THAT WAS MORE COMMON FOR HER TO DO?

Yes.

WHEN SHE HAD SCHOOL WORK THAT SHE COULD BE DOING AND SHE WAS SITTING AND STARING, AND WHEN YOU SPOKE TO HER, WHAT WAS HER RESPONSE?

Well, I’d prompt her and I’d say, “B, are you having problems focusing and getting on task?” And she’d say, “Yeah.” And she usually would say, “It’s these meds I’m on, you know, they just make me feel like all I want to do is sleep.” And I could tell. I mean, she had a couple of days when she would come in and she really seemed normal B. You know, like she wanted to get thinks done. She wanted to get her work accomplished. She really had the desire to graduate and she knew what she needed to do to get it done. And I really felt bad because I felt like that the meds really did mess with her ambition level and her ability to focus. And they just couldn’t seem to get regulated. It was like every two months, it seemed like, she would say, “They took me off all my meds and they’ve got me on something different or they’re adjusting the levels of this.” And we could tell, she was always like up and down, up and down, up and down.

BY UP AND DOWN, YOU MEAN SOMETIMES SHE WAS SLEEPY AND…
And sometimes she would be able to function, but for the most part, for a good two weeks while they were messing with her meds, she would be like over medicated, it seemed. And then they would finally get them regulated and she could give us two or three good weeks of work and stay focused and be in a good mood, positive. Then it would be…and I don't know that they were messing with the meds, it would just be all of a sudden we were back to, “I'm not doing good, the meds aren’t working.” I guess Mom would take her back to the doctor.

SO FOR ABOUT TWO OR THREE WEEKS SHOULD BE PRODUCTIVE IN HER SCHOOL WORK AND COOPERATION FROM HER?

That's the most I can really, really remember seeing here in language arts.

AND THEN IT WOULD KIND OF FALL APART AGAIN AND SHE WOULD…

But another factor, I think, was that they had her in here with all the boys and I had a mixture for everything from English I all the up to her English IV. She was strictly working on a paper the first semester and then she was working on a paper the second semester and I wasn’t able to give her as much one-on-one attention. I mean, there were a couple of days when I only had one or two students show up and I was able to really sit back there with her. She really did much better when I could do one-on-one. But that’s because I was sitting there beside her and going, “Okay, now go to this web page, or okay now here, make this correction on your paper. Look, its right here. Can you type that in?” And she really did real well.

WHEN YOU SAT WITH HER AND GUIDED HER THROUGH STEP-BY-STEP SHE WAS ABLE TO DO THE WORK WITHOUT HAVING TO TELL HER THE ANSWERS. YOU FELT SHE KNEW WHAT SHE WAS DOING, BUT YOU HAD TO GUIDE HER OR PROMPT HER TO DO EACH STEP AND STAY ON TASK?

Yeah. I mean, she enjoyed the one-on-one attention. Whereas for the most part of the days when I had the class room full of the guys on the different levels, I was busy running around trying to monitor them and I would check on her like every five minutes. But it wasn’t…she didn’t feel like it was the same, I don’t think. I think she felt like I wasn’t really devoting my attention to her.

SO WITHIN THOSE FIVE MINUTES THAT YOU WERE GONE, SHE DIDN'T MAKE MUCH PROGRESS? WOULD SHE JUST KIND OF SHUT DOWN AND WAIT DURING THAT TIME AND DO NOTHING?

Sometimes, some days, I can’t say all the time, because some days she really would. She’d get a whole page done. But it was very rare.

WHEN YOU TRIED TO TEACH HER SOMETHING NEW OR SOMETHING YOU THOUGHT SHE DIDN'T KNOW AND YOU DISCUSSED IT WITH HER, DID YOU SEEM TO UNDERSTAND NEW CONCEPTS OR WAS THAT DIFFICULT TO GRASP WHAT YOU WERE TALKING ABOUT?

No. I think she did great on new concepts. We ran across some words and phrases in some of the literature that she was reading at the very beginning of the year and I remember her saying, “What does this mean?” You know, I’d explain it to her. Some of those phrases that you through out there in English language, you know, you have to say them, especially to the young kids. I mean, they don’t mean anything. So you had to keep finding different ways to use them and give examples and finally I’d do like three or four. Finally I’d find one that she’d go, “Oh, yeah.” But I think that’s because of the phrase was an old phrase and she’s a young person who has never heard that phrase before.

WHEN YOU EXPLAINED IT TO HER, SHE SEEMED TO UNDERSTAND?

Yes.
AND YOU JUST HAD HER FOR LANGUAGE ARTS?

Yes.

SOCIALLY, HOW DID SHE SEEM?

Really comfortable with adults. I think she has church friends. She talked about church friends a lot. I never really saw her hanging around a lot of the kids here. We tried to form a bond between her...when we first got Christina, our only other girl at the time; we tried to let them do things together on fun Friday. And they seemed to do fine. B seemed to like the attention of having another girl. I think it was Christina that ended up really kind of not being as interested because she more wanted the boy’s attention. B could have cared less. I mean, they were just immature little brats to her. She tolerated them, but that was about it. She just didn’t have a lot of peers here at the school she could have bonded with, to be honest.

THEY JUST WEREN’T HER AGE...

Right. She did well with all the teachers. She had a good rapport with all the teachers and she was comfortable talking to adults. I mean, she’s 18 for crying out loud.

WHAT WAS THE REASON THAT SHE STOPPED COMING HERE, BUT DID HOMEBOUND SCHOOL THEN?

To my knowledge, it was because she had gone into the hospital setting and then all I know is that we were asked if we had a teacher that could come to place where she was staying. And then, I guess, after she got released from there, maybe her and her Mom made the decision to continue the Homebound. She was just working on three major things to finish up and graduate.

SO A TEACHER FROM HERE GOES OUT THERE ONCE A DAY. IS IT FOR AN HOUR A DAY, OR SOMETHING?

I don’t know. You’ll have to ask Ms. Steinbach because she’s doing it.

YOU DIDN’T SUGGEST SHE BE HOMEBOUND? YOU WEREN’T HAVING TOO MUCH TROUBLE WITH HER THAT YOU COULDN’T HANDLE HER IN THE CLASS ROOM?

No, absolutely not.

SO社會ALLY, SHE WAS ACCEPTABLE, AS FAR AS SITTING IN CLASS?

Yes, absolutely. I mean, the majority of the time she didn’t hit, cuss, slap, scream, spit...I mean none of those. I saw her this year, maybe two times, just lose it. That was because, like I said, she would be sitting there and you didn’t see her accelerate or become agitated, so you didn’t...If I had seen that, I probably would have said, “Okay, B, would you go let B take a walk.” You know, knowing that the kid’s behavior was really starting to get to her. And only like a couple of times, all of a sudden you realize B’s had enough.

YOU DIDN’T SEE ANY WARNING SIGNS AHEAD OF TIME?

Right.

NOW LOOKING BACK, FOR ADVICE FOR THE FUTURE OR FOR A TEACHER THAT WOULD HAVE SOMEONE LIKE BECKY IN THE FUTURE, DO YOU SEE ANY TYPE OF WARNING SIGNS?
I would say if you have them in a room full of kids that are...If they are maintaining their business and handling their business, I don’t feel that they need to be sitting in the room with kids that are cutting up and misbehaving and the foul language. The foul language bothered B. And she let us all know that. I mean, I think we probably didn’t know how much it bothered her. In the future I would probably say I would remove her and any student that was maybe handling their business just as soon as it started happening.

GO SOMEWHERE MORE QUIET TO WORK AND TAKE CARE OF BUSINESS?

Right. Knowing that it may or may not accelerate her, but without taking that chance.

IS THERE ANYTHING THAT YOU’VE FOUND, BESIDES THE OTHER STUDENTS ACTING UP, THAT ACCELERATED HER SYMPTOMS OR HER BEHAVIORS THAT EXASPERATED THEM OR MADE THEM WORSE?

You mean like the inattentiveness? The only think I can think of is maybe meds and she needed a lot of attention, which on any given day she couldn’t really get one-on-one or a lot of attention. It was pointed out to me that last year she had a teacher that really, really coddled her and kind of just really paid a lot of attention to her and spent lots of time sitting beside her and helping her get things caught up and completed and what not. I think maybe this year it was just, “Oh, why can’t it be like that this year?”

DO YOU SEE ANY PROBLEMS SHE MIGHT HAVE IF SHE TRIES TO GO TO JUNIOR COLLEGE?

I would definitely think she might need a tutor. I would like to see her take some study skills classes, and I think they do offer them. It’s different, you know, you don’t have a teacher there worrying about are you taking notes, or are you going to do the assignment. If you don’t do it, they just mark down your zero and they think you’re an adult and they expect you to handle it. I think she could do fine with a tutor and just maybe some study skills classes to teach her how to study in college. And then lots and lots of support from her family. I think she can do fine, as long as she’s taking her meds and they can get the med thing.

AND HAVING AN ADULT TUTOR OR SOMEONE WHO KNOWS HER ASSIGNMENTS AND HELPS HER GET ORGANIZED, PROMPTS HER TO DO THE WORK?

Well, maybe not necessarily prompts, but just to build her up. You know, “You can do. We know you can do it. We have confidence in you.” I mean, just give her the chance to do it and let her do it or not do it and let that be her own consequence.

YOU KNOW ABOUT WHAT LEVEL, ACADEMICALLY, SHE WAS?

She’s right on grade level. 12th Grader. She’s already passed the TAAS. She took it last year and passed it. The exit TAAS.

RIGHT, THE LAST ONE YOU HAVE TO TAKE. DO YOU KNOW OF ANY INVOLVEMENT WITH THE LAW THAT SHE HAD? ANY PROBLEMS?

Not that I know of.

TAKING ANY DRUGS? ILLEGAL DRUGS?

Not illegal drugs. Not that I know of.

AND DO YOU KNOW IF SHE WORKED OUTSIDE OF SCHOOL? YOU MENTIONED CHURCH ACTIVITIES.
I don’t think she works, to my knowledge. She may have. I mean, she’s mentioned wanting a job. So I think she plans to work and she’s real interested in being a vet. So I suggested checking into being a veterinarian assistant, or vet tech.

FOR A PART TIME JOB FOR NOW AND SEE IF SHE LIKES IT. GOING BACK TO BEHAVIORS THAT MIGHT BE RELATED TO SCHIZOPHRENIA, DOES SHE HAVE ANY ODD BEHAVIORS THAT YOU SAW IN CLASS THAT WOULD BE...THAT SOME ONE ELSE MIGHT NOTICE THAT WOULD BE ODD OR UNUSUAL?

Just the one time when she was spinning around and she was seeing things.

ON THAT SAME DAY, OR A DIFFERENT DAY?

On that same day.

SHE WAS SEEING THINGS THAT DAY?

Occasionally she would…usually she was just very withdrawn within. When she was unable to like focus or be really, really sleepy and then a couple of times she would say, “I’m having bad thoughts today.” And I’d say, “What do you mean?” And she said, “I’m having bad thoughts about hurting myself.” And a couple of times she would mention that to me. But other than that, not any...

YOU DIDN’T SEE HER TRY TO HURT HERSELF AT SCHOOL?

No.

WAS SHE TALKING ABOUT, DO YOU THINK, CUTTING HERSELF OR SOMETHING, OR SUICIDE?

I think she was talking about suicide. I mean, we didn’t talk a lot of personal stuff because I am not a counselor and we’ve been cautioned do not counsel these students. I’m not trained to do it, so I didn’t encourage a whole lot of personal talk. But when they did come forth and say something like…I mean, I’d say, “What’s wrong B?” “I’m having really bad thoughts right now about hurting myself.” Then I would immediately take her to Dr. Norris’s office.

THAT’S YOUR PSYCHOLOGIST COUNSELOR?

Yeah.

AND DID SHE SEEM TO HAVE ANY OBSESSIVE CONCERNS ABOUT HER HEALTH, OR HER APPEARANCE, CLOTHING?

Not obsessive, I didn’t think so.

I THINK YOU’VE PRETTY MUCH TOLD ME WHAT YOU THINK MIGHT TRIGGER HER PROBLEMS, WHICH WAS THE OTHER STUDENTS IN THE CLASS ROOM. SHE TRIES TO IGNORE THEM AND THEN FINALLY IT OVERWHELMING HER. AND THE SLEEPINESS OR JUST SITTING AND STARING AND NEEDING ONE-ON-ONE ASSISTANCE AND PROMPTING. DID SHE SEEM PARTICULARLY APATHETIC ABOUT WHAT WAS GOING ON, WHAT WAS GOING TO HAPPEN OR HER FUTURE, OR DID SHE SEEM INTERESTED IN THE FUTURE AND MAKE GOALS?

There was a period of time where she seemed very confident and excited, like turning 18. She was looking forward to getting her license and talking about a job. And then that was right before she had a really bad time with the meds…I don’t know if it was meds or what, but she went…that’s right before she went into the hospital. So I don’t know if it’s the swings, the highs and lows, or what it was. But for the most part, she didn’t seem apathetic. To me she just seemed drugged a lot. Almost in a stupor. And it was sad because she would tell me. She’s say, “I’m so sorry. I can’t do the work. I really want
t, but I just can’t focus and I can’t hold my eyes open." I mean, it seemed to me that she was really
trying, but she couldn’t.

YOU FELT SHE WAS TRYING BUT SHE COULDN’T.

Yeah. And she would be very apologetic to me. “I’m sorry I can’t do this right now. I’m trying, I’m
trying. I just can’t seem to focus. I can’t hold my eyes open.”

YOU SAID RIGHT BEFORE SHE WENT INTO THE HOSPITAL WAS WHEN SHE WAS TALKING
ABOUT GETTING HER LIFE...

It was around her birthday, in February. She was very up and upbeat.

AND WHEN SHE WENT TO THE HOSPITAL, WAS THAT BECAUSE OF THINGS THAT HAPPENED
AT THE SCHOOL OR AT HOME?

I really have no clue.

SO IT WASN’T SOMETHING THAT YOU SAW THAT HAPPENED?

No.

JUST ONE DAY YOU CAME AND YOU WERE TOLD SHE WAS IN THE HOSPITAL?

Right. She’d been absent quite a while. So I knew she was absent, but then…

YOU DIDN’T KNOW WHY SHE WAS ABSENT, THEN SOMEONE TOLD YOU SHE WAS AT THE
HOSPITAL?

Right. So I don’t know how many days she was just at home, absent, and then went in the hospital
or…

HOW DID SHE DO WITH YOUR BEHAVIOR REWARD SYSTEM OR YOUR SCHEDULE? WAS
THERE ANYTHING PARTICULARLY NOTABLE ABOUT HER REACTION, EITHER POSITIVE OR
NEGATIVE TO YOUR SCHEDULE OR REWARD PLAN?

She really, really dug the positives. To be honest, I never had to give B a negative. So I have no idea
how she reacts to negatives. She was so much of a normal student, most of the time. I mean, certainly
the day she came in just very, very different. I could tell she was different. I certainly didn’t give her a
negative just because she was spinning around the room. I could tell immediately something was
wrong when she walked in the door. But she was very much into the positive rewards and just needed
the positive attention immensely.

AND THE POSITIVE ATTENTION FROM YOU WAS THE PRAISE FROM ADULTS…

The praise, the points, the…when she came back this time, she wasn’t on a point sheet. But then we
all of a sudden decided, “Oh, B doesn’t have a point sheet, she’s not getting any positives except for
the pat on the back.” So we came up with a…I think Ms. Mask interviewed her and said, “Well what
would you…” And this was when we were having trouble motivating her and get her work done. Ms.
Mask interviewed her and asked what she wanted as rewards. She mentioned candy and candles and
caffeine free drinks and that sort of things. So we started using those when she would complete an
assignment.

THOSE WERE REWARDS THAT YOU CAME UP BECAUSE OF HER SUGGESTIONS?

Yes. And she really, really liked getting those.
DID THAT SEEM...SHE EARNED THOSE BECAUSE SHE WASN'T BOTHERING OTHER STUDENTS, AND SHE WAS...

Getting her work.

BUT GETTING HER WORK DONE, YOU USED THAT IF SHE GOT A CERTAIN PORTION DONE, LIKE A PAGE OF SOMETHING ELSE.

We also did an office. I forgot to mention that. She loved to be an office assistant. And so if she got her work done for the entire morning, she could be office assistant for two hours in the afternoon.

SHE LIKE THAT?

Yes.

DID YOU SEE JUST THE DESIRE TO EARN THE REWARD AND HAPPY ABOUT IT, OR DID YOU ALSO SEE AN INCREASE IN GETTING HER WORK COMPLETED OR WAS SHE STILL NOT ABLE TO COMPLETE IT ANY FASTER OR MORESO?

I didn’t see much of a change in how she was completing her work or the desire to complete it any faster.

SO SHE LOOKED FORWARD TO THE REWARD, BUT SHE DIDN’T ACTUALLY SPEED UP HER WORK TO GET MORE QUANTITIES COMPLETED FOR THE INCENTIVE. WHAT ABOUT CONVERSATIONS? I WAS WONDERING, DO YOU FEEL YOU HAD TWO WAY CONVERSATIONS WITH HER, COMMUNICATION, WHERE SHE WOULD CONTRIBUTE TO THE CONVERSATION AND FOLLOW ALONG WITH WHAT YOU WERE SAYING AND TALKING ABOUT?

Oh, yeah. Yep.

WHAT ABOUT LAUGHING OR JOKING INAPPROPRIATELY?

She had a strong church background and she was really not in to that inappropriate stuff. I mean, yeah, maybe she fell into it once or twice and laughed when somebody really said something...I mean, you know. But for the most part, she didn’t fall into it.

AND SHE WASN’T JUST SITTING THERE LAUGHING WHEN NOTHING WAS GOING ON? WHEN NOTHING HAPPEN?

No.

SO YOU DIDN’T SEE ANY EMOTIONS THAT DIDN’T SEEM TO MATCH THE SITUATION?

Not really. Other than the real drowsy, can’t hold my eyes open type.

DID SHE PREFER TO WORK IN LIKE A STUDY CARREL WHERE SHE DIDN’T HAVE TO SEE ANY ONE, OR...?

No. She mostly...In here, she mostly was at the computer because she was doing a research paper. And I would just sit her up back there and everybody else was kind of in the front part of the room.

BUT SHE STILL HAD HER SPOT?

Yeah. She was still kind of away from the others.
DID YOU SEE ANY DIFFICULTY IN UNDERSTANDING WHAT SHE READ? LIKE IF THERE WERE INSTRUCTIONS ON THE COMPUTER THAT SAID DO THIS AND THIS AND THIS? COULD SHE COMPREHEND THAT AT HER AGE LEVEL?

I think those, yeah. Those instructions were fine. I think there was a little difficulty comprehending some of the literature we read. But as far as instructions, I didn’t notice.

YOU NOTICED THE LITERATURE WHEN THERE WAS DISCUSSION THAT WAS KIND OF LOST ON HER?

Yeah.

AND WHAT ABOUT HER MATH SKILLS…COMPREHENDING MATH?

I really don’t know.

YOU DIDN’T WORK WITH HER DIRECTLY IN THAT?

No.

AND I THINK THAT’S WHAT SHE’S DOING IN HER HOME SCHOOLING. I THINK SHE JUST HAS MATH CREDITS LEFT.

She has language. She has a research paper and she has a science and a science project and she another business, or something like that. She’s doing all that at home.

AND DID SHE EVER SEEM TO HAVE EXCESSIVE WORRY? WORRY THAT SOMEBODY WOULD HURT, PARENTS ARE GOING TO DIE, WHAT’S GOING TO HAPPEN NEXT?

I just sensed worry sometimes on…She seemed to come back from the weekends a little worried about…Several times when she’d had a bad incident of trying to hurt herself.

SHE WOULD BE CONCERNED ABOUT THAT?

Yes.

AND YOU MENTIONED JUST A COUPLE OF TIMES OF NEEDING TO LEAVE THE ROOM A FEW TIMES. DID SHE JUST WANDER AROUND THE SCHOOL, JUST LEAVING THE CLASS ROOM WITHOUT PERMISSION?

No. I don’t think she ever left except one time when she just knew she had to get out of there. And even then she announced, “I’m leaving the room.” Or, “I have to leave this room now.”

WHAT ABOUT TRANSITIONS? WHEN YOU MOVED FROM ONE CLASS TO THE OTHER HERE, I KNOW YOU HAVE ONE SUBJECT WITH ONE TEACHER, AND YOU GO TO THE NEXT SUBJECT. DID SHE HAVE DIFFICULTY WITH THAT TRANSITION OR WAS THAT NORMAL?

I think she probably did fine. Like I said, I didn’t escort her. She only just appeared in my room.

SO THEN WHEN SHE’S COMING FROM SOMEWHERE ELSE TO YOUR ROOM, WOULD SHE SEEM ABLE TO ADJUST…?

Yeah. She seemed fine, usually.

…PRETTY QUICKLY WHEN SHE ENTERED THE ROOM?
She had me right after lunch, so that could have been a really big factor also. I mean, you eat a big lunch, and you want to go take a nap.

THAT’S TRUE TOO. I GUESS A LOT OF PEOPLE ARE SLEEPY AFTER LUNCH?

A lot of her class was sleepy.

(End of tape)
I'D LIKE TO YOU TO SHARE WITH ME ANYTHING YOU'VE SEEN IN THE CLASSROOM THAT INTERFERES WITH HER SCHOOL SUCCESS.

It's like the pressure builds up in her. And you can see it physically mounting. One day she came in to class and I said, "B, it's time to sit down and begin your lessons." And she literally...almost went into a (inaudible) state. She just glazed over and she because so focused that she could not respond to anything. Finally I said, "B, you're going to have to begin work or you're going to have to leave my classroom." She said, "I need to leave your classroom." By that time I had gotten all the other students started and I said, "Let's step out into the hall and talk to me." At that time...and it's the first time that I knew she hallucinated. She told me that the little green men were after her. I said, "Well, B, he's not here right now. It's just you and me in the hall." She said, "I know he's here and I know they are watching me. There's camera in every locker and they're watching me. They are just waiting for me to mess up. They're waiting for me not to be perfect." I said we could open all the lockers if you'd like. She said, "No, that won't convince me. I know they're there and he's here too." "Okay, B, why don't you go sit down in the office and take a couple of deep breaths and talk to Dr. Norris and see if you can get it back together. If you can, I'd love to have you come back to class." We tried a variety of rewards systems with her. She adores chocolate and scented candles and we offered her her those when she completed so much of...a certain percentage, she would get certain rewards. And those were done on a fairly regularly basis. That stopped motivating her. Being able to graduate with her class stopped motivating her. I heard Ms. Mize say that she was always groggy. That was true. Sometimes she would just come in and it was all she could do to keep her head up. She's a very intelligent young woman. She tends to want things to be simplified for you though. You know, I don't think she realizes the full impact of her situation or condition. And when I was doing government and economics with her, I had her do extensive reading of the ADA and the IDEA and Section 504 because this is what's going to help you for the rest of your life. When you do your testing you're going to need to ask them for reasonable accommodations. I tried to explain to her what a reasonable accommodation is. You have to do the work, but you may extend...its due for everybody else on this Friday, but you get the next Friday. She said, "Oh, okay." We talked a lot about self advocacy. We talked about her...the importance of her taking her medication religiously because there were times when she would come in and say, "I haven't taken my medication yet. I'm ten hours overdue." Sometimes I think it wasn't the lack of medicine that triggered the response, so much as her knowledge of the lack of medicine that triggered the response that we go. There were times when she couldn't come in for like one day or half a day and it was awful. She was unable to focus on her work and unable to complete projects. Now she is almost completed every single thing. We have one item left to do.

THAT'S DURING HOMEBOUND?

That's during Homebound. She's able to function better. I asked her what made the difference. And she said, "Well, I'm working on my own time schedule, if I get bored with one thing, I can stop, clean house a little bit, and come back and do it again." She misses the social interaction, but I'm thinking not that much. Because she keeps referring to them as the icky boys. I think the pressure was too much. It was too much confusion, too much chaos for Becky to function.

BECAUSE YOU MENTIONED THAT EARLIER, THAT THIS BUILDING IS LARGER AND THAT SHE SEEMED TO HAVE A PROBLEM WITH THE LARGENESS OF THE BUILDING AND MOVING FROM ROOM TO ROOM.

I think so. Also, the room right behind my room, or in front of, I'm not sure. I have not sense of direction. But that room right there has a...it's one of our like holding pens. If a kid needs to blow off steam and get it back together, we'll send him in there with a staff person. Well, there have been times they've been hitting and kicking the walls so hard it's literally knocked pictures off our walls and things like that. And plus she was in the class...for the morning part, she was in with me all morning, but then she went to Ms. Mize at noon. Again, she was with her classmates for part of that time. But then again she was exposed to a variety of lower maturity level kids and I think that was very frustrating for her.
And especially in the afternoon from 2:00 to 3:00, I had the elementary class. This elementary class has been a particularly violent one. And I just don’t think she could take it. She enjoyed trying to help them, but when they suddenly start attacking you, it’s a different issue. And I think that was hard for her to cope with.

DID SHE SEEM TO HAVE ANY DIFFICULTY SWITCHING FROM SUBJECT TO SUBJECT, TRANSITIONS?

Yeah, she did. I’ve talked to her about college and I said, “Well, B, you know you’re going to be a full time student and you’ll need to take four courses. If you are taking four courses…you know, if you know you’re a morning person and you’re going to pay attention more, you need to do this. We also need to talk about what we consider reasonable accommodations so we can mark this for you so you can go into your university or college or wherever you go and show them that you have a prior history and that you want these accommodations.” I ran down some of those, like note taker, being able to tape record the class so that she can hear it again and again. Giving extra time on tests, giving extra time to complete projects and those type things. She’s also planning to take the SAT. There’s been a sudden change in plans. Before this weekend, this past weekend, she was going to go to NCTC up in Gainesville, or the one in Corinth. I’m not sure which one….for a couple of days a week and just take two classes. Over the past weekend she went to change…she went to visit a friend up in San Antonio to see Our Lady Of The Lake University. She absolutely fell in love with it. She wanted me to send out a….to help her send out an application. We found our estimations about the ACT, how long that would take her to take, and those different kinds of things. So she’s real…she’s a lot more motivated and a lot more serious. So that was a good thing.

THIS JUST HAPPENED THIS PAST WEEK?

Yes.

IN THE PAST, HOW HAS SHE BEEN OVER THE TIME YOU’VE KNOW HER…WITH GOALS COMING AND GOING?

Not very good, really. As far as non academic goals. Academic goals are clearly defined and you can easily detach from them emotionally. Personal goals are a lot tougher for her. I know she’s lost about 40 or 50 pounds recently. She’s a good hearted person, but she lets things build in herself and once they hit the build point, it’s like a powder cake being hit with a match and she just blows. Last year she slapped a student and smacked his glasses clear off the face. It was a student we all wanted to do that to, but we still couldn’t reward her. (Laughter) He had pushed his luck too far. This year, she came in one day and she was very upset and when she gets upset she gets physical. She’s flung things around the room a couple of times. I think she’s accidentally hit me once. When she had calmed down, she said, “You know Ms. Steinbach, it wasn’t you that I was mad at. It wasn’t you I was trying to hurt. I was just so angry, I had to release it.” I said, “Let’s discuss better ways of releasing your angry.” We tried a few better plans we tried.

WHAT KIND OF THINGS MADE HER BECOME SO AGGITATED?

Students being disrespectful to me. Students being disrespectful to each other. Students being disrespectful to her. We had one student who really liked to tease and he would get all in your space and tease. Once day she turned around and she looked at him and she said, “Get near me again and I will slap the shit right out of you.” He started trying to play it off. One of our other students, who has known B an incredibly long said, “No man, she’s serious and she’ll hurt you. She will hurt you.” That made her start feeling a little better that he and a couple of other students that had been with her through the long hall, understood what she was feeling. And they tried to protect her from the other guys. So that was pretty cool. That was pretty cool.
IF YOU WERE GOING TO THINK ABOUT TALKING...TO GIVE ADVICE TO ANOTHER TEACHER WHO WORKED WITH BECKY, WHAT TYPE OF THINGS WOULD YOU SAY THEY SHOULD AVOID THAT WOULD SET HER OFF?

Avoid strict timelines, avoid overloading the work, avoid threatening a student with, “If you don’t complete it by this date, you’ll earn an F.” Threats don’t work.

DID SHE IGNORE THEM OR DID SHE BECOME UPSET OR AGGITATED?

She becomes upset and agitated because the work won’t be done, the work won’t be perfect and she becomes consumed with that idea of the work being perfect.

SO WITH A THREAT, SHE SHUTS DOWN MORESO?

She shuts down more so, yes. The ways that have worked best for her is almost constant rewards of food or chocolate. Being able to. She had little craft projects here at the school and if she started feeling real frustrated she’d say, “Can I latch hook.” “Absolutely, take as long as you need.” And normally she would latch hook about 15 minutes and then she me phhhhhhhhh. But being able to detach from the lessons, I would say anybody that got the opportunity to work with B allowed her flexibility, that she’s able to kind of go around the room. That she’s able to step outside the room to get a drink of water or some fresh air, and then come back in. Because I think, basically, she’s an incredible kid. She’s an awesome kid to work with. She’s bright, she’s intelligent, she’s creative, she’s not afraid to ask a question. She’s not afraid she’s going to sound dumb. She doesn’t care about that. She wants the knowledge. I would offer the opportunity to step outside and get it back together, and then step back in, with no consequences. Because she is taking care of herself and that is the most important thing.

SO PLACE OR A PREPLANNED PLACE OR ACTIVITY SO THAT SHE CAN DEFUSE AND WIND DOWN AND COLLECT HERSELF AND THEN COME BACK AND START HER WORK AGAIN.

Absolutely.

ARE THERE OTHER THINGS, THAT YOU’VE FOUND, THAT HELPED HER?

Sometimes we would let her go lay down for an hour or so. I would find out if we let her answer the phone in our office, that she got to where she didn’t like that because she was having to make copies. She didn’t want to make copies for us. Okay, that’s no big deal. But give her a variety of choices to do. Like I would pull her out of an entire week’s worth, and say, “This is what I need done from you. Do it at your own pace, your own speed, but I need it done by Friday.” And that seemed to work real well with her because if she got tired of doing one thing, she could switch to something else. So she could flip back and forth and get more work done that way.

YOU SAID SOMETIMES YOU FOUND REWARDS, TANGIBLE REWARDS, BUT THEY WOULD ONLY WORK FOR A SHORT TIME?

They would. Every now and then I’ll go out there and I’ll popcorn and chocolate for her and the class. She likes that. She likes those things. I think those rewards have to be more intermitted than on a schedule for the effectiveness to continue better.

DID SHE SEEM TO HAVE ANY HOBBIES, OUTSIDE INTERESTS, SPORTS THAT SHE WAS INTERESTED IN?

Well, she’s very active in her church. She’s very active with her family. She has several friends that she hangs with and they make plans to do things together. So I think she’s got an understanding group of people around her.
LOOKING AT HER BEHAVIORS IN THIS SCHOOL, HAVE YOU NOTICED ANY VERY ODD BEHAVIORS? MAYBE ASSOCIATED WITH HOW SHE HOLDS HER BODY, OR BODY MOVEMENTS OR FACIAL EXPRESSIONS, OR...?

Like I said, there were a couple of times when her entire face would go slack, and she was just staring ahead.

JUST A BLANK...

Yeah, she would be standing there and she’s like totally out of it, in some other zone. Sometimes when I reach over to touch her, which she was in that phase, she would immediately jerk back and say, “Don’t touch me.” “Okay, B, I’m not going to touch you be I need you to do one of two things for me. I need you to this or I need you to do this.” Choices helped her a lot. And I said, “I’ll give you about two or three minutes to think about your choices and I’ll come back and you let me know what you decided to do because I can live with either one of those.”

EVEN WHEN SHE HAD THE BLANK LOOK ON HER FACE, SHE WOULD BE ABLE TO DO WHAT YOU WANTED HER TO DO?

Yeah. As long as you gently brought her back into reality and gave her some choices, and then gave her a time to think about those choices.

SO BEING VERY GENTLE WITH YOUR SUGGESTIONS AND TALKING CALMLY?

Right. I’m not saying, “You sit down now, you do your work here or you go home!” We didn’t do that. It was like, “These are the choices I can give you. You can work on any of these projects that you feel like working on, or we can go to the office and we can call your Mom.” There was one day when she said she just wanted to hit things. And she’s very physical when she gets angry. And I’ve talked to her about different ways to release the physical energy without hurting herself or others. I told her what I use to do, which is grab a bunch of eggs, I crushed the eggs, I named the egg and then I’d crush it. Or I’d throw it in an old fence and watch it...cause then you get to hear it crack and splatter, plus you get to see it ooze down the wall. She was like, “I like that!”

AND SO DID SHE SEEM TO ABLE TO CARRY ON CONVERSATIONS WITH YOU? DID YOU FEEL YOU HAD AN EQUAL, TWO-WAY CONVERSATION WITH HER?

Yes.

SO SHE COULD ADD THINGS TO THE CONVERSATION?

Absolutely.

SHE WASN’T JUST ANSWERING THE QUESTIONS?

No.

AND THEN SOMETIMES DID SHE EXPRESS THE DESIRE TO BE LEFT ALONE, OR WAS SHE PRETTY SOCIAL?

Yes. No. There was an occasional times when she’s say, “Just everyone leave me alone, please.” And we did. The kids all understood. Now the younger guys had a problem with it. It was the first we’ve all four...all the teachers have had all four groups. So it’s been a real learning curve for us as well as for the students because now they have to deal with all four teachers. They see that we’re different and we’re all human. It’s been an interesting time. But B handled it quite well.
HANDLED IT WELL. THAT’S GOOD. WHAT ABOUT IN READING INSTRUCTIONS, LIKE READING THE INSTRUCTIONS ON WHAT YOU’RE SUPPOSE TO DO? DID SHE SEEM TO UNDERSTAND THAT ON HER OWN? COMPREHEND WHAT SHE READ?

Yes, for the most part. There might be some little discrepancy or the way a question is phrased or way...you know, “mark all the answers that are turn with a checkmark and all the answers that are false with an x.” That might throw her off because it’s different than the true or false. On the whole, she was good.

WHAT ABOUT IN UNDERSTANDING A NEW CONCEPT, SAY IN MATH OR SOMETHING WHERE YOU’RE TEACHING HER SOMETHING SHE DOESN’T KNOW? HOW DOES SHE DO AT UNDERSTANDING YOUR INSTRUCTION?

Math was pretty difficult. Science, social studies and language arts, she could be right on target.

WHAT ABOUT WHEN YOU GOT HER STARTED ON HER WORK OR THE ASSIGNMENT, WAS SHE ABLE TO CONTINUE DOING IT INDEPENDENTLY OR DID SHE NEED A LOT OF HELP FROM YOU OR REASSURANCE FROM YOU?

It depended on the day. More often than not it was that she needed some reassurance. She needed a lot of attention. And that’s one of the things she said she liked about Homebound, was because for one hour she had my solid attention and I was the only person she say. She was the only person that I saw, which was a more important connection. I wasn’t there to see her little brothers and sisters, or her Mom...I was there just for her.

SO SHE SEEMED TO BE RESPONDING POSITIVELY TO THAT?

Yes.

ONE-ON-ONE, HOW DID SHE DO LISTENING TO YOUR INSTRUCTIONS LIKE IF YOU HAD MULTIPLE STEPS OR LONG SENTENCES...?

There are times when I have to repeat them. I’ll have to go over something and then I’ll ask her, “Now what is your assignment for tomorrow? How are you going to do that?” And we’d go over it. If there was confusion, then we’d go back over it.

YOU MENTIONED THE FREEDOM TO WALK AROUND THE CLASSROOM. DID SHE EVER JUST LEAVE THE CLASSROOM?

Once or twice, but never without permission. She would just say, “I need out now.” I’d say, “Feel free.”

IS THERE ANYTHING ELSE YOU CAN THINK OF OFF THE TOP OF YOUR HEAD THAT WOULD HELP EITHER DECREASE HER SYMPTOMOLOGY OR AVOID...?

I think flexibility is the biggest key allowing her to start several projects and switch between the projects with a backout. You know, a due date that is further back so that she has time to complete things. And while she is doing the projects, she needs more praise and a little more “I’d like you to focus on this a little more.” Just kind of a running conversation about the project and how it’s progressing. Because I just had her do a huge project about ocean life and she drew a six foot mural showing the ocean life cycle with the plankton all the way to the blue whales. She had the sharks and the scavengers and everything in there. It started taking her a long time. So I said, “Okay B, here’s what I need from you the next time I come to see you. You need to have this, this and this done. If you have problems with it, let me know and we’ll make other adaptations.” Everything was completed.
SO IT WAS CLEAR, SMALL STEPS WITH KIND OF AN ONGOING COMMENTARY THROUGH THE PROJECT TO KEEP HER FOCUSED AND ALSO AT THE SAME TIME REENFORCING HER AND GIVING HER COMPLIMENTS AND PRAISE FOR WHAT SHE HAS ACCOMPLISHED?

Right. And this last time with her environmental science, I had doing some projects and some experiments. What I did was I gave her a list of like 15 experiments. I said, “You pick the five you want.” That worked beautifully.

WELL, I'M NOT GOING TO KEEP YOU ANY LONGER, WE COULD MEET AGAIN ANOTHER TIME. THANKYOU FOR YOUR TIME TODAY. THIS IS GOING TO HELP, I'M SURE. (end of tape).
THE FIRST THING I WAS GOING TO ASK YOU WAS TO TELL ME ABOUT WHEN BR FIRST WAS DIAGNOSED WITH SCHIZOPHRENIA?

He hasn’t been totally diagnosed until he was like in his teen years, but he started the symptoms at 3.

SO HE STARTED HAVING SOME PROBLEMS THAT YOU KNEW SOMETHING WAS WRONG AT 3?

Yes.

AND THEN HE WAS A TEENAGER WHEN THEY FINALLY TOLD YOU?

They finally, all the time they just say psychotic behavior. They went from A.D.D. because they didn’t know what was wrong with him. But he had, you could tell he had schizophrenia. He would talk about a ghost and demons and at the age 3 he was completely into Halloween. Halloween was real to him. He loved Halloween. He obsessed with it. All the, you know, the boy stuff about it and everything. And the way I knew something was wrong with him was we was in the car and I was pregnant with my second son, well third son, sorry. And he just was sitting beside me and he saw, you know, like a little bump right there. He saw it and said, “What’s that?” And I said, “That’s your skeleton inside.” He goes, “Can I rip your skin off and see your skeleton.” I mean, just a three year old little kid, and I said, “That would kill Mommy.” And he said, “But can I still do it?” And I knew. He’s real quiet. He was always just too himself and when he said something it would be kind of something like that.

SOMETHING STRANGE.

Yeah. I used to do art work in Styrofoam and I would have to put two chairs up and put the Styrofoam on top and cut it out with a knife. And he, instead of looking at the top of the picture, he would get underneath and watch the knife go in and out of the Styrofoam. So he would just do really bizarre things.

INTERESTED IN REAL UNUSUAL THINGS?

Real gory. He got kicked out of daycare at the age of three years old. He went to many different ones because he would be screaming that bloody hands were coming out of the walls and trying to get him and stuff. Kids were terrified, you know, because Brandon would be thinking or making them think that was really happening to them too.

AND YOU WENT TO PROFESSIONALS AT THAT TIME WHEN HE WAS YOUNG?

Oh, right at the time. Right when he started saying things. Because his Dad has mental illness.

SO YOU WAS SUSPICIOUS IT WAS HEREDITARY AND IT WAS STARTING WITH HIM?

I wanted to catch it before he got, you know…

ARE YOU STILL MARRIED TO HIS FATHER?

No. We got divorced...we didn’t even stay married a year because he was so violent. I went to high school with him and didn’t even realize that he was mentally ill. It started coming out when we got married. It came out more because you don’t really know until you live with the person. He would just do really, really…he was more on the violent side than the bipolar up and down stuff. He ended up in prison.

AND WAS HE DIAGNOSED WITH…?
He was diagnosed with bipolar. Br’s got bipolar and schizophrenia.

AND THEN THROUGHOUT THE YEARS YOU TOOK HIM TO DIFFERENT PSYCHIATRISTS OR DOCTORS TRYING TO GET SOME HELP?

Trying to stop it before it got to the point of his Dad.

AND DID YOU, AND THEY THOUGHT IT MIGHT BE ADHD AND DID HE TAKE RITALIN FOR THAT?

Yes. But it wasn’t ADHD.

BUT IT DIDN’T HELP.

They just said that because they didn’t know what was wrong with him.

AND DID HE TAKE ANTIDEPRESSANTS?

He’s been on every medication you could probably name. From psychotic medicine to depression, everything.

SO HE’S 17 NOW AND IS HE IN FULL-TIME SPECIAL EDUCATION AT THE HIGH SCHOOL?

Yes. B.A.

BEHAVIORAL ADJUSTMENT UNIT. IS THAT THE REGULAR PUBLIC HIGH SCHOOL?

Yes.

AND IT’S A SELF CONTAINED CLASS? HE STAYS THERE ALL DAY?

No, he’s worked his way out into out classes.

SO HE GOES TO SOME OUT CLASSES?

Yes.

AND SOME IN THE B.A. CLASSES?

And he does pretty good. But he’s on probably like a 5th grade level and he’s fixing to be in the 12th grade.

HE’S GOING TO START HIS SENIOR YEAR?

Yes.

BUT HE’S AT 5TH GRADE LEVEL?

Right. He’s got learning disabilities. He’s border line between being in Life class and B.A. because there’s nothing in the middle.

DO YOU KNOW WHAT HIS IQ IS? HAVE THEY TESTED IT?

No, I don’t know.
SO WHEN DID YOU END UP...DID YOU GO TO THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT ONE POINT?

Well, we...He lived in hospitals all the way until he was 11 years old, off and on. The longest stay he had was six years and he would come home on the weekends because he got so violent that we couldn’t keep knives and forks or anything in the house at all.

FROM WHAT AGE TO WHAT AGE WAS HE...?

He was probably, let’s see, from 5 or 6 to 11 or 12 in hospitals almost totally. Totally hospital bound, which most of it was at Buckman’s Children Home. They had a unit there for mentally disturbed children. They don’t have it anymore. But he did real well there. That was the best place that we’ve had help. He’s been in Terrell probably six times. All the hospital units, you know, like regular hospitals. He’s been on almost every single one of their units. They had free standing schools when he couldn’t go to school to where you’d send them to a private school. That didn’t last long. You know, when the money ran out, they sent him home. So I can’t say as any of that really helped except to make Br realize there was something wrong, and to get him used to taking medicine. I think that’s really the only thing that helped him. You know, because if you don’t get them help when they’re young, they won’t take medicine when they’re older. You can forget it because they’re going to think something is wrong with you.

SO HE IS TAKING HIS MEDICINE?

Oh, he takes it.

DO YOU HAVE ONE OF THOSE PILL BOXES AND YOU MAKE SURE HE TAKES IT?

Yeah. I have one of those little pill boxes. He does it himself. He knows that I’m the one who puts the medicine in there.

TO KEEP IT ORGANIZED FOR HIM?

Yes. And he takes it. He has gotten a little bit, a few times saying that he doesn’t have schizophrenia and that we’re crazy because we can’t see what he sees. We’re the ones that crazy and he’s not going to take his medicine any more. And I told him that he knows somebody with full blown schizophrenia. It’s a friend of mine and she wanders the streets and she terrifies him. And I told him, “Br, you know we love Judy, but she won’t take her medicine and you see what happens to her. And that’s what will happen to you, and maybe worse. So if you don’t take your medicine, that’s your choice, but that’s what’s going to happen and I won’t be able to save you from that.”

RIGHT. BECAUSE HE’LL WANDER OFF AND MAKE HIM HOMELESS?

Yeah. It’s awful. It’s so sad. So far, he’s been a little bit rebellious a few times, but he’s taking it.

AND ABOUT HOW OLD WAS HE WHEN A PSYCHIATRIST FINALLY TOLD YOU THIS IS SCHIZOPHRENIA?

When he was four, she had already talked to his Dad, the one I took him to. She knew how disturbed his Dad was. All she told me at that time was that he will probably end up having real psychotic problems. And then in the hospital they did an x-ray of his brain at the age of four and his lobes were enlarged, and that was a sign of schizophrenia. So we still have that x-ray.

THAT’S INTERESTING.

Yeah. They told us that the brain of a schizophrenia person, their lobes are enlarged and the electric current that goes through shorts out and then comes back in a normal pattern, flows normally, and
that’s where they get those little pockets where it’s kind of like being in cave. You would scream your name and you’d hear echoes. That’s what they hear. They hear the echoes in those little pockets that makes them hear voices and their vision is disturbed from it, so they’re going to see things. That’s how it was described to me for the first time.

SO PRETTY MUCH ALTERING HIS CHILDHOOD?

Totally.

YOU KNEW IT WAS SCHIZOPHRENIA?

When he was a baby, he was a real good baby. But he was solitary. You know what I mean? He would stay by himself and he would play by himself. He would be a loner. And if he fell or like tipped over, he would just start playing while he was on his side. So you could tell that something was different about him when he was even a baby.

SO HE DIDN’T CRY?

No.

HE JUST FELL OVER AND THERE HE WAS?

Right. And he was born premature, 7 months. He had a lot of problems, a bleed on the brain, and I think that the schizophrenia is not so much hereditary in his sense. I think it was caused by a physical damage to his brain when he was born from all the problems. But mental illness runs in his family on his Dad’s side. His Dad has it, and his Dad has it. His sister, Br’s sister, has it. But it’s mainly the bipolar that runs in their family. But Br is the only one that’s got the schizophrenia.

AND SO WHEN HE WENT INTO HIGH SCHOOL, HE WAS ALREADY QUALIFIED FOR SPECIAL EDUCATION?

Well…

AT THAT POINT OR NOT?

He was in kindergarten and ran out of the class, you know, and was going totally crazy, so at that point they put him in special ed and he’s been in it ever since.

SO IT WAS A SMOOTH TRANSITION FROM ELEMENTARY TO JUNIOR HIGH, JUNIOR HIGH TO HIGH SCHOOL? HE WAS KEPT IN SPECIAL ED?

Yes. And he’s been lucky. He’s had teachers that care about him in B.A. You know, Br is a very loving child, so he kind of like grows on you. But every teacher that’s had him has just completely fallen to him, so we’ve been real lucky with that. I’m thankful. But he does real well in there. He needs the structure.

IN THE CLASSROOM, WHAT DO YOU THINK, WHAT CERTAIN INTERVENTIONS OR CERTAIN THINGS THE TEACHERS DO IN THE CLASSROOM FOR BR THAT HELPS HIM?

They let him work on his own level. They don’t overwhelm him with, you know, a whole bunch of work at once. And if he only does one paper for the week, then they let that be. They used to give him oral spelling tests because he couldn’t get it from his brain to the paper, but he could spell it out loud. They would do stuff like that. You know, to work with him. I think it’s mainly just trying to see where he is and meet him there instead of making him meet them, or where they want all the kids to be. Overall, he’s been real lucky because he’s had teachers that are like that.
SO WHEN HE GRADUATES AT THE END OF THIS YEAR, HE’LL GET A DIPLOMA, BUT A SPECIAL EDUCATION DIPLOMA?

Yes. It’s going to be a normal diploma, but he has never had to take any of the tests that makes you…what is it called?

THE TAAS?

Yeah. He never takes those. So I guess it would be considered a special ed diploma, but I guess they do that for Life kids too and you know, that’s basically what they’re going to do with him.

SO HE’LL HAVE ONE YEAR LEFT OF SCHOOL?

Yes. And all this next year is Life classes. What I mean is not life, but learning of how life, how to live in the world. Basically they’re going to do that this next year.

DOES HE ENJOY GOING TO SCHOOL?

No.

HE DOESN’T.

No. Because people…He knows there is something wrong with him. He wants to be normal. He’s normal enough to know that, you know what I mean, it bugs him because he wants a girl friend. He wants to be a normal teenager real bad. He wants a girl friend. He wants to be in normal classes and he thinks that he’s weird, you know, and people make fun of him and I think that’s the main reason why he doesn’t want to go.

SO HE’S AWARE ENOUGH TO KNOW ENOUGH THAT IT HURTS HIM?

Oh, real bad.

IT BOTHERS HIM?

Yeah.

AND WHAT’S YOUR OPINION ABOUT HIM GOING TO THE REGULAR CLASSES AS OPPOSED TO STAYING IN THE SPECIAL ED ROOM?

He can’t…He could never stay up with the work. He can go to the classes, the regular classes he goes to, even the teachers give him different work. As long as that’s…I mean that’s good for him and everything, but he’s real paranoid. I mean, he’ll go outside and play out here, but he will not walk up to McDonald’s a block away because he’s super paranoid that the police are going to pick him up all the time and think that’s he’s doing something. So he gets paranoid even in school, you know. Like someone’s going to do something to him. Or someone’s saying something about him. In a way he feels safe in the BA class because there’s only like four students in there.

SO HE CAN STAY IN ONE ROOM AND BE SAFE AND NOT…

He feels good in there because it’s just kind of like a safe place for him, but he can interact, but he has that problem of the paranoid part. I’ve noticed just this last year, his paranoid and his schizophrenia and depression has all come to a head.

IT’S INCREASED?
It’s increased. He stayed stable from five years old all the up until probably I’d say a good ten years he stayed stable. They got him on a medicine and all his meds were perfect. You couldn’t even tell there was anything wrong with him. And then the medicines started damaging his liver because he’d been on it so long, so we had to get new meds and even before that happened his edginess, the schizophrenia was coming back. I mean, we hadn’t even noticed it for ten years. He hadn’t mentioned ghosts or anything. All of it started coming back. This last year has been terrible. And they say it’s because he’s going through adolescents, but the teenage years…I guess you know from…They say it gets worse if you have schizophrenia in your older years. And I can tell you, it has just been like a door opened and everything is just out there.

16 YEAR OLD TO 17 YEAR OLD HAS BEEN A BAD YEAR?

Yes, very bad.

WAS THERE ANYTHING DIFFERENT THAT THEY DID AT SCHOOL?

Nothing changed in his routine. It was just him. He sat there on the couch and just started crying that the spirits were taking over him and that he was scared and that he couldn’t move. He was paralyzed. And they were telling him what to do. Telling him to do things that he was telling them no. And that’s when he…He just got back from the hospital actually, about a month ago. We had to take him back. And he’s in the middle of med change.

RIGHT NOW?

Yes.

AND WHAT MEDICINE IS HE GOING TO TAKE?

Right now he’s on, but I’m really not thrilled with it, it’s Seroquel. Oh, what’s that one? I have to look. Risperdal is the best one he has been on. That’s the one that damaged him. But he’s on Geodon, and that’s a new one. This is the one…Trypitzol. Like I said, it’s really not…I don’t think it’s doing good.

I THINK TWO OF THOSE ARE MOOD STABILIZERS. THE SEROQUEL IS THE ONE FOR PSYCHOSIS?

Seroquel and Risperdal is for his psychosis, Trypitzol is to keep his violent…You know, the bipolar in order, which it’s really not doing good at all. The Trypitzol is not doing it. That’s all I think he’s on.

THERE’S A VERY, VERY BRAND NEW ONE THAT JUST CAME OUT LAST MONTH. IT STARTS WITH AN "A." I’LL HAVE TO LOOK IT UP.

What is it for?

IT’S AN ANTIPSYCHOTIC. IT WOULD BE SIMILAR TO SEROQUEL OR RISPERDAL.

See, and the other thing their worried about with him is the weight gain, because see he’s gained a lot of weight since he’s been on medicine. He used to be...

DID HE TAKE ZYPREXA FOR A WHILE?

He has Zyprexa only if necessary. They’ll do a three day period with it to keep his mood down, or to get his psychotic part back in order.

THAT ONE MAKES YOU GAIN WEIGHT.
That’s why he won’t keep him on it totally, but just the Risperdol, he was on Prozac, Risperdol and Buspar. That was the best one. That combination worked for 10 years, but he gained weight and I’m saying like he gained over 100 pounds in the last 10 years. But he...When he went into the hospital, he was probably 60 pounds because he was a little kid. And then when he got home he was okay, but then it started. I mean, he just started blooming out. And that’s another thing, he doesn’t like.

IS THE WEIGHT GAIN?

Yes. It makes him feel real bad.

IT’S A SIDE EFFECT. AT HOME, WHAT THINGS SEEM TO SET HIM OFF OR MAKE IT WORSE?

It’s a combination of stress. If he’s got his mind on something and he wants to do it, like he’s into Game Boy and Game Boy is not just a game to him, it’s real. You know, the characters and everything. Man, he plays Pokemon and that’s all he cares about. But if you interrupt him while he is doing that, you know, just to say, “Br, you need to put that up and come eat.” You know, just normal everyday life things, he will get real, real jumpy and edgy about it. You have to approach him almost in a calm, the most calming way that you can think of. If you are upset, you know, if in normal life if something upset you and your just a little edgy or whatever, you can just guarantee that if start talking to him in that way, he will totally lose it. So you have to always be in control of yourself before you talk to him or anything or come to him with anything. I’ve been upset in the last month.

THAT HE’S REAL SENSITIVE TO YOUR MOOD?

And anyone’s. And you’re not allowed to have any problems what so ever. You have to be the one that keeps everything in control. He’s allowed to lose it, but you’re not. I think that authority has been a big issue in his life lately. Any authority sets him off. The schizophrenia part gets set off by darkness. He can’t go into any room without a light being on. He cannot have his closet open at all. It has to be totally shut. He can’t look in mirrors. If he’s in an enclosed bathroom, bathrooms seem to set it off. You know, I don’t know what it is. If he’s alone and I’ll notice that being alone and just being isolated will set it off because he’ll start talking to whoever you don’t see, but he sees. So I think if you keep him busy, you know, and force him to do the things that you would normally do, like go outside and stuff like that. If might help, but I think that the stuff is still there with him. That’s why he doesn’t want to do it, he paranoid. The paranoid part keeps them from doing the normal things, going up to the store and buying a coke, you know.

BECAUSE HE’S PARANOID SOMETHING WILL HAPPEN ON THE WAY?

Oh, yeah. I mean, you can’t get him to just walk up there. He thinks someone will kidnap him. But you know, you see how big he is, no one is going … I keep telling him that no one is going to bother you, Br. He looks like a man, but he’s a little boy inside.

HE PERCEIVES HIMSELF AS A LITTLE BOY.

As a little boy. He plays with toys still. His friends are ten years old, nine and ten. That’s who he plays with.

I WAS GOING TO ASK YOU THAT. WHAT ABOUT FRIENDSHIPS?

That is his friends. His friends are little kids. They’re like around 8, 9 and 10, and he plays with them. I mean, he’ll get his army men out and he’s just on their level. And that’s when he’s happy. I don’t think he has any schizophrenia going on at that time or depression or anything. He feels at peace in that world.

DOES HE HAVE ANY FRIENDS FROM THE SPECIAL EDUCATION CLASSROOM THAT HAVE SIMILAR DISABILITIES TO HIM?
No. The BA kids that are in there with him are behavior adjustment kids. I mean they don’t have mental problems. They have behavioral problems. And he always tells me that...because I always ask him “Why don’t you make some friends your age.” “They’re on drugs and they’re mean, Mom.” So he won’t even think about that. But this summer he’s going to get a job and hopefully, he wants to meet a girl friend real bad. Like I said, he’s just...he’s prayed for a girl friend since he was five years old. He’s always wanted that. And he’s a gentleman. He did have a little friend named Kara that’s his age, but she’s also got mental problems, so she’s in a home right now, but he was always opening the door for her and treats her really, really special. She never liked him like that, but he’s always really cared about her. But that was his...Since she’s been gone, that probably contributed to it too because he was real close to her.

TO THE RECENT SET BACK BECAUSE SHE LEFT?

Yeah. And he’s sad because she would lose...He’s above her as far as he went through all of what she’s going through already, and he knows how to keep his violence under control because he’s been like a tape recorder kind of. Been in a set, we have the little set guideline on the refrigerator that he does. But he’s on a schedule where he’s level system, and we kept that because it’s the only thing that works was me and my husband, if I deal with Br, I’m going to deal with Br in a totally different way. He’s going to deal with Br in a totally different way. And it keeps us from doing that. It keeps us together and him not being in the middle of it because he’s very manipulative and that goes along with the whole thing. It’s kind of hard to figure out sometimes if it’s being manipulation or is it the illness, you know.

SO IT HELPED FOR YOU AND YOUR HUSBAND TO HAVE THIS PLAN AND KNOW EXACTLY WHAT YOU’RE GOING TO DO?

Yes. And Br sat down and helped us with that.

SO YOU ALL AGREED TO DO THAT SO YOU CAN BE CONSISTENT?

Yes. And he’s the one who made up all the rules, Br did. So it was real good. That was the first time we ever had a great...you could actually sit down and have a conversation with him because normally you can’t. You’ll probably be able to talk to him, but you can’t reason with him, you know, when it’s his behavior. But he did real well on that. Of course, now when he has to follow it, he said that we messed up on it. But I keep reminding him that he’s the one that made that. So I think things that help is that and the chart that we’re going to make him because he’s older we’re going to try to get him to be more responsible for his own things. Instead of saying like I did today, “Br, take your medicine.” You know, constantly reminding him of everything. He gets real annoyed with that.

ABOUT YOU HAVING TO REMIND HIM ALL THE TIME?

He gets annoyed with being told to do anything. So the doctor told us to make him a chart of all the things that he needs to do, not to overwhelm him, which he’s not. He only has to make his bed and eat, and just normal things. Anyways, we’re going to put a chart up there for him and he’ll follow it. It’s going to have times, you know, like a certain amount of time he has to do each thing, and if he doesn’t comply with that, then he’ll have consequences of the level system. And that’s just to work hand-in-hand. I used to not like those. I used to hate those, but this late year has been terrible, and that has really helped.

THE LEVEL SYSTEMS YOU HAVE SET UP ARE TO EARN CERTAIN PRIVILEGES WITHIN THE FAMILY?

Well, actually it’s not prizes like in the hospital. Its normal things that people would get, like normal, logically consequences. I can show you.
YOU MODIFIED THAT FROM THE HOSPITAL? YOU KIND OF GOT THE IDEA FROM THE HOSPITAL?

Oh, yeah.

AND CUSTOMIZED FOR YOUR HOME?

Yes. He’s like that now. He’s on level 5, which is the best. He wrote all the things he likes to do in here, and those are his privileges.

TV, GAME BOY, COMPUTER GAMES, VIDEO GAMES, GOING OUTSIDE, PLAYING CARDS, AND THEN EACH LEVEL HE LOSES THINGS AND THEN EARNs THEM BACK.

And then we also talked to him when we made this. We said, “The things you get, no matter what level you’re on, even level 1 where it looks like you have nothing, you always have love, you always have someone to talk to, you always get food, you’ll always get your necessities met and your emotional needs. Those things will always be there for you.” And we made him realize that so that when he ever gets here and he looks and he thinks he doesn’t have anything, he’s got to remember he does. And then the way we do the levels, we give him three warning. If he gets three warnings in a fifteen minute period, he’s got fifteen minutes to get himself under control, but if he doesn’t and continues for fifteen minutes, that’s when he drops a level. And he liked that. And then once he drops a level, it only lasts a 24 hour period and if he’s done well, then he’ll go back up.

OKAY. THAT’S GOOD. IT’S REAL IMMEDIATE.

It’s just real simple. Not hard. Anybody could follow it.

AND YOU WORKED IT OUT WITH HIM SO HE UNDERSTANDS IT?

So he understands what can make him drop and what can make him go up. And it’s just normal behavior.

AND THAT’S BEEN WORKING FOR A WHILE?

Real good.

HOW LONG HAVE YOU BEEN DOING THIS?

Maybe three weeks. It’s new. But like I said, the other one worked…

AND YOU’RE GOING TO ADD THE CHORES?

Yes.

AND PERSONAL RESPONSIBILITIES TO THAT?

Yeah. And the doctor was all…The last time we went he said, “Now don’t overwhelm him with everything and tell what you’re going to make him do and all this.” And I said, “He just has to make his bed, put up his clothes. He doesn’t even have to fold them. I fold them. He puts them up. Take a shower. And he will not take a shower if you don’t tell him. You know, brush your teeth, eat, clean up after yourself. That’s it.” He goes, “Oh, okay.” Because he thought, you know, I was going to like put him to work for… I said, “No, we mow the yard.” And sometimes I will ask him, like if I’m sick, I’ll ask him to mow. He does not have it hard here. Not at all. He only has to do what he messes up. He’s not cleaning up after anyone else.

JUST PERSONAL RESPONSIBILITY FOR HIMSELF AND BE A PART OF THE FAMILY.
Right.

WHAT DOCTOR DO YOU GO TO?

His name is, oh what is it? Elders. He’s through Green Oaks Hospital. We just got him. We were going through MHMR, but they went under. They totally went under. They don’t have…now it’s Sitrabell. The only reason I stayed with them is because when my insurance ran out, you would go there. You would have to go there. So instead of me going through my insurance, I just stayed there and paid the full $60 every time I went in because they have all his charts from three years old. But then I was real discouraged because for a month I couldn’t find the doctor. She disappeared and didn’t leave any message of where she went and he had no medicine. It was just a nightmare and I thought, “I cannot chase her around everywhere.” I mean, I can understand it’s not her fault, but we can’t do that. He’s got to be on medicine.

RIGHT. YOU NEED AN ORGANIZED SYSTEM.

You don’t stop this kind of medicine and just think nothing is going to happen. So we went…When he went to the hospital, I decided to just get a whole new doctor and just go with that. So far it’s been pretty good.

YOU HAD THIS DOCTOR JUST A FEW WEEKS?

Just a few months.

FEW MONTHS.

Two months.

HAVE YOU EVER GONE TO U.T. SOUTHWESTERN FOR COUNSELING OR ANYTHING?

No. I didn’t know they even had it. I didn’t know it was offered. I thought it was just studies. So my Mom is the one who found U.T. We were looking up on the Internet trying to find a doctor that dealt with schizophrenia professionally, and we found y’all on there. And that’s when she gave me the name of the person who gave me you. She was doing a study on medicine for schizophrenia. I forgot her name. Would it be Pam?

I DON’T THINK SO.

I’ll have to look it up. I have some stuff in there. But he couldn’t do the study because he was already on all this medicine. They were doing it for people who weren’t on the medicine. And he’s going to counseling right now for…it’s mainly…when you’ve got schizophrenia you know you have your every day problems just like a normal person and things that have happened in your life, but they don’t know how to deal with that because it gets warped, like his Dad being in prison and stuff has caused a lot of problems for Br. He takes it out on Daniel, which has been here for him since he was three years old.

HIS STEPFATHER?

Yes. His stepfather has been his Dad. But he is real mean to him, to Daniel, because he doesn’t know how to process what’s going on and how he feels sad because his Dad’s gone and you know, then of course Daniel was there…We had to do a lot of restraints from probably three years old to eleven, physical restraints, which I don’t know if you’ve ever seen that, but it breaks your heart. It’s very hard and emotional, and you think the kid is dying. You really do. And they can make you think that person is hurting them, but they’re not, but in their mind, they are. And that happened, probably I’d say five times a week for awhile. So that’s in him. And he’s going to try and go to counseling to work through those issues. But it’s real difficult because he gets, you know...
AND THIS COUNSELOR IS NOT A PERSON WHO SPECIALIZES IN SCHIZOPHRENIA?

No.

JUST A REGULAR COUNSELOR.

And then he thinks that he can use that as an excuse not to deal with anything.

BR DOES?

Yeah. But he’ll say he has schizophrenia when he can use it, but when he doesn’t want it then he’ll tell us he doesn’t have it. But he’ll use it to his benefit too when it’s not really happening because he knows hospitals inside and out, and he knows their routines. He can work through a hospital with A+, you know, being the star student coming out. He knows about all the symptoms of his illness. That’s why I’m saying he’s real smart and that’s what kind of is good and kind of is bad because he can work it against you and you don’t know if you’ve got someone who’s full blown schizophrenia, they don’t know what they’re doing at all. And I think his has progressed a lot this last year. It scares me and makes me feel like maybe it’s going to progress no matter what I do, but right now he’s more normal than he is schizophrenia. But the schizophrenia, when it’s here, is not acceptable. I mean, it makes him do really, really bad things. And all it takes is one time, you know. I don’t know if you heard of that girl…this is the thing that always runs in my mind…The little girl that got adopted by a mother and she had mental problems. She had schizophrenia. It was on the news a while back. And she just came into the kitchen and she stabbed her mother with scissors and killed her mother because the spirits told her to. And her Mom was telling her to stop and she was saying that she couldn’t. She was talking to her Mom while she was doing it, but she said the spirits are telling me to. I’m sorry Mom. You know, you could tell that…And the last thing her mother said was, “Please get some help.” And then the little girl was on the TV and said, “Mom loved me.” She felt real bad about it, but the world’s not going to look at that. The world’s going to look at she killed her mother. They don’t understand the torment that the person is going through that has that illness. And like I said, I don’t care if it flares up once a month. Once a month is enough.

FOR SOMETHING TERRIBLE TO HAPPEN?

Right. You don’t have to be full blown to be dangerous.

OR TO CAUSE CHAOS IN YOUR FAMILY.

Yeah. And when it is like he is, it’s almost more dangerous because you don’t know when it’s going to set off and you don’t know when it does if you should take it to the extreme seriousness or if you’re just over reacting. Your mind starts playing tricks on you by trying to say, “Oh, it’s going to be okay. This isn’t really happening.” Because hospitals put you off. They tell you, you know, they can’t help you until he does something. So in your mind you’re thinking, “Well, I shouldn’t do anything until…”

JUST WAIT AND SEE.

Yes. So it’s real difficult on families because you don’t know where to turn. You don’t know if you should. And then if you wait and something happens, like he’s attacked his little brother several times, and if something were to happen and he would have killed his brother, and I just thought, “Oh, this is a time that he’ll get it under control and we’re not going to do anything.” It’s my fault, you know, for not going and saying, “Get him to the hospital.” That’s the first thing you think. And who’s to say you can’t leave him. He’s 17. You think, “Okay, I can just leave him with his brother.” The only way I can leave him is by himself and he’s not…He’s like woke up and nothing is going on and he’s going to come in here and eat cereal for a few minutes or whatever. If he’s by himself, he’s okay. I can never, ever leave him alone with his brother.
WITH HIS YOUNGER BROTHER? HOW OLD IS HE?

His brother is 14. Because his brother, a normal teenager is going to scream and holler and all that stuff. Well, that will set Brandon off. And I even hesitate to leave Brandon with anyone unless there is an adult there. That’s my responsibility.

SO YELLING OR HAVING AN ANGRY CONFRONTATION WOULD SET HIM OFF?

Oh, yeah.

AND ALSO…

Authority. Any authority.

AND DISAGREEMENTS HE MIGHT HAVE WITH HIS BROTHER, OR ARGUING WILL SET HIM OFF?

Oh, yeah. If you continue…If he doesn’t get his point across and that’s not the end of it, then you’ll never end the conversation.

SO MISUNDERSTANDINGS CAN CAUSE PROBLEMS?

I can say something silly, “Br, do we have some ice cream in the refrigerator?” “No, we don’t.” You know, he will constantly…lately it’s been no matter what I say he conflicts. It doesn’t matter what we’re talking about and I always bring it to his attention. I’ll say, “Br, why is it that I can’t say anything to you and you come back with a negative.” “I don’t know.”

SO HE HARSHLY CONTRADICTS YOU FOR NO APPARENT REASON AND THEN JUST STICKS TO HIS STORY? OR STICKS TO HIS COMMENT?

“You don’t know what you’re talking about.” That’s his attitude. The doctor said a lot of it is him going through adolescents. Fighting for his independence, which he’s fighting independence, but he’s scared of it. I mean, he wants me to have his medicine here for him, but he doesn’t.

HE WANTS TO BE NORMAL. SO IT SEEMS LIKE HE WANTS TO BE NORMAL, WISHES HE DIDN’T HAVE THE DISABILITY, BUT DOES KNOW THAT HE DOES HAVE THE DISABILITY?

Right.

AND REGRETS THAT HE HAS IT, BUT DOES REALIZE HE HAS IT AND THAT HE NEEDS TO TAKE HIS MEDICINE?

Thank God.

AND IT SOUNDS LIKE HE TRUSTS YOU TO A CERTAIN EXTENT, AT LEAST TO…

Well, he is very smart. When we change medicine he wanted to know what I was giving him. And he’s always, “Are you trying to overdose me?” “Br, I’ve had you for 17 years, I never have thought about overdosing you. I would never do that and you know that.” But that’s the paranoid and that’s the stuff….you know, his voice is telling him…

FEELING OUT OF CONTROL.

Yeah. He’s looked at me before and said….we’d be talking and all of a sudden, I guess the conversation gets too close to his behavior and he doesn’t want to accept it, but it’s his behavior, and he’ll just daze out. His eyes will be dilated, the black pupil part will totally take over the color of his eyes and he will go, “I don’t know what you’re talking to me for, I’m a demon. I’m not Br.” Just totally change
his voice. “You’re a demon.” The last conversation we had he just totally dazed out and said, “I’m going to go to hell and burn.” And I said, “Br, no your not.” “I’m not Br, why are you calling Br? Br’s not here.” And he’ll do that. Normally it would kind of scare me, but I’m so used to it, and that’s what I’m saying. It’s kind of scary that I’m used to it because I’ll sit there and I’ll say “Br, whether you want to know it or not…” I won’t let him continue it. I’ll say, “Br, you’re my son and I’m your Mom. You’re not going to go to hell. God is in this house. Demons can’t be in this house.” Even if he continues it, I’m not going to continue going on and on with him because it’s a fight that you can’t win, but I will say that and I’ll leave. That’s the things, the really bizarre things that have been going on lately this month. That’s just one of them. The way I knew he needed to go to the hospital this last time was when I looked at his eyes, and it was the most scariest thing I’ve ever seen in my life. It was like a blank stare. You couldn’t see inside his sole. You know, when you see somebody you can see inside them, if their happy or whatever. There was no emotion in his eyes. And his total pupils were enlarged. You couldn’t see the color of his eyes. They were black. And the doctor doesn’t even know why that happened. It wasn’t the medicine. He had never changed anything. It was a physical change from whatever was going on in his brain. They told me not to worry about it because they didn’t have an explanation for it. When that happens, there’s something wrong. Something bad is going to happen.

JUST BECAUSE THEY DON’T HAVE AN EXPLANATION FOR IT DOESN’T MEAN IT’S NOT SOMETHING BAD.

They said I shouldn’t worry about it. And I say, “No.” Because I can tell by…that’s one thing you can tell by a person in their eyes. If something…if they’re not there, if they’re strange, or you know, you can usually see it in their eyes. He was definitely not there.

YOU SAW JUST A BLANK EXPRESSION?

It was hollow. It was scary. It was like the kind of person, I’m not trying to be mean, but like someone who would murder you. No conscience. Nothing was there. It was blank. And it kind of makes you know why people do the things they do when they do violent things. They get in their mind totally does something different. I believe that they aren’t there.

HAVE YOU HAD ANY VIOLENT BEHAVIOR SINCE HE’S BEEN A TEENAGER?

He’s gotten…He’s held back on the violence, but he gets about that close to it. He’ll get in my face, about that close to my face, and with that look on his face and stuff, and you know that if you don’t stay calm that it would take one second. The last thing he did was they were out playing and he was playing with someone his own age next door. A boy that doesn’t live there any more. They were playing football. Just throwing a football in the front. And the guy that he was playing with was a football player and he hit Br on the rear end because that’s what they do, and Br told him to quit it and that he didn’t like it. Well he kept on. So he got really mad and came in here and got a knife out of the draw and was going to kill him. I mean it just totally took over him. And I had to literally…Daniel had to pull the knife out of his hand and hold him back and calm him down. I went over there and told him, we had told him so many times, not to mess with Br.

DON’T TEASE HIM.

Yeah. Don’t do it. He’s not in a normal sense of mind a lot of times and he will hurt you. But you know, he didn’t see it. He doesn’t look like there’s anything wrong with him. And that’s kind of scary to know that when he gets out there, you hope no one pushes him to that level and you’re not there to control it.

YOU SAY YOU’RE GOING TO TRY AND GET A JOB? HE’S GOING TO TRY AND GET A JOB THIS SUMMER? BUT HE HASN’T HAD A JOB BEFORE?

He worked at Wal-Mart through the school for credit and he did get there.

SO THEY HAD A WORK PROGRAM?
Yes. But he didn’t get paid, it was just a credit. I think he’s going to do that next year where he gets paid for the work. And then he’ll really like because he loves money. He likes to buy toys still.

DOES HE HAVE ANY UNUSUAL BEHAVIORS ABOUT PURCHASING THINGS OR MONEY?

He doesn’t know how to count money. I mean, he counts money but he couldn’t count his change. I mean, he could get ripped off real easily. His purchases are a purchase that you would purchase if you were 10 years old. Toys and games, and that’s all he wants to purchase. And food.

HE’S NOT INTERESTED IN CLOTHES?

No.

PERSONAL CARE PRODUCTS OR ANYTHING?

No. He’ll need some help when he gets out, if he does get out on his own. He’ll need help with his money to know… I think he’ll be (inaudible) he’s been on charts all his life. If we made him a chart that he had to follow, like put so much money in each envelope each week for your rent and… I think he could do that. “Okay Br, this is the money you have left every week to spend.” He could do that, if he stays at this level, where the schizophrenia doesn’t get worse. You would have to get him probably on a daily basis to remind him.

YOUR PLAN RIGHT NOW IS FOR HIM TO STAY AND LIVE WITH YOU?

Right now. He’s terrified to think he’d have to leave. And I think that’s contributing, just the stress. Anything that stresses him out is going to cause him to either go his mood swings wild or the schizophrenia part.

IT WAS THE END. THE SCHOOL JUST ENDED THE 29TH FOR YOU?

Yes. Well, when he turned 17, he got scared.

HE REALIZED HE’S COMING UP TO HIS LAST YEAR OF SCHOOL, WHAT AM I GOING TO DO?

And see he got real disrespectful before all the schizophrenia stuff started coming back. It might have been a process that it was coming, but he got real disrespectful and just really mean. I told him, I said, “Br, if you don’t like it here…” And that was when he was stable, you know. I said, “If you don’t like it here and you don’t want to help do your chores and you don’t like us telling you to do the normal stuff, then you know, you’re 17 years old, just like your brother.” He knew that when he was 17 he could go. You don’t have to stay. I didn’t want him to leave, but I was just letting him know that it’s a privilege to live here and we work as a family. We do things for each other to help each other and if you can’t be a part of that and you want to destroy it, and we’re making you so miserable then if you want to, then you can go. And oh, it just destroyed him. He was overwhelmed by it. I probably should have never said that to him. But like I said, you get where you think everything’s okay and you talk to him in a normal way, you know, it’s not good, but it’s hard sometimes when their acting normal and acting up, not to try and treat them normal. But he got really, really upset.

BEING TREATED NORMALLY HE REACTS TO HIS DISABILITY AND YOU REMEMBER THAT HE HAS THIS DISABILITY.

And then I told him, I said, “I’m not saying that I want you to leave. I love you and you’re always welcome here. But we all need to be nice to each other here and you need to help do your part. No one is asking you to do any more than any one else.” Course he sits there kind of like this.
BUT FROM YOUR SIDE, THAT'S STILL SECURITY FOR HIM IF HE WANTS TO BE PART OF THE FAMILY AND STAY HERE. YOU'RE NOT ASKING TOO MUCH FROM HIM.

I had to say the same thing...Well, my older son was worse because he was a normal child, but bad. He ran away from home and all kinds of stuff, but now he's good. He's in the army and got his life together. But they saw him go through those things, where we'd have to go chase him and you know, he was very strong willed. He fought for his independence at a young age. He wanted on his own. But when he got out and left home, he learned the hard way. When he got home and he turned 17, he used to...he would be the one who would say, "Well, I'm 17, I'm leaving." But when he came home when he was 16 and turned 17, you never heard a word out of him when he turned 17. He was a perfect angel.

HOPED YOU WOULDN'T NOTICE. HOW OLD IS HE NOW?

He's 21. Yeah, he's a good kid. He was always a good kid at heart. But he was kind of like me, I always wanted to be on my own. All I thought about was getting married and having kids and getting out of my Mom's house.

SO WITH BR YOU'VE GOT THE COMBINATION OF THE TEENAGE YEARS AND THE BOY WANTING INDEPENDENCE AND GROW UP TO BE A MAN, IN ADDITION TO THE DISABILITY AND THE SCHIZOPHRENIA COMBINATION.

Right. That's why I think if someone could get him in a group where he would feel good about his disability and instead of using it against him, use it for him. Like a lot of people have had it and turned it around. And that's why I said I wish he would meet some of these people that have overcome. It's not gone, but they've overcome the disability of it being a disability.

YOU HAVEN'T FOUND ANY SUPPORT GROUPS FOR SCHIZOPHRENIA FOR HIS AGE?

No. I want someone to sit around and talk about the problems of it, but to say, "I have it and look what I'm doing with my life. Yes, I'm paranoid. Yes, I think that someone's going to grab me on the street, but I walked to McDonald's today and I accomplished something." You know, every accomplishment has to make it a little bit better. You know, especially I want them reached now while he's still able to be reached. I look at Judy and I...I mean, we took her to Whataburger and that was the most scariest thing...I mean, she went off in there.

THAT'S A FRIEND?

A friend of mine I used to work with. I saw her go from like Br to where she is now. And it terrifies me. She knows I love her, but she's on a store corner.

SHE DOESN'T TAKE MEDICATION?

She does not take medication. She thinks they're poisoning her. She thinks the Nazi's are coming after her. I mean, everybody thinks it's funny, but it's not.

NOT WHEN IT'S REALLY REAL. YOU WANT TO PREVENT THAT FROM HAPPENING TO BRANDON.

And she would call me and tell that for days she would lay in her apartment because spirits were holding her down and she couldn't get off the couch. But she believes all that's true, but she doesn't think that medicine is going to help her. She always says, "Please pray for me that the spirits won't torment me." So you know she knows she got it, but she thinks it's normal. She thinks that everybody does.

BECAUSE SHE'S USED TO FEELING THAT WAY.
Yeah. She has no family. Her Mother and Dad are like in their 80’s and 90’s. They had her when they were real old. They disowned her and the reason is when they try to help her, she won’t do anything. You know, she does the opposite of everything that she needs to do.

SHE WON'T LET SOMEONE HELP HER.

But I accept her the way she is and I don’t try to change her because I know that I can’t, but I can be there for her and I’m not going to put myself in danger anymore and take her out. I’ll talk to her on the phone and you know, stuff like that. But that’s about it.

WELL THEY DO KNOW THAT INDIVIDUALS THAT HAVE FAMILY MEMBERS THAT CAN STAY IN THEIR LIVES AND HELP THEM GET THEIR MEDICINE AND HELP REMIND THEM TO TAKE THEIR MEDICINE ARE MUCH MORE SUCCESSFUL THAN THOSE THAT EITHER ALIENATE THEIR FAMILIES SO MUCH...

Well, she’s so gone that you wouldn’t be able to tell her to take her medicine. If you were there to try and help her, she would think you were poisoning her.

AND THAT SEEMS TO BE THE CASE WHEN THEY GET OFF THE MEDICINE AND THEY DON'T THINK THEY NEED IT ANY MORE. IT’S VERY HARD TO GET THEM STARTED BACK ON IT.

So that’s the one thing I’m very thankful for, that he’s still going to do and still willing. But that might be the reason why Judy came into our life. He sees the other side of it.

FOR HIM TO SEE HOW BAD IT COULD BE.

Once he gets to that degree, it doesn’t matter what you see.

THEN HE WON'T SEE IT ANY MORE.

No. You’ll be the one.

WHILE HE’S TAKING HIS MEDICINE AND HE’S MORE RATIONAL, THEN HE SEES THAT IT WOULD BE BAD TO STOP TAKING YOUR MEDICINE AND BAD TO BE HOMELESS AND IT SCARES HIM.

It scares him.

THAT’S WHY YOU DON’T WANT TO EVER STOP.

He has this paranoid right now that he’s going to get put in jail for some reason.

HAS HE BEEN PICKED UP FOR ANYTHING?

He’s never been put in jail. But he’ll tell you that he has. The only time that he got taken, we used to have to call the police when he got real, real violent to take him...that was the process you had to go through. They had to come get him and take him to Parkland, and then you go to Terrell. That’s the only way that they would get them there. And he says that they took him to jail. That’s in his mind.

BUT THE HOSPITAL WAS JAIL IN HIS PERCEPTION?

Since they stopped by there at Terrell and he thought he was going to jail. So he’s terrified of the police. I told him that they were there to help him.
HOW DO YOU FEEL THE EDUCATION IN THE SPECIAL ED HAS BEEN? THE SPECIAL ED PROGRAM AT THE SCHOOL?

I think that there’s not a class for mental illness at schools. There’s a class for B.A., which is Behavior, Emotional Disturbances. And there a class for physical, mental retardation. But there is nothing for mental illness. So they take these kids mentally ill and decide whether they’re retarded or are they bad in their behavior. And that’s how they put them in their class. So they’re not getting their needs met.

AND SO THE TEACHERS DON’T SEEM TO KNOW ANYTHING ABOUT SCHIZOPHRENIA?

Oh, no. The only reason they want to know about it is for their safety if something happens, like if they go crazy in there, then they’ll know, “Oh, he’s got schizophrenia and we need to call the hospital.” But that is not being addressed at all. His problem has never…(end of side one)

SO THEY ARE NOT CUSTOMIZING INTERVENTION IN THE CLASSROOMS ACCORDING TO THE SYMPTOMS OF HIS SPECIFIC DISABILITY?

Or anyone that has mental illness.

OR ANY MENTAL ILLNESS.

You know, they do customize for the kids that are Life kids, don’t have arms, don’t have…they customize for them, and that’s good. They teach them how to do what they can with what they’ve got. Then they take these kids that have emotional problems and they’ve got counseling and then…behavioral problems and get their behavior straightened out. Tell them what’s right and wrong. But they have nothing, absolutely nothing for mental illness at all.

SO THE BEHAVIOR IS ASSOCIATED WITH THEIR MENTAL ILLNESS?

Right. That’s what they see, it’s the behavior. They don’t see that it’s caused by mental illness. And that’s including hospitals. All the hospitals too. There is not one place, I don’t think, on earth that deals with the real issue.

THAT’S INTERESTING. EVEN AT THE HOSPITALS, YOU’RE NOT GETTING ANY SPECIFIC HELP FOR SCHIZOPHRENIA?

No. You get medicated.

YOU GET MEDICINE AND THEN THEY HAVE THE COUNSELING THEY HAVE IS MORE FOR BEHAVIOR ISSUES?

Oh, yeah. Suicidal. But you know what, those behaviors, if you can educate the child with the mental illness about their illness and why they’re feeling the way they are. Because Br is like, “Why do you think I’m sick? I don’t feel sick. Why do I have to take medicine?” Educate them while they are still able to be educated before they are so gone that you can’t reach them.

SO YOU DON’T FEEL ANYONE HAS GIVEN HIM INFORMATION ABOUT HIS ILLNESS EXCEPT FOR WHAT YOU’VE FOUND YOURSELF AND TOLD HIM. BUT NO PROFESSIONAL HAS GIVEN HIM EDUCATION INFORMATION.

How to fight those voices. I believe they’re real to them. I do. How to tell them…he wants to know “How do I know what voice is real.” Yeah, it’s just to me, like I said, there’s nothing for them to teach them why. Because they begin to think that they’ve got behavioral problems, you know, because they are put in behavioral adjustment.

SO HAS HE HAD SOME FRIENDS WHO HAVE STUCK BY HIM THROUGH THE YEARS?
All the friends that have been family. You know, grown up as babies with him, yeah.

SO FAMILY, EXTENDED FAMILY.

Right.

DOES HE HAVE ANY TROUBLE WITH SLEEPING?

Yes. He has night terrors. He will talk in his sleep, scream in his sleep, make growling noises, real weird moaning noise all the time.

DOES HE HAVE TROUBLE GOING TO SLEEP?

Yes. Even on all this medication.

HE'LL STAY UP LATE?

This does not help him go to sleep. Seroquel, you would think that...he gets real immune to his medicine real fast, as far as the sleepiness part of it.

AND WHEN HE DOES GO TO SLEEP, IS IT DIFFICULT TO WAKE HIM UP IN THE MORNING FOR SCHOOL?

Yes. But he does pretty good. He's on a routine, so he'll get up but he's real tired in the mornings. He gets up at 5:00, so you can imagine. During school, he'll go to bed like at 8:30 or 9:00. But he doesn't really fall asleep real well. His sleep patterns are not good. He doesn't reach that level, whatever level you're suppose to reach when you're really sleeping good.

HAS HE HAD ANY EXPERIMENTATION WITH ILLEGAL DRUGS?

No.

OR ALCOHOL?

No. He is terrified of it.

OR SMOKING REGULAR CIGARETTES?

No. He knows that he can't mix anything with this.

AND WHAT ABOUT TRANSITIONING, LIKE WHEN YOU HAVE TO CHANGE FROM ONE ACTIVITY TO ANOTHER, OR LIKE IT IN SCHOOL, IF THEY WERE GOING TO LEAVE THE BEHAVIOR UNIT TO GO TO A CLASSROOM, OR LEAVE THAT CLASSROOM TO GO TO ANOTHER CLASSROOM. HAVE YOUR TEACHERS REPORTED ANY PROBLEMS WITH THAT, OR WALKING IN THE HALLS?

No, just the paranoid part is there at the time. That's the only time he has real hard time transitioning. The only time he really has trouble with that is if he's really deep into something that he wants to do and you try to get him to stop before he wants to stop. He will sit, like the games; normal people would think it's just a game. That's real to him. I don't let him play anything but Pokemon with those little characters. He loves those. He thinks they're real and he gets really involved in it, almost to the point that it's too involved, so I've had to limit him on that. But he will sit there and play that for eight hour without stopping. If you try to get him to stop and do something, then he has a battle with that.

WHAT ABOUT TELEVISION AND WATCHING MOVIES?
He likes television and movies.

DOES HE SEEM TO UNDERSTAND REALLY?

The movies he likes are like Ernest Goes To Camp. He hates scary movies, which I have told him not to watch them because it would just contribute to his problem. He watches cartoon and Raymond. Just the comedy shows. He understands them. He’s pretty smart, like I said.

AND WHAT ABOUT READING?

He cannot read. He reads probably on a 2nd grade level. 2nd to 3rd.

AND THAT’S READING OUTLOUD OR UNDERSTANDING WHAT HE READ, IS IT ABOUT THAT LEVEL?

Yeah.

AND WHAT ABOUT MATH?

5th grade level. He can read enough to get by, but it’s real…It’s like a little 1st grader learning how. He sounds it out. It’s really frustrating for him to read. He doesn’t like it. He knows the computer real well.

SO HE CAN USE THE COMPUTER?

He loves the computer. He looks up stuff all the time, but he’ll ask you how to spell stuff and he’ll put it in. But as far as knowing how to do the keyboard and not typing so much, but you know, how to get to different areas on the computer, he’s real smart. I don’t even know half the stuff he knows on that.

SO WHEN WE WERE TALKING ABOUT DIFFERENT HELP YOU RECEIVED, AND WE TALKED ABOUT THE HOSPITALS AND THE SCHOOL, WHAT ABOUT…YOU MENTIONED COUNSELING. HAVE YOU FOUND ANY COUNSELING THAT WAS EFFECTIVE OR NOT? AND WHAT DO YOU FEEL IS WRONG WITH IT?

Even when we went to counseling with MHMR which deals with mental illness, they wanted to take him, since he was real violent at the time, and put him in football to work out his aggression on people. And I thought that was really bad. That was his suggestions. Put him on football so he can beat up everybody. I said, “Do you understand he could kill someone.” I don’t think…sometimes I think the counselors that are in the field don’t realize the depth of the illness. I really don’t. I don’t think they realize the physical strength of it, you know, when they get really angry, and how fast it can turn. They think that by putting them on this medicine that it’s just going to magically take away everything. They think that Seroquel, since Zyprexa makes you really, really tired, that it will make them just too tired to do anything damaging to anyone. But they do not realize that it doesn’t affect them the same way it does a normal person taking Seroquel. They can handle a lot more and they’re tolerance of pain is higher. And their strength is higher. It’s like the adrenaline is always there.

YOU SAID TOLERANCE OF PAIN, PHYSICAL PAIN TO BE HIGHER?

Oh, yeah. He walked around on an almost broke foot for a week. Didn’t even know it. His tolerance of pain, real plain, when something is really bad, is really high. I mean, he had spinal meningitis three times and they did that spinal tap on him without even deadening his back. It was awful. I was in there and I thought I was going to pass out. But he didn’t…I would have passed out for sure.

HE’S HAD SPINAL MENINGITIS THREE TIMES?

Three times. And that’s another thing I think caused the brain damage. The schizophrenia part of him, like if he barely has a cut, it will be traumatic. He’ll think that bugs got inside of the skin, or are crawling
in it, and on his toe, if he stomps his toe...He broke it. But when it's real, he doesn’t feel it. But when it’s small, he over exaggerates it. And when he learns things in school, like they were taught about a worm, some kind of a tape worm getting into your intestines or something. They were talking about that in house. He came home and was determined that he had a worm inside of his intestines that was eating his intestines. He was in the bathtub screaming and I couldn’t get him out for like an hour and a half. He was screaming and holding his stomach saying that worms were in his stomach eating him. Then he had another incident where he thought bugs were eating his brain. So it’s just really weird. If he learns something, like if you learn something in school...

(Cannot hear tape any longer. Voice trailed off and then nothing.)

But you know what I’m saying?

YOU'RE SAYING THEY WERE FRUSTRATED FROM BEING IN SCHOOL.

Right. They’re eight hours and they are made to behave a certain way. They are not...they're needs are not being met. The only thing that’s being met is their behavior is under control for eight hours. And since they control they're behavior at school, and the only behavior they ever see is at home and when they go off, so it’s got to be the home life that’s causing it, but if you look at it, it’s just sitting it up to happen at home. Because at home they can be who they are. When they’re in school, they're in a little box and they're not only in a little box, but they’re wrapped around the people, or wrapped around them that aren’t like them and they’re needs are being met. But they’re centered out. They’re weird. But they’re not allowed to be mad about that or upset about that at school because they’ll get a detention or they’ll get level drops or whatever. So they control it up there. Then that goes along with the hospitals and everything. All it does is contribute to the anger inside of them and misunderstanding inside of them and then they get home and they act out on their families. They get violent and then what happens is you bring to the place that caused the problem to get worse again, to get help, and you end up being put on the stand for being a bad parent, and you’re the person that’s causing all this because you don’t...because you’re the one that’s doing it all. This is the first time I ever thought that could be contributing. If there was just one place, one classroom that's the middle instead of here or here, that someone could open up and say, "There is mental illness in this world, it’s obvious." And help these kids understand what it is. Help them to accept it and to live with it. Get some of these speakers that have done things in their life that help it. Go to the schools and talk to these kids. They come with speakers all the time on stuff to the schools, but has anyone ever thought about getting the kids that have mental illness together and bring in The Beautiful Mind—the guy that did that, or whatever. Say, “Look, you know, I’m like you. You’re not alone. And look, you can have a good life.” Instead of saying you’re going to end up in prison or a bad kid, because that’s what they think. And you know, like when I went up there to see Br and get him for a doctor’s appointment, these kids were laughing in the hall about the B.A. kids and the Life kids. They said “it was funny and they saw them fighting, and they were making fun because they couldn’t hit and stuff. They said they looked deformed looking and stuff. And it was hilarious and they should have been this fight.” And I’m thinking, you know, I didn’t say anything to them because they were walking away, but I wanted to so bad. And I thought, these are people you’re talking about, okay. They have physical problems and mental problems, but they have feeling like you, and they’re going to get mad and they’re going to hit just like you do. You look pretty stupid fighting too, you know. I just thought it was just so mean, but that's what they go through. They go through being tormented by all the normal kids, tormented by the behavior adjustment kids because those kids are rough, okay. Usually those kids come from really bad home life, abusive home life. Because we had to call Child Welfare on a lot of the parents of those kids when I worked with them because they’d come to school with bruises and everything all over them.

WHEN YOU WORKED AS AN AIDE IN THE CLASSROOM?

Yes. It’s really sad. What was more sad about that was I only called once because he came to school with more after that. So it was like you made it worse. It was just real disturbing. Like I said, I think if they would just open a middle, and strictly, not just strictly schizophrenia, but strictly mental illness, you know. They’re going to fall into either category because that’s what works the consequences of the
illness, but that’s all that’s being met. It’s not, you know, the real problem is not even being addressed at all. And if you try to get them to change it, because I even wrote a little thing from the hospital to talk to Brandon, you know, I made a whole thing out for them that I wanted him to get to discuss.

THAT QUESTIONNAIRE?

Yeah. They didn’t do it. They said that they go by their questionnaires only. And all it was “Is how can I make better choices?” “How can I pick better friends?” “What can I do to mind my parents?” You know, all those are great, but when they’re in a mood swing or you know, they’re not going to remember any of that. That’s not going to be nothing to them. In fact, if you bring that up during that time, you might get killed or knocked out because they’re going to think you’re just aggravating the situation. But when you put those kids in those situations, what they do is they want to be accepted so bad, and they’ll take on everybody else’s problems.

SO THEY’LL FIT IN.

We went to the parent group meetings up there with him and he sat there and said that some kid said they ran away from home and “Oh, yeah. Me too.” He said he saw three dead bodies in the woods when he was little and never told any one. Just to fit in he would say something. But he would say something so bizarre and everybody kind of looked at him and go like “okay.” But he thought he was fitting in. But then he’d also take on what they said. “Oh, I was molested or whatever.” “Oh, me too.” He wasn’t, but they feel like they have to do that in order…they think that’s why they’re there. They don’t know why they’re there. They must have had something like that happen to them because that’s all they’re talking about. Does that make sense? They’re brains are already playing tricks on them all the time, why not? Why not think that “Oh, I did that too.” And so when they come out of the hospital, they have more problems than when they went in. And the only reason you bring them there is because they take them totally off their medicine and you do not want them out anywhere without medicine, and put them on new. It’s just a safe place to do it. There’s a team of doctors there to hold them if something happened, or to give them a shot. He had three shots to knock him out because he got so…his schizophrenia got so over blown. That’s how they deal with it.

AND YET THEY EXPECT YOU TO DEAL WITH IT AT HOME, WITH NONE OF THOSE RESOURCES.

No, we don’t get shots. We don’t have a shot we can give him. We just got to give him pills that he already is tolerating and that doesn’t do anything. All we do is talk. We do a lot of talking. We do a lot of calming, trying to keep him calm. I used to think we’d have to walk around on pins and needles around him trying not to set him off, but we’ve learned not to do that either, because that can do it too. That can contribute if you do it too much.

IF YOU’RE ACTING TOO STRANGE OR TOO OUT OF CHARACTER.

Then he picks up on that.

THAT YOU’RE NOT TREATING HIM NORMALLY.

Oh, and he’ll play into it. If he thinks you’re scared, he’ll play into it. See, that’s what I’m saying. He’s real smart and it’s hard to tell the difference. That’s why I say you can’t just...if you open up something for the mental kids, for the kids who have mental issues, I don’t think you can strictly stay with one thing because they all work together. The bipolar, the schizophrenia, someone with schizophrenia has mood swings. They have depression because they go from crying one minute...I’ve seen them go and they have emotional depressions. Those are the main things that I’ve know about. The personality disorders, you know, the different, what do you call it when you have a different characteristic come out...all that, really, if you look at any mental illness, they all have the characteristics of that. Whether it’s a voice or not, you know.

A COMBINATION OF THINGS.
Whether they’re seeing something or hearing something, something is depressing them. So I think that you broaden it, but you keep it in only for mental illness, not…Don’t get me wrong. I care about emotionally and abusive child, but there’s a lot out there for them.

IT’S A DIFFERENT ISSUE.

Yeah. There’s nothing out there for just strictly the mental issues.

DO YOU FEEL THAT THE SCHOOL OR COUNSELORS WASTED TIME TRYING TO FIND OUT WHAT WAS WRONG WITH YOU, THE PARENT, THAT CAUSED HIM TO ACT THIS WAY?

It makes you…They didn’t waste time. What they did was they made the parent feel like they were guilty for everything and what it did was it put blame where it shouldn’t have been and it totally took…like it always does, it takes the whole perspective off of the real problem. You never get to the problem. You never even address the problem because you’re too busy placing blame on something that’s not even to blame, or looking at the behavior instead of the real thing that’s going on. I think Brandon has done as good as he can from what he’s gotten. I’m not going to say it hasn’t helped him, because it has. I mean, we done what we had. We’ve gotten him pretty much a tape recorder. Kind of a push play and he knows what to do. And it’s sad, but his brain…you know how they tell you if you say something over and over and over to them, that they’ll…it’s a repetitive. That’s what he’s gotten. Repetitive. This is acceptable. This is not acceptable. They don’t know why and they never understand the illness though.

DID HE WORK FOR A REWARD SYSTEM AT SCHOOL?

Oh yeah. Yeah. Which is okay, but in life you’re not going to get a reward. When you get out of school and you’re being good and no one comes and says “Okay, here’s your reward.” What are they going to do? That could set them off because they didn’t get a reward. We used to have to buy toys when he was young and came home he wanted a toy every week for being good. Well, we couldn’t afford to buy a toy for him every week. We have three kids, you know. And also that’s teaching them that just being good and having a normal, respectful attitude towards people, you’re going to get a reward for it. The reward is that you’re not in trouble, you know. I think as we tried to do everything they told us to do because we had no idea what to do, but as we got older and started dealing with him more on our own, we decided that consequences were going to be for the bad behavior and just telling him he did a good job was reward. You know, “Oh Br, you were good today.” That’s a reward. And that’s what we started doing. We stopped all that toy stuff and prizes and when the whole family went out, he went out. When we all did something, we used to maybe do something…we do special things with them one-on-one too, but it’s not going to be on a weekly basis, or daily basis where you get something just because…Did I get something because I cooked supper, you know what I mean? You can’t do that because when they get out there and nobody gives them those rewards, something is going to set them off. And I think that’s just another set up for a fall when they come home from the hospital.

AND THEY DID THAT AT THE HOSPITAL AND AT SCHOOL IN THE CLASSROOM ALSO?

Yes. Oh yeah.

AT THE HIGH SCHOOL LEVEL TOO?

Not so much. They only get free time in the high school, which is good. He can have free time if he does all his work. That’s just a normal….

LOGICAL CONSEQUENCE.

Yeah. Right.
YOU GOT YOUR WORK DONE, SO NOW YOU HAVE FREE TIME?

Now you got free time. That’s what I like about it. But I think, like I said, the hospital set up a lot of problems, and so does the school by not addressing the real problem. He told me he holds a lot in at school and he lets it out here. He told the counselor that. So that’s what’s been going on. I mean any time they want to know how come he acts okay at school and he acts fine…we haven’t seen any problems here at the hospital. We haven’t seen any problems at school. Oh, he does all that kind of stuff? Are you sure it’s not you? Something at home? Y’all have a real bad home life or something. What it is is they just release it at you at home because that’s the place they can.

YOU SAID HE DOESN’T LIKE TO GO TO SCHOOL?

No.

EVEN IN THE B.A. UNIT, HE DOESN’T LIKE IT?

No. In fact, the counselor told him yesterday, he said, “You know, …” because he’s been real disrespectful and hateful, “why are you so mean and why do you think you are allowed to treat your family like you’re treating them? But you will treat your teacher…and they get on his nerves real bad, but he’ll hold it all together up there. And he said, “But I’ll get it trouble.” Because he’s scared. You don’t want him to come home and be scared and mind you out of fear. And that’s what I used to tell the teacher when I worked with her as a B.A. aide, because I would always get kids to mind me out of respect and she would get them to mind her out of fear. I told her, I said, “That’s another thing for teachers, don’t use fear to be your guide. Put fear in these kids. And that’s why he’s got such a good classroom, because you’re really sitting yourself up for a big explosion.”

IT’S NOT GOING TO LAST.

No. In fact, if you don’t get the problem from it, someone will. You set a bomb, and it will go off eventually. They’re in here because they’ve got a lot of problems, and they don’t need more by your teacher being really…I think if you pick teachers for special ed, they have to have a heart for kids. A true heart for them. And really, that’s the main thing. They need to do a lot more, what do you call it when you go on a job interview? Interviewing these people that are in there because what they do is they take anybody, because nobody wants to deal with those kids. But they’re contributing to those kids’ problems and I’m not trying to be mean and say you are. The one that I with needed to be in there herself. She was bipolar. She was. She would scream and cuss. I mean, it was terrible. She cussed me out right in front of the kids. A dog almost got hit. We were standing in front of the school and I was standing there, and she was standing there, and a dog ran across the street to us, and the people were on the other street on the other side. I picked the dog up and carried it back to them because I didn’t want the kids seeing a dog get killed in front of them. I got back and she said under her breath, “It was not my “T” job to carry a dog across the street,” and started cussing me out under her breath. And I was so humiliated and angry. But then I knew that she has problems emotionally. It took all I had, but I didn’t speak to her the whole entire day, and at that point I lost total respect for her. And instead of following her direction, even though I was the aide, I started what my heart told me to do. I mean, this one kid, (clacking sound) this is all he would do. Well, she gave him warnings for doing that. And I thought that was the way they did it, so I went along with it, but I thought that was really bad. He wasn’t hurting anyone; it was just a nervous habit. They’re not allowed to have their nervous habits or their fidgeting or anything. You take an Autistic child; they do a lot of fidgeting. Does anyone stop them from that? No, because you can’t. Well, those things are part of the mental problem, and I don’t think if it’s not hurting someone, that it should be a big issue. And they took for the whole classroom to look at and “Patrick, you’ve got a warning.” And he doesn’t even realize he’s doing it. I saw so many of those kids get torn down. It was just so sad. Very sad.

I USED TO HAVE A SOFT PAD THAT THEY COULD TAP THEIR PENCIL ON, SO IT DIDN’T MAKE AS LOUD A NOISE AND BOTHER ANYONE, AND ONE WOULD TAP HIS FOOT ON THE FLOOR AND I GOT A PHONE PAD FOR HIM.
See, that’s what I’m talking about.

I PUT IT UNDER HIS FOOT SO HE COULD STILL KEEP DOING IT. AND THEY ALSO HAD SILLY
PUTTY IN THEIR DESK THAT THEY COULD PLAY WITH.

There are a lot of people out there that are like you that love these kids and want to help them. But what happens is the system gets them and they get hard, they’re heart gets hard and they feel like... The system is not working, so they feel like failures. And so then they don’t want a part of it any more, but if it totally changed and another thing they got a whole room of different problems. They don’t have just what they think they have, which is behavior adjustment kids. They have mental, psychological kids in there that they have no idea what they’re dealing with. And they’re treating them normal. They’re treating them like bad behavior kids. Like they just have bad behavior and that’s what they are addressing. And they’re trying their best to make the behavior better, but they’re not... they don’t even know the depth of what they’re dealing with and what they’re doing is making it worse. In their heart, when they first go in there, they are trying to do something good. And the whole system is what’s messed the whole thing up to begin with. And if you got the people that are in college right now that are going to do the special ed, if you got them and you started telling them about all this and like what you said, “What does that hurt getting them a little pad for them to do...” Do you know that probably went a long way to that child for the rest of their life, you know. Oh, I remember that teacher, she was nice enough not to make fun of me for that.

AND YOU’RE TEACHING THEM TO SOLVE THEIR PROBLEM AND BE SOCIALLY ACCEPTABLE,
AND STILL ACCEPT THEMSELVES. WE ALL HAVE LITTLE THINGS WE DO, AND WE HAVE TO
LEARN HOW CAN WE BE COMFORTABLE WITH OURSELVES, BUT STILL NOT OFFEND OR
GROSS ANYBODY OUT.

But see that’s the problem. The bar is way up here and there is no leeway.

AND ARE WE HELPING THEM LEARN THOSE SKILLS OR ARE WE JUST CONTROLLING THEM,
LIKE YOU SAID, FOR A FEW HOURS?

With me, your bar in the special ed classrooms are way up here. You go to those regular classrooms, those kids are wild. They’re bar is like this, and those teachers have no control over them at all. They’re in there playing and screaming and cutting up. But you know, one special ed kid gets out of their seat without permission and they got a mark by their name. So I think the whole thing is based on fear. It’s based on fear. They are so scared they’re going to lose control of those kids and something bad is going to happen, but they have no fear whatsoever in the normal classrooms. Those kids are just as liable to do something crazy, you know. Like that one kid who took that razor blade and just somebody’s neck walking down the hall. He was a normal little kid, just decided to do it. These kids are locked up like animals. Why do they hate school? Wouldn’t you? You have to ride in to school on a special ed bus, everybody knows you’re on a special ed bus. You get off in front of everybody and everybody knows you’re special ed. It’s not only opening the door to a facility for the mental and the emotional and all that, but also getting these kids, the normal kids involved with them and letting them know these kids are kids too. They’re not just little things for you to go make fun of or they’re different than you. They’re the same as you. They just have an extra problem that you can see on the outside, or mentally, but you’ve got them too.

SO IT SOUNDS LIKE YOU’RE SAYING BOTH THE ADULTS AND THE OTHER STUDENTS, THE
NORMAL STUDENTS, NEED TO BE EDUCATED ABOUT DISABILITIES.

Yes. I don’t think just because you have to go into special ed is the only reason you should be required to... I think that a classroom opened up for normal kids to understand mental illness, to understand Life kids and emotional behavior, should be a real class that they have to pass to educate them on it so that when they get out in the world they don’t make fun of those people and make it worse. You know, they see somebody talking to themselves and go, you know, they’ll know what it is. They’re not scared.
Take the fear out of it. They’re not scared. Because I used to be scared too when someone would be sitting there talking to themselves. You know, you’d think, “okay.” But living with Br has really opened my eyes and we see that all the time at work. And homeless people come in and they’ll be talking to themselves and this one girl, she came up to the cake case and she goes, “That’s a pretty cake. You can’t have it. That’s a pretty cake. You can’t have it.” You know. She was just doing that. I just went over there and said, “How are you today?” Broke it right there. They have normal parts too. She said, “Fine, thank you.” I said, “Would you like a cookie.” “Yeah, thank you.” Every day she comes in for a cookie after that because she knew that I cared about her. I think the kids need to take a class on caring about people different from you. I don’t know what you would call it, you know. Learning to care and understand and accept. Caring, Learning and Acceptance. And it makes you a happier person when you can do that. If I would have never been blessed with Br, I wouldn’t know all this. It’s made me a better person to be able to reach out to others and to understand instead of looking at people that are different than me and thinking that’s wrong. It’s not wrong, it’s there for a reason. It helps you. It helped me be a better person and I help them, and they help me. It’s not that I help them any more than they help me. It interacts. If all the young people could get educated in that, I don’t know what you would call it, if they could open that up. I’m talking about all of them…that would take a lot of this school, what do you call it, violence out of schools because a lot of kids that are so called normal, may have these problems and not even know it.

BUT WHEN YOU TAKE THE STRESS OFF OF KIDS, ALL THE KIDS…

It would open their mind to something they didn’t realize and it would make them understand something. Like I said, some of them may realize that they have some of these issues and they were scared to admit it because they didn’t want to be special ed.

WANTED TO BE ACCEPTED.

It’d probably help a lot. Like I said, not just opening up for just schizophrenia, but it’s broad. When you just isolate them and say “Okay here, we’re just going to deal with these mental kids.” And not deal with the real kids, you know, the regular kids too and bring them into the picture, and have something for them to understand this, and maybe in their class they have to work in the classroom with these kids…

TO CALM THE FEAR.

Yeah. Go in as part of a grade for a day, each of them. You have 365 days. I’m sure you can get one…a few kids in there a day, and learn about this. You know, Br works with Life kids. That’s the only thing. They take the B.A. kids and go with the Life kids, but they don’t take…they’re in their own little section. They don’t take the rest, like the cheerleaders and all this stuff, and say “hey, y’all are on no bigger level than these kids are. You are right here together on this earth and we all need to learn how to understand and accept.” I think they would love it. I’m thankful that I got to know it. And it may broaden them to go to college and it might even give some of these kids who want to go in the field and open and expand it even more.

GIVE THEM A HEART FOR THE FIELD.

But those two things would be amazing if that changed.

YEAH, I THINK THAT WOULD HELP EVERYBODY.

Yeah.

IT WOULD HELP THE KIDS IN THE SPECIAL ED CLASSROOMS…

And the teachers because the teachers feel isolated in their because special ed teachers don’t get to go out of their classrooms like the other teachers do. They’re isolated.
HOW DOES BRANDON DO WITH GIVING HIM CHOICES, LIKE MULTI CHOICE THINGS TO DO, OR DOES HE DO BETTER WITH A RIGID SCHEDULE?

Maybe two choices. Don’t overwhelm him with choices because he can’t make his mind up. Choices come in handy when its consequences, that way he doesn’t feel like you are picking his punishment and he can have say so. “What do you think we should do about this? Here’s two options.” Or whatever. If he doesn’t pick one, then of course you’re going to have to pick it. But better than that would be your schedule, the level thing that they sit down and helped you with and you just stuck with that. Like I said, choices usually I will make. Like eating or whatever, just normal choices in life, just go ahead and do it because sometimes he just gets overwhelmed. Or he wants more and more and more. He doesn’t know when to stop.

AND HOW’S HE DO WITH EATING FOODS?

That’s his downfall. He will eat…He would eat and eat and eat. He never gets full. I don’t know if that’s because of the medicine making him hungry or because he’s just bored or unhappy. But the food seems to be a real problem with him. I have to limit him. And he eats fast. He could eat a hamburger in a second. You have to tell him to slow down.

IT’S JUST ABOUT TIME TO STOP. IS THERE ANYTHING ELSE YOU CAN THINK OF THAT MAKES HIS SYMPTOMS WORSE OR DEMINISHES THEM OR MAKES THEM BETTER THAT WE COULD PUT DOWN?

When things are going his way…and see this is another thing, it’s so hard to figure out if it’s manipulation or if it the illness, but when things are going his way nothing ever happens. His moods are fine. His schizophrenia is fine. If everything is just going his way, he gets to do what he wants and no one is telling him what to do or bothering him. I don’t know, it’s been kind of hard lately if you just ask him anything lately…I think the medication has a lot to do with the symptoms of that, because if his medicine is right, then you can approach him and he won’t be so edgy. The edginess sets off the schizophrenia also.

AND YOU MEAN BY EDGINESS, LIKE IRRITABLE?

Irritable. Very.
Interview with Student Br
with Schizophrenia—Age 17

I WAS WONDERING WHAT YOU COULD TELL ME THAT WOULD HELP ME. WHAT WE'RE DOING IS DOING A STUDY ON THE SYMPTOMS OF SCHIZOPHRENIA THAT TEENAGERS EXPERIENCE AND WHAT MAKES THEM WORSE, WHAT MAKES THEM BETTER, SO THAT TEACHERS WOULD KNOW BETTER HOW TO MAKE A BETTER CLASSROOM AT SCHOOL FOR THEM, AND ALSO SO FAMILIES COULD BE MORE SUCCESSFUL AT HOME AND HAVE A MORE HAPPY HOMELIFE, AND HOW TO DO BETTER IN THE COMMUNITY. BUT MOST PARTICULARLY ABOUT SCHOOL AND WHAT HAPPENS IN THE CLASSROOM AND EVERYTHING. SO COULD YOU TELL ME WHAT SYMPTOMS THAT YOU HAVE THAT CAUSE YOU A PROBLEM THAT YOU THINK IS A PROBLEM FOR YOU, PERSONALLY?

I don’t know…well, I do know I’m colorblind…anyway, it feels that way.

YOU FEEL COLORBLIND?

Yeah, sometimes. Not all the time.

SOMETIMES YOU SEE COLORS AND SOMETIMES YOU CAN'T, IS THAT RIGHT?

I’m kind of nervous right now. Sometimes I’m seeing things that’s not really there. Seeing spirits. They’re there because they come to you but no one else believes you, for some reason. I can’t think of…and also some pain that you really don’t feel.

LIKE PHYSICAL PAIN, LIKE IN YOUR ARM OR LEG YOU FEEL A PAIN?

Yeah. When you’re feeling down, and it puts you more down.

LIKE DEPRESSED?

Depressed. When you feel hyper, makes you more hyper. I become more energetic. I have a lot of energy lots of times, when I’m outside doing something, but when I start sitting down, I start getting down, down, down.

SLEEPY OR DEPRESSED?

Sleepy and tired and not ready to get up real easy, as a matter of fact. So I keep myself going and there’s other things I need to do and talk about.

WHEN YOU'RE A SCHOOL...YOU JUST FINISHED UP WHAT TWO WEEKS AGO? ONE WEEK AGO?

One week ago.

ON MAY 29TH?

Actually, I got out a little early because I finished my exams. I’m pretty good in school, real good in school. But sometimes it’s real tough on me.

AND WHAT PARTS ARE TOUGH?

Like I start getting really tired and can’t wake up.

LIKE IN THE MORNING TO GET READY FOR SCHOOL OR...?
In the morning, when I get to school I lay my head down or something if I don’t feel good. I haven’t been feeling good lately at school.

SO YOU’D FEEL TIRED AT SCHOOL SOMETIMES DURING THE DAY?

Sometimes my stomach starts to hurt, and I don’t feel comfortable eating at school.

WHY IS THAT?

I don’t know.

DO YOU TAKE A LUNCH, OR DO YOU BUY STUFF?

I take a lunch, but when I eat…but when I buy a lunch its fine. It’s like I’m one of the group and it’s…sometimes it’s just hard to eat lunch that Mom makes you, or something like that, or you make it. Or your Dad, you never know. Sometimes it just feels really depressing just watching other people eat regular food, and you’re like just sitting at home. Something’s wrong there eating lunch that you usually make yourself, or something like that.

BECAUSE EVERYONE ELSE IS BUYING THEIR LUNCH, AND THEN YOU HAVE AN AT HOME LUNCH?

Yeah. Sometimes your brain wants to think that, but I don’t know why. Plus I don’t eat much anyway during lunch time anyways at school. At home I’m okay, real okay, because I feel comfortable here.

SO YOU CAN EAT BETTER WHEN YOU FEEL COMFORTABLE?

Yeah.

AND YOU DON’T FEEL COMFORTABLE AT SCHOOL AND DON’T FEEL LIKE EATING THE LUNCH?

Yeah. At the beginning of the year, I was just fine until…it’s kind of hard to find the right friends. I found some right friends for me, but they’re not really…shouldn’t be…they’re really good friends, sometimes, but they’re sometimes drug addicts and all that kind of stuff. I don’t do drugs. I just like to hang out with them because they’re partly like me.

SO THEY’RE FRIENDS, BUT YOU DON’T WANT TO DO WHAT THEY DO?

Yeah.

THAT YOU MET AT SCHOOL.

Yeah.

DOING DRUGS IS A PROBLEM.

Yes, they are. Yeah. One or two times they tried to offer me some, but I didn’t take it because I’m smart enough not to do that. I’m not full blown schizophrenia, and I’m glad about that.

I KNOW THAT THEY’VE DONE RESEARCH ON THAT AND IF YOU DO THOSE ILLEGAL DRUGS, LIKE MARIJUANA OR ECSTASY OR SOME OF THOSE, THAT CAN MAKE SCHIZOPHRENIA GET REALLY WORSE.

That’s why I don’t want to do it. That’s one reason.
WHEREAS SOMEONE WHO DIDN’T HAVE SCHIZOPHRENIA AND MIGHT NOT HURT THEM AS BAD.

It could kill me with my medicine.

YEAH. IT COULD ALSO MAKE YOUR HALLUCINATIONS AND STUFF COME BACK REAL BAD.

Since I’m taking this kind of medicine and if I do illegal drugs, it will hurt me real bad.

SO WHAT ARE THE TEACHERS LIKE AT YOUR SCHOOL?

Good. Sometimes they’re aware…Sometimes I make sure some of them are aware of what I have. My Mom does most of it though. I’m not really functional sometimes. Like in class I may not pay attention. The last part of this school year I was ready to do all my work so I could pass to the 12th grade. To the 12th grade. I was 11th grade last year.

SO YOU WANT TO GET FINISHED UP AT THE END AND GET EVERYTHING DONE?

Yeah.

NOW YOU SAID THE BEGINNING OF THE SCHOOL YEAR WAS BETTER.

Yeah. I was doing real good in that time.

REAL GOOD. AND THEN THIS SECOND SEMESTER, JANUARY, FEBRUARY, MARCH, YOU WEREN’T DOING AS GOOD, AND THEN RIGHT AT THE END YOU WERE DOING BETTER BECAUSE YOU WANTED TO GET FINISHED, RIGHT?

Yeah. I was doing some parts and some parts I wasn’t doing good. I really didn’t feel like doing it. I don’t know why. My brain was mush. I was really wanting to do work, but it wouldn’t let me.

BECAUSE YOU’D FEEL TIRED OR CONFUSED?

Yeah, confused.

AND IS IT HARD TO READ THE DIRECTIONS ON WHAT TO DO ON THE…IS IT WORKSHEETS OR…?

Yeah.

OR DO THEY DO SOMETHING IN THE COMPUTER THERE?

They would print out something for me sometimes, the BA classroom of course. I have out classes. I love my out classes.

YOU DO?

Yeah. I had a computer class last year, last semester. It was pretty good. He was aware that, Mr. Singleton was very aware of what I have. (sic Actually, Mr. Singleton was not aware of his disability until our interview, however he was exceptionally nice to BR….)

THEY WERE PATIENT OR HELPFUL?

He was patient, yeah. That was mainly the only out class I liked.
DO YOU HAVE ANY TROUBLE WALKING FROM ONE CLASS TO THE NEXT? DOES THAT CAUSE YOU ANY TROUBLE?

At first, I couldn’t figure where I’m supposed to go. Everybody else was doing fine. After everybody got used to it, I was still confused, even after the second week.

YOUR SCHEDULE AND WHERE TO GO AND WHAT TIME?

Yeah. I don’t know about what time to go there, but, because there was a bell of course. After all the years I’ve been there, I still don’t know some of it.

IT’S A BIG SCHOOL?

It’s a big school. Yeah.

SO HOW DO YOU LIKE STAYING IN THE B.A. CLASSROOM?

I try to stay in there as much as I can because they really help me out a lot. But sometimes the people in there are really mean to me.

STUDENTS OR THE TEACHERS?

Students. The teachers are okay. Sometimes they get kind of frustrated with the students and they get on to you, like me. They don’t mean to do it because they’re really frustrated with us. I’m in B.A. of course, and I’ve been trying to fit in as much as I could and I wasn’t doing anything bad though. I was just doing the right things too. All I’m trying to do…the bad they do is marijuana and stuff like that. I’m trying my best to get through the school years. I want to go to college too. I want to do that.

IT’S REALLY GOOD THAT YOU HAVE YOUR PARENTS THAT ARE SO HELPFUL?

Yes. I love them very much.

AND THEY HELP YOU GET THE MEDICINE YOU NEED AND MAKE SURE IT’S OKAY AND PUT IT IN THE PILL BOX SO YOU DON’T FORGET?

Yeah. That’s very helpful.

(sic He is starting to become agitated and worried, so I say the following)

IT’S VERY HELPFUL. BECAUSE I KNOW OUR STUDIES AT COLLEGE THAT WE’VE DONE SO FAR, FOUND THAT THE KIDS THAT HAVE SCHIZOPHRENIA IF THEY HAVE REALLY GOOD PARENTS THAT ARE BOTH STRICT WITH THEM AND MAKE RULES, BUT ALSO LOVE THEM AND ARE TRYING TO HELP THEM AND HELP THEM TO GET ORGANIZED AND CARE A LOT ABOUT THEM, THOSE PEOPLE ARE MORE SUCCESSFUL THAN IF THEY’VE GOT PARENTS WHO DON’T GET THE MEDICINES, OR DON’T BELIEVE THEY HAVE A PROBLEM. SOME PARENTS DON’T BELIEVE THEY HAVE A PROBLEM, SO THEY DON’T HELP THEIR CHILD, OR TAKE THEM TO GET HELP. IT JUST GETS WORSE.

I’m glad I have the kind of parents that are good. (sic he is no longer acting agitated)

YOUR MOM WAS TELLING ME THAT YOU KNEW ABOUT SOME PEOPLE WHO HAVE SCHIZOPHRENIA AND THEY DON’T DO WHAT THEY’RE SUPPOSED TO DO AND THEY ENDED OF BEING HOMELESS PEOPLE.

Yes.
WANDERING AROUND THE STREETS BECAUSE THEY DON'T TAKE THEIR MEDICINE AND THEN NOBODY CAN HELP THEM.

My Mom has a friend that had it real bad and I was really scared of her. I didn’t want to end up that way. She drinks. She used to drink. She drank a lot and she didn’t want to admit she had a problem because now she’s full-blown schizophrenia.

I KNOW PEOPLE STOP TAKING THEIR MEDICINE AND STOP GETTING HELP, AND THEN THEY THINK THEY DON’T HAVE ANY PROBLEMS. I DON’T KNOW WHAT IT IS ABOUT THAT ILLNESS, BUT IT MAKES YOU FORGET YOU HAVE A PROBLEM, BUT EVERYONE ELSE KNOWS YOU DO. THEY CAN SEE YOU WALKING DOWN THE STREET AND NOT TAKING CARE OF YOURSELF, BUT YOU DON’T BELIEVE ANY BODY.

Yeah. That’s why I’m trying to stay stable right now.

RIGHT. BECAUSE THAT WOULD BE REALLY SAD FOR YOUR PARENTS.

Yeah. I really feel sorry for the girl I’m scared of and I watch her suffer. I help the Life kids in school (sic Life Skills for MR class).

THAT’S GOOD. YOU VOLUNTEER TO GO INTO THE CLASSROOM AND HELP OUT?

Yeah. I help them in gym and I want to do it next week. Right now I’m trying to get ready for the real world next year. Like child development, like some new classroom called “hardware.”

WHERE YOU’RE MAKING THINGS?

Maintenance hardware. Like fix the house and stuff.

THAT’S A GOOD THING.

And dance. I want to take dance.

OH, REALLY. THEY HAVE THAT?

Yeah, they have dance there. It’s just for like…I don’t know what it’s for. It’s just dance.

YEAH, JUST TO DANCE.

And get exercise.

THAT’S TRUE. FOR EXERCISE.

I want to exercise a lot. I want to get back to normal shape. I’m pretty normal right now, but not where I want to be.

DO YOU HAVE WEIGHTS THAT YOU LIFT?

Not really. I want to though. I want to have some of those as soon as I get my job and everything. I’m so looking forward and I need one real bad. I want one so bad.

DO YOU HAVE TO FIND ONE THAT YOU CAN WALK TO?

Yeah.

WHAT ABOUT THAT MCDONALD’S?
I can't work at fast food. It's just for fast workers and I can't work fast, you have to work fast if it's fast food.

BECAUSE IT'S CALLED FAST FOOD, RIGHT? AND YOU DON'T WANT TO BE SERVING SLOW FOOD? YOUR MOM SAID YOU DID SOMETHING AT WAL-MART LAST YEAR AND...

It was last year, wasn't it? No last year, the year before last actually. It wasn't my freshman year, it was my sophomore year. Right now, Jones Jr. that's going into the 12th grade. I'm trying to...I was doing Wal-Mart. I did pretty good there. It helped me. I seen a lot of people that had like different problems, physical problems and all that.

WALMART GIVES PEOPLE JOBS WHEN OTHER PLACES MIGHT NOT GIVE THEM A JOB. THEY'RE REALLY NICE.

Yeah. Wal-Mart is a pretty nice place to go to.

DOES YOUR FAMILY GO TO CHURCH ANYWHERE?

We go to church.

WHAT CHURCH DO YOU GO TO?

We go to Gold Meadows church.

IS THAT BAPTIST OR...?

Baptist.

IT IS BAPTIST?

Hopefully. I think it is.

YOU HOPE YOU'RE RIGHT. DO YOU FIT IN OKAY AT CHURCH? DO THEY HAVE YOUTH GROUPS YOU CAN GO TO AND STUFF OR IS THAT A PROBLEM?

I'm trying to go to a church group with kids my own age through 6th and 12th grade, and I'm trying to fit in with that. And I'm probably going to camp with them. Hopefully they'll know what my problems are. I mean, I'm going to tell them pretty soon. Hopefully they'll understand.

MAYBE IF YOUR MOM AND DAD HELPED OUT WITH THAT, RIGHT?

Yeah, hopefully. They can help me out.

AND WHAT KIND OF PROBLEMS DO YOU THINK THEY WOULD NEED TO KNOW ABOUT YOU?

When I see things, hopefully they won't believe me. A lot of people do believe me.

AND AT SCHOOL, DO THEY KNOW ABOUT THAT? THAT YOU SEE THINGS?

Some of my teachers do. I think so.

NOW YOU HAVEN'T SEEN THINGS FOR A WHILE NOW THOUGH?

It's only spirits. I only feel their presence, that's all I feel right now.
RECENTLY YOU HAVE? THE MEDICINE HELPS YOU NOT SEE THINGS, RIGHT?

Yeah. The medicine is doing fine for evil stuff like that. I still see spirits. That’s okay with me. Really, it helps me. It helps me feel comfortable with them. I feel comfortable seeing spirits and all that kind of stuff. I don’t feel comfortable seeing that evil stuff. The evil things like hands going through walls and grabbing you. I don’t feel that any more.

THAT’S GOOD.

What was I going to say? I forgot. See, that’s another thing. You forget things real easy. Hmmm. It was something important I was going to think about and tell you. Real important.

MAYBE IT WILL COME BACK IN A FEW MINUTES. WHEN YOU SEE THE NOT SCARY SPIRITS, WHAT DO THEY LOOK LIKE?

They just look like normal people. They go through walls though, of course.

DOES IT LOOK LIKE ANY PERSON YOU KNOW?

No. The nightmares don’t really scare me for some reason. Nothing really scares me; it’s just that I jump. I’m really not scareable.

DO YOU HAVE ANY TROUBLE GOING TO SLEEP AT NIGHT? DO YOU STAY UP LATE?

Yeah. I miss a lot of sleep at night because…I don’t know why. But that’s when I start seeing them. My mother goes to bed and everything, and sometimes I see them during the daytime. Very rarely. It’s just that I’m the only one that sees them. It’s just weird about me. And my cousin did once. One of my cousin’s did while I was at…because they know. We was at the home that, like Green Oaks, my roommate, which is my friend, he saw the same thing too that I saw. He didn’t see it, but he felt it. He felt the horrible chill down his back and it went right through him. That’s pretty…it got me to say it’s true. That’s when I first knew it was true and happening. So now I know the spirits are real, it’s not the evil things. Because sometimes the spirits help me out and God helps me a lot. God really helps me. I think the spirits are really angels. They can’t be anything else, and they really touch me.

IN A GOOD WAY?

Good ways.

YEAH. SO IF YOU’RE AT SCHOOL, ARE YOU ABLE TO CONCENTRATE DOING YOUR WORK OR ARE YOU DISTRACTED FOR A MINUTE?

I get distracted sometimes. I get distracted real easy, I don’t know why. If I’m focusing…like the other day I was taking my friends, my friends outside, our next door neighbors, I took them…I felt real good about this though. I took them to Kroger. I asked their parents first though and make sure they know where we’re at, of course. I’ve taken them to Kroger to buy some toys. I had some money, like the machine toys. I took them up there and I said, “How about a coke afterwards?” I gave them quarters so they could buy two of them. Two of those toy things. After that, they wanted to go to Big Lots, so I said, “Okay, I’ll take ya’ll.” They were sitting next to me and said okay. And then I took them in there and I said, “I bought them two coloring books.” They said, “Thank you, they really appreciated it.” I’ve never seen them that way before. I felt so great just doing that for them.

HELPING SOMEONE ELSE MADE YOU FEEL GOOD?

Yeah.
WELL, THAT’S TWO TIMES YOU MENTIONED HELPING PEOPLE. HELPING THEM AND ALSO HELPING THE KIDS IN LIFE SKILLS. YOU MUST GET GOOD SATISFACTION FROM HELPING OTHER PEOPLE?

Yes.

YOU WANT TO HELP THEM AND STUFF.

You know, I was glad I felt the role of parent that time when I took them up there. I felt real good about that. I really want to be a parent one day. So I just love seeing…I love kids. I just love them very much. So I see my own peers, my own age, as like “Oh no.” I just hope my kids don’t get in that kind of stuff, like drugs and stuff.

DRUGS AND STUFF THAT HIGH SCHOOLERS GET IN TO?

Yeah. I want to make sure they don’t. Now, I’ll be like my parents, like the way they raised me. Hopefully, I can be a little bit different, but nice different, you know.

YOU ALWAYS WANT TO LEARN AND DO BETTER.

Different things too. We are going into a new millennium pretty soon.

IF YOU WERE GOING TO GIVE ME SOME ADVICE TO TELL OTHER PARENTS, WHAT IF OTHER PARENTS HAD A KID THAT GOT SCHIZOPHRENIA LIKE YOU DID, WHAT COULD PARENTS DO TO HELP A KID?

Help a kid?

WHAT DO YOU THINK? IF YOU WERE GOING TO GIVE SOME ADVICE TO ANOTHER PARENT WHO HAD A KID LIKE YOU WITH SCHIZOPHRENIA, IS THERE ANY ADVICE YOU COULD GIVE THEM? HOW SHOULD THE PARENT ACT? WHAT SHOULD THE PARENT DO TO HELP THAT PERSON?

I haven’t studied the other kinds of schizophrenia.

YOU ONLY KNOW ABOUT YOURSELF, I KNOW, BUT I WANT JUST YOUR PERSONAL OPINIONS.

I have a combination of schizophrenia. Well, I think they should love them and try to treat them the way their parents treated them, if they were nice parents, of course, and help your kids grow up to be nice and healthy, and try to get them in classes that help you if you need it. The kids and all that kind of stuff. Hopefully, you get help with your problems too. You go to counseling, go to…that’s what I do in case I get overwhelmed. Go get a doctor like you should, and get your medicine and take your medicine so you won’t do something you’ll regret. Like I did a couple of times. Not like kill someone.

RIGHT. WHAT ARE SOME THINGS THAT YOU’VE DONE THAT YOU REGRET?

Like hurt someone?

YES.

Like hurt people most of the time. I try not to hurt them. I don’t mean to hurt them.

LIKE HIT THEM OR SOMETHING?

Hit them, yeah. Don’t hate your kids. Please don’t.
SO YOU SOMETIMES HIT A PERSON BECAUSE YOU GOT SO FRUSTRATED?

Yeah. And they rubbed me funny. I was made fun of when I was little. I was a real, big, fat kid. And I usually kept that anger in so long until the 6th grade and I got really, really frustrated. I almost really hurt a kid real bad.

BECAUSE PEOPLE WOULD TEASE YOU?

Yeah. I really regretted that moment. And hopefully I won’t do that ever again. I really don’t want to do that again. That’s why I really take my medicine.

SO YOU HAVE MORE CONTROL OVER YOURSELF?

Yes. Right now I feel real controllable, like myself. Hopefully, I’ll always feel that way.

WHAT IF SOMEBODY TEASES YOU NOW? WHAT WOULD YOUR REACTION BE?

I wouldn’t care. I’d just turn my back.

JUST IGNORE THEM?

Yeah. I’d just ignore them. I feel that way. That’s how I feel in my life. My friends on the streets they will tease me sometimes, but I don’t care. They are kids that just don’t know better. There’s this one kid, really, really, really hated. I had two problems with him. He’s a real little kid about like…I don’t know how old he is, but he’s real young. He really cusses and all that kind of stuff. I’m trying to teach him not to. His Mom has trouble with him too. Hopefully he grows up to be the right kind of person. Hopefully, I see him that way. I just hope he grows up to be like his brother. His brother is okay, real okay. He’s just real calm. He doesn’t do anything like that. His brother is really nice and very protective of his little brother though.

WHEN YOU WERE GOING TO COUNSELING, HAS THAT HELPED YOU OR NOT HELPED YOU?

Not really. It helps me a little bit, but not much. It’s helped me to get some things off my chest. It helped me deal with the things I have anger with. As you can see, I have like a chart over there, my level system. My Mom has that for me. Fourth level I don’t get TVs or entertainment cards. I can’t watch TV or games, you know. Fourth level I’m going to get for you to help y’all out.

OKAY.

See, I’m still a kid at heart. You want to read that? This is all I can do.

THEN YOU GET GAME BOY, COMPUTER GAMES. AT LEVEL FOUR YOU GET MORE THINGS.

Level one you can’t get anything. You’re removed from everything.

AND THIS IS EVERYTHING THAT YOU WANT, RIGHT?

Right.

I HAVE THREE BOYS AND THEY ALL LOVE VIDEO GAMES.

Oh, I do too.

AND I SEE YOU CAN EARN MOVIES AND COMPUTER GAMES.
I like to watch TV a lot too. I shouldn’t do that. I really don’t think I should do that. I want to be outside more.

YOU LIKE TO BE OUTSIDE?

Yeah.

THEY SHOULD PUT OUTSIDE ON THERE, RIGHT? ONE OF THE THINGS YOU CAN DO.

Yeah. The awfulest is level one.

SO THESE CHARTS HELP YOU?

Yes, they really help me. The lowest I’ve been is level four, so far.

WHAT DO YOU HAVE TO DO TO GET THESE THINGS? YOU HAVE TO, LET’S SEE WHAT IT SAYS. BEING RESPECTFUL, HELPFUL, NOT AGGRESSIVE, WELL MANNERED, POLITE AND NO BAD LANGUAGE. AND THIS ONE IS YOU’LL DROP A LEVEL IF YOU DID THESE THINGS…IF YOU WERE DISOBEDIENT, REBELIOUS, USE BAD LANGUAGE, DISRESPECTFUL, BAD MANNERS, IMPOLITE, RUDE OR AGGRESSIVE. THESE ARE THE THINGS YOU’RE GOING TO TRY NOT TO DO, RIGHT?

Yep.

SO DOES THIS SEEM TO HELP YOU REMEMBER, TO REMIND YOU TO DO IT?

Yes. My Mom’s really, really…My Dad’s really, really into this, so my Mom’s really lenient. She’s not going to do it much. She really just gives me chances. See we have warnings. We have three warning signs. I get three warnings, and the third warning I lose a level. See, fifteen minute periods. Each one of these is fifteen minute periods.

SO IF YOU GOT REALLY MAD OR ACTING AGGRESSIVE, THEY WOULD GIVE YOU FIFTEEN MINUTES TO CALM DOWN AND STOP IT?

Yeah. That’s very good for me.

BUT IF YOU KEPT DOING IT LONGER THAN 15 MINUTES, THEN YOU’D HAVE TO DROP A LEVEL BECAUSE YOU WOULDN’T BE CONTROLLING YOURSELF, RIGHT?

Yeah.

AND THESE ARE ALL THE THINGS THAT YOU WANT TO DO.

And I earn them all back after a 24-hour period, they will review my attitude after 24 hours, and if it’s been good I get my level back, and if I have…This is like something at the home. Like the Green Oaks home or something like that.

SIMILAR TO THAT?

Yeah, similar.

BUT YOU MADE IT CUSTOMIZED FOR YOUR HOUSE?

Yeah. This is something different, more different. It looks real doesn’t it?
IT LOOKS VERY OFFICIAL. AND WHEN YOU'RE AT YOUR SCHOOL, YOU SAID YOU LIKE TO GO TO YOUR OUT CLASSES, LIKE THE COMPUTER CLASS?

Sometimes. Sometimes I don’t. It just depends on what out classes I have. There’s one period I didn’t do anything last semester, so I can sit there and rest and lay my head down or play my Game Boy. I can take my Game Boy up there as long as I don’t play it during school time or doing my work. I can do it during my free time. Like at lunch, or when a teacher says I can. And stuff like that. Hopefully, I do everything all right.

SO SOME OUT CLASSES YOU DON’T LIKE AS MUCH?

Yeah.

IS THAT BECAUSE OF THE TEACHER OR THE STUDENTS?

Because the way the class functions.

WHAT KIND OF FUNCTIONS DO YOU NOT LIKE? HOW THEY FUNCTION, WHAT IS BAD ABOUT THEM?

Like science, that's very hard for me. Math is very hard for me. But I'm glad I'm in B.A. for that because I'm pretty sure that...History is hard for me.

SO THE SUBJECT MATTER IS HARD?

The subject matter is real hard. And sometimes the teacher doesn’t help you with that and they don’t know how your communication is.

SO IN THE REGULAR CLASSROOMS, THE OUT CLASSES, SOMETIMES THE TEACHER DOESN'T UNDERSTAND HOW TO HELP YOU?

No.

AND YOU GET KIND OF BEHIND AND YOU JUST SIT THERE?

Yeah. That’s what I did last semester.

DO YOU GET IN TROUBLE MUCH AT SCHOOL, LIKE SENT TO THE PRINCIPAL’S OFFICE OR…?

No really. I never got sent to the principle’s office. I have been on level 5 all year long. I’m really proud of myself.

THAT’S GOOD. SO YOU DON’T LEAVE SCHOOL, LIKE CUT SCHOOL?

No, I don’t cut school.

HAVE YOU EVER LEFT HOME OR RUN AWAY FROM HOME?

My brother has. He’s not schizophrenic though. We all have different dads. My step Dad and my Mom are taking care of us. My big brother is the one who ran away. He’s in the army now though. He’s been in one or two years, I’m not sure.

SO HE’S DOING GOOD IN THE ARMY NOW, RIGHT?

Yeah. He’s been there for two years.
AND HE HAS A DIFFERENT DAD THAN YOU?
Yeah.

AND THEN THERE WAS YOU WITH YOUR DAD…?
My Dad had problems too.

HE HAD PROBLEMS. AND THEN YOUR DAD YOU HAVE HERE IS YOUR STEP DAD, HE’S THE ONE THAT RAISED YOU FOR YOUR WHOLE LIFE, RIGHT?
Yes. Right.

AND HE’S THE DAD OF YOUR YOUNGER BROTHER THAT’S 14?
Yeah. I love my little brother too. I really love him very much. I love my big brother very much. I love all my family very much. I really don’t want anything to happen to them because if they get murdered, I really don’t want them to get murdered.

DO YOU WORRY ABOUT THAT SOMETIMES?
Yes, a lot. All the time. I worry about car wrecks and all that kind of stuff. I try not to think about that. I really have tears in my eyes right now.

YEAH, JUST THINKING ABOUT IT FOR YOUR FAMILY MEMBERS, RIGHT?
Yeah. And also friends. My very best friend that I’ve known all my life is Jason. I’m not sure if he does bad things, but I love him. He got kicked out of his house. He got kicked out, but he wanted to get out on his own. When he first got out on his own, he was in 11th grade. He’s a very nice guy, to me. I like to wrestle with him a lot.

IS HE A NEIGHBOR?
He’s a neighbor. He’s a good kid that I grew up with. My Mom knew his Dad for a while. We used to go camping together and all that. He knows my problems. He knows about me.

YOU MENTIONED SOMETHING ABOUT COUNSELING NOT HELPING YOU THAT MUCH. WHAT DO YOU THINK IS NOT GOOD ABOUT IT THAT DOESN’T HELP YOU?
There’s just some things they don’t know about schizophrenia people.

THEY DON’T SEEM TO KNOW ABOUT SCHIZOPHRENIA AND WHAT YOU’RE EXPERIENCING?
Yeah, right. The one I’m going to doesn’t really deal with that kind of stuff. But she’s trying hard. So I want to give her a chance. I really do want to give her a chance so she can learn about it and have the experience over it.

TO KNOW WHAT IT’S ABOUT?
Yeah.

IN THE HOSPITALS, DO THEY SEEM TO HELP YOU OR NOT HELP YOU?
Not help me. They do help me, but all they do is change my medicine.

SO THEY HELP YOU GET YOUR MEDICINE…
Adjusted.

ADJUSTED?

Yeah. And it really helps that way. I meet a lot of new friends there. Austin was there. I liked this girl that was there. She was pretty. I thought she was pretty. She was pretty nice. She was a nice girl. That’s the only girl I really liked up there. They all look pretty though. There’s not any girl that’s not pretty, I really don’t think.

THAT’S REALLY NICE OF YOU.

I know. I mean you have to really...unless they were born that way.

YOUR MOM TOLD ME YOU HAD GOOD MANNERS AND YOU TREATED GIRLS NICELY.

Yes, I do.

LET’S THINK ABOUT SCHOOL AGAIN. WHEN YOU’RE IN THE CLASSROOM, IN THE B.A. CLASSROOM, WHAT THINGS DO THEY DO IN THE CLASSROOM THAT MAKES YOU FEEL WORSE?

I’m trying to think. Sometimes it will come to the top of my head, but some of the things are worse in there. Like the people around you are...like the way they are...I’ve only seen one person like me in there in any B.A. classroom.

SO THEY DON’T LIKE YOU? THEY DON’T ACT NICE TO YOU?

They’re nice to me. All of them are nice to me, it’s just they’re not like me, like my schizophrenia.

OH, THEY’RE NOT THE SAME AS YOU.

They don’t know me very well like that. None of the other kids are like that.

SO YOU FEEL LIKE THEY DON’T UNDERSTAND WHAT YOU’RE GOING THROUGH?

Yeah. Some of them do. Like this one kid named Mark had a whole family full of schizophrenia people. He didn’t become a schizophrenic. His sister did though.

AND SO DO THEY DISTRACT YOU FROM YOUR WORK? DO THEY MAKE IT HARD TO PAY ATTENTION?

Sometimes. I told one of my friends that I had schizophrenia, but he said, “Its okay, man.” He’s really nice to me about it. And Ron, but he’s the one that cuts a lot. I feel sorry for him though because he grew up in a really rough family.

IS HE IN YOUR CLASSROOM?

Yeah. Some of my friends grew up in a really bad neighborhood, rough families and all that kind of stuff. So they actually do like bad things all the time. I don’t really hate anyone. I really don’t hate anyone.

THAT’S GOOD.

I may dislike them, but I don’t hate them.
SO WHEN YOU'RE IN THE CLASSROOM AND YOU'RE TRYING TO GET YOUR WORK FINISHED, LIKE YOU SAID YOU WANTED TO GET IT FINISHED, BUT BEFORE THAT, LIKE IN JANUARY, FEBRUARY AND MARCH, YOU WEREN'T DOING YOUR WORK AS WELL, RIGHT?

Right.

AND WHY WAS THAT?

I really don't know.

YOU DON'T KNOW WHY. WOULD YOU JUST SIT THERE AND NOT WORK?

Yeah. Just sit there and play with like paper clips and stuff. Like turn it into stuff like swords or something.

DID YOU TEACHER TELL YOU TO DO YOUR WORK AND YOU JUST WOULDN'T?

Sometimes they don't. They just sit there and don't talk to you.

THEY DON'T SAY ANYTHING?

They know you're not doing your work, but they know you're going to fail. I really turned that around, of course. At the end of the year she said, close to the end of the year, like two weeks before the summer, she said to everybody that hasn't been doing their work...a lot of people didn't do their work. I was probably the only one that did all the work and it really passed me. In the other B.A. class, Mr. Jones, he really liked me. He liked me a lot. He wouldn't let me stop. He wouldn't let me stop doing my work because he really wanted me to pass.

DID YOU DO THE WORK FOR HIM?

Yes. I don't know why.

WHAT WAS DIFFERENT ABOUT HIM THAT MADE YOU DO IT?

I don't know. He's a nice old man.

YOU SAID HE WOULDN'T LET YOU STOP.

He wouldn't let me, but he'd let me rest a little bit. That's really helped me a lot. And he let me rest for a little bit and then give me like a 15 minute break, like two of those. He'd give me a 15 minute break in one period. For two classes over there. Two 15 minutes breaks was all I had. I had like a 30 minute break. You could take both of them for along time, or like split it up.

SO HE HAD YOU SAY DO YOU WORK, AND THEN TAKE A BREAK AND THEN GO BACK AND DO YOUR WORK?

Yeah.

SO HE MADE IT REAL CLEAR, LIKE TAKE A BREAK, AND GO BACK TO YOUR WORK, WORK SOME MORE, AND TAKE ANOTHER BREAK?

Yeah. He's a real nice guy.

SO THAT MADE IT EASIER FOR YOU TO STICK WITH YOUR WORK, YOU THINK, BECAUSE YOU KNEW THAT A BREAK WAS COMING UP?
Yeah. Ms. King really liked me too. She didn’t really know of my schizophrenia at first.

SO THEY WERE NICE, BUT SOMETIMES THEY DIDN’T KNOW…?

She probably still doesn’t know about it yet, Ms. King. But I’m not sure if Mr. Jones knows about it or not. I think my Mom told him. And he’s a very nice guy. When I came back…I was supposed to go to school that day and my pants ripped. I was so embarrassed, but it was a good thing I got out of there alive without anybody seeing, except Mr. Jones knew. I told my friends that, and he said, “You’ll be alright, man. Just sit there until your Mom gets there.” Me and my Mom had a big fight that time. I told her that…we made up about it…and she (inaudible), she wanted to go straight to Jack-In-The-Box. She was in her night gown. And she didn’t feel like getting undressed and all that kind of stuff for nothing, just to go back to sleep afterwards. And that way when she gets home she can go back to sleep. I knew that was going to happen because that happens so many times before. She is real sick right now.

YEAH. THAT’S WHY SHE COULDN’T TALKK TO ME ABOUT TWO WEEKS AGO. AND THEN SHE SAID SHE WAS FEELING BETTER. SHE SAID SHE WAS STILL SICK, BUT SHE STILL WANTED…I SAID, “SHOULD I COME OVER OR NOT?” AND SHE SAID, “NO, I WANT YOU TO.” SHE TALKED OKAY, BUT SHE HAD A SCRATCHY THROAT VOICE, DIDN’T SHE?

I want her to feel better so bad.

SHE NEEDS TO GET RID OF IT.

I was hoping she gets better because sometimes you can die with that kind of stuff if you have it for so long.

BUT I THINK THAT’S WHEN YOU DON’T GO TO THE DOCTOR. SHE SAID SHE WAS GOING AND THEY GAVE HER ANTIBOTICS, AND THEN SHE WENT BACK AND THEY GAVE HER MORE.

She’s just not doing good.

SHE’S NOT GOING TO DIE FROM THIS; IT’S JUST TAKING A LONG TIME TO GET IT WELL. HER VOCAL CORDS MIGHT BE RAW OR DAMAGED FROM TALKING SO MUCH AND IT MIGHT TAKE A WHILE TO HEAL.

Yeah. Anyway, when I first saw her like that, she was real sick. She couldn’t even get out of bed. So I thought she was going to die. That’s what made me think of that. I was hoping she wouldn’t die. My cousin has diabetes, and that was my favorite cousin out of that group. She hangs out with me more. And Cody hangs out with Chris, because he’s a skateboarder. My little brother is a skateboarder. And Kelsey used to hang out with Tyler, her brother. She has a little brother and he’s like four or something like that. I sometimes play with him. I like playing with Tyler. I picked him up or something like that or playing monster or something. I play the usual stuff with little kids. And….where were we again?

WE WERE JUST TALKING ABOUT…WE TALKED ABOUT YOUR MOM BEING SICK, BUT THEN BEFORE THAT WE WERE TALKING ABOUT IN SCHOOL, WHAT MAKES IT BETTER AND WORSE FOR YOU AT SCHOOL? YOU MENTIONED THAT THEY GIVE YOU BREAKS IS GOOD?

Yeah. That’s a good plan. And also Ms. King is a good teacher. She’s a good teacher in ways, but she just doesn’t know about my…

WHAT WE’RE TRYING TO DO IS GET LIKE IDEAS TO GIVE THE TEACHERS. BECAUSE GOOD TEACHERS WANT TO DO BETTER IN THEIR CLASSROOM, BUT THEY NEED MORE IDEAS, RIGHT?

Yes.
MORE INFORMATION ON HOW TO MAKE THEIR CLASSROOMS BETTER.

Yes, in regular classes too, because we have our classes of course.

AND THEY NEED TO KNOW ABOUT WHAT TO DO.

Yes, all teachers need to know because there are a lot of kids like me. Not like me with my same thing, but many like me.

WITH SIMILAR PROBLEMS.

Yeah, similar problems, yeah.

DO YOU LIKE TO GET OUT OF YOUR DESK, OUT OF YOUR SEAT, A LOT FOR A BREAK, OR CAN YOU STAY THERE A LONG TIME?

I can sit there. It depends on what kind of mood I am in. Most of the time I can sit there. This medicine I was on, I couldn’t stay in the seat. I had to get up…it was this year.

WALK AROUND?

Yeah. They put me on all kinds of medicines. Tired medicine. That’s been within the last two weeks. Not the last two weeks, but when I was at school. Before the last three weeks of school left. And they changed my medicine up, this is right now…

MORE AWAKE.

More there. But it makes me tired at night. Not tired, tired, but tired during the daytime.

YEAH. IT’S BETTER TO BE TIRED AT NIGHT AND NOT TIRED DURING THE DAY, RIGHT?

Yeah. Hopefully it will get adjusted in my system.

THEY KEEP COMING OUT WITH NEW MEDICINES.

Yes, they do.

THAT ONE YOU’RE TAKING NOW, SERAQUALL IS PRETTY NEW.

I heard of that a while back.

IT’S ABOUT TWO YEARS OLD, I THINK.

I think so.

BUT IT’S SUPPOSED TO NOT HAVE AS MANY SIDE EFFECTS AND THEY KEEP INVENTING MORE AS THEY DO MORE RESEARCH.

I want them to do a surgery type thing.

THEY HAVEN’T BEEN ABLE TO DISCOVER HOW TO DO THAT. THEY CAN DO AN X-RAY AND MRI ON YOUR BRAIN AND LOOK IN THERE, BUT THEY CAN’T…THEY DON’T KNOW WHAT TO DO ABOUT IT. THEY’RE STILL DOING TESTS.

I know. I know. Hopefully by the next 10 years.
SOME KIND OF A CURE?

Yeah.

THEY'RE DOING A LOT OF SCIENCE RESEARCH ON IT.

Hopefully I hope they do. Hopefully I don't kill anybody over it, you know.

AND YOU CAN'T THINK OF ANYTHING THAT HAPPENS THAT MAKES YOUR SYMPTOMS WORSE, LIKE MAKES IT COME BACK WORSE? SOMETHING THAT CAUSES IT TO COME BACK?

Some medicines will do that to you. One of these medicines, I don't know what it was called, but it made it worse, real worse, made it a lot worse. I have stopped seeing things, I can't think straight. (inaudible) it was a while back a long time ago. I was out of control. And then I got adjusted about that. I was in and out of hospitals most of my life before this even happened. In kindergarten through…all my elementary years I've been in and out of hospitals.

DO YOU HAVE ANY TIPS TO GIVE THEM TO MAKE THE HOSPITALS BETTER?

Hmmm. They forgot how yal work on this kind of stuff. Like they don't really go for schizophrenia people. Hopefully somebody has that kind of…

SO YOU GO TO THE HOSPITAL TO GET MEDICINES AND THINGS, BUT THEY DON'T REALLY KNOW THAT MUCH ABOUT SCHIZOPHRENIA, AND THEY'RE NOT REALLY HELPING YOU UNDERSTAND?

The last one I been to didn't know about it. All they knew is like people see things, like they do drugs or something.

BUT THEY DIDN'T REALLY KNOW WHAT TO DO ABOUT IT?

But they don't really know about schizophrenia.

YEAH. IF THEY'RE SEEING THINGS JUST BECAUSE THEY TOOK DRUGS LIKE LSD OR SOMETHING, THAT'S NOT SCHIZOPHRENIA, IT'S THEIR DRUGS THAT CAUSED IT.

They see things right after they do drugs. Like a while back, way after they do drugs they can still see things because it still in their body.

YEAH. I'VE HEARD THAT LSD NEVER LEAVES YOUR BODY. IT KEEPS COMING BACK WHENEVER YOU DON'T EVEN EXPECT IT TO. THAT'S WHY SOME OF THOSE ILLEGIAL DRUGS ARE SO DANGEROUS.

One of my friends do that and I don't want that to happen to them. I’m trying to get them to stop doing that. I don't want it to mess up their lives, you know. I want to be the kind of person that helps people. But I let them do what they want to do.

DID YOU LIKE GOING TO THE HOSPITAL, OR NOT LIKE IT?

I don't like going to the hospital at all any more. The last time I been there, it was okay. I just wanted to go home afterwards.

YOU WENT ABOUT A MONTH AGO, DIDN'T YOU?

Two months ago.
TWO MONTHS AGO. AND HOW LONG DID YOU STAY?
I stayed about seven days, a whole week.

LIKE IN MARCH OR SOMETHING?
My minimum stay was about seven days, not seven day, but five days. But I went two days over. See how smart I am, I said that real fast. See I know math pretty good. See, while I was sitting there I could think of math, sitting there thinking math. After all the years I just know about it. I can think of math inside of my head and real fast coming out.

SO MATH IS YOUR BETTER SUBJECT?
Not really, but when I’m doing it, I can’t really do it. Like doing it on paper, I can’t do it. But when I’m sitting down watching TV or something, I just get it right out of my head.

YOU THINK OF THE ANSWERS RIGHT THERE?
Yeah.

DO YOU LIKE TO READ, OR NOT?
I don’t like to read. I like to read some things, like things I like.

SO DOES THAT CAUSE YOU TROUBLE AT SCHOOL?
Yeah, it causes a lot of trouble at school.

MAKES SCHOOL GO A LITTLE MORE SLOWLY, OR SLOWER TO GET IT DONE?
Yeah. Sometimes, if I’m interested in it…when you’re interested in it, you read a lot more. Sometimes if I’m interested in it, I’ll only read like five places ahead and I’m okay with it though.

DO YOU HAVE TROUBLE UNDERSTANDING IT THOUGH?
Yeah. I have trouble understanding it. You know, when I write I mess up a lot. I don’t know why. What’s the problem when you get the letters mixed up with the other letters?

LIKE MAKE THEM BACKWARDS?
Yeah.

DYSLEXIA.
I think I have that.

WHEN YOU WRITE THE LETTERS BACKWARDS AND YOU SEE THEM BACKWARDS WHEN YOU’RE READING? THAT CAUSES YOU TROUBLE SOMETIMES?
Yeah. I think I have Dyslexia.

BECAUSE THAT CAN MAKE YOU READ REAL SLOWLY AND TIRED TO READ TOO. LIKE YOU LOSE YOUR PLACE WHEN YOU’RE READING?
Yeah. I always lose my place all the time when I read. My Mom doesn’t know.
DOESN’T KNOW THAT YOU DO. WHAT IF YOU’RE READING REALLY SLOWLY AND LOOKING BACKWARDS, YOU MIGHT HAVE IT. YOU CAN HAVE IT JUST A LITTLE BIT.

Yeah. Hopefully I won’t have it all my life. I’m trying to get…Even when I write, I mix up the “D” backwards with the “B.” I can’t write in cursive.

I NOTICED YOU SIGNED YOUR NAME IN PRINTING.

I know. I just don’t like writing in cursive. I don’t even know how to write in cursive. I learned to write my name in cursive, but I’ve forgot how.

HAVE YOU EVER JUST KIND OF LEAVE, OR WANDER AWAY FROM THE HOUSE AND JUST WALK OFF?

Yeah.

WITHOUT TELLING YOUR PARENTS AND YOU JUST KIND OF LEAVE?

By accident, a couple of times. It was an accident, but I don’t know why I did it.

DID YOU GO VERY FAR?

Only like two…by the church, and sometimes to my friend’s house, Ben. My Mom knows where that’s at. I just wander off and not know where I’m going. I look around at first and look for stuff. I like to look around for stuff, okay? I found a lot of things lately. I found quarters, and all that kind of stuff. One time I found like $17 in one roll. I’m not good at spotting things, but when I’m actually looking for it, I don’t see it. Like with a flashlight.

LIKE WHEN YOU’VE LOST SOMETHING AND TRYING TO FIND IT, IT’S HARD TO FIND?

Yeah. I don’t actually lose it, my Mom put it in there. I was looking in there and I can’t see it, so I shut the main door, and then I went to get the flashlight. Actually I knew where that was.

SO YOU’VE WANDERED OFF FROM HOME BEFORE AND KIND OF WANDERED AROUND THE NEIGHBORHOOD AND STUFF.

Yeah.

HAVE YOU WANDERED OFF FROM SCHOOL BEFORE OUT OF THE CLASSROOM?

No.

YOU STAY IN THE CLASSROOM?

Yeah. Of course.

IS THAT BECAUSE YOU DON’T WANT TO GET IN TROUBLE?

I try to focus on that. There was a couple of times…there was only one time when I left the classroom because I got mad, real mad.

SO ONE TIME YOU LEFT THE CLASSROOM BECAUSE YOU WERE MAD? YOU WERE MAD AT THE TEACHER, OR…?

Mad at the teacher and that’s about it.
AND WHAT HAPPENED, DO YOU REMEMBER WHAT MADE YOU MAD?

It was Mr. Daniels. I like Mr. Daniels a lot, it’s just that he’s not my teacher any more though. He went to night school. He just loves the night school now. Mr. Daniels, he’s a nice teacher and all, but he sometimes can get a little mean. But he’s not mean to the…he just gets like…I don’t know what happened.

YOU JUST REMEMBER YOU GOT MAD AT HIM AND LEFT THE CLASSROOM?

Yeah.

BUT THAT DOESN’T HAPPEN TOO OFTEN?

Doesn’t happen too often. But it does it 9th grade, sophomore. There was only two years that I’ve known him.

WHEN YOU’RE AT SCHOOL, DOES IT BOTHER YOU…DO YOU WORRY ABOUT HOW YOU LOOK OR YOUR HAIR, YOUR CLOTHES OR ANYTHING WHEN YOU’RE AT SCHOOL? DOES IT WORRY YOU A LOT?

What?

LIKE DO YOU WORRY ABOUT IF YOU LOOK OKAY, IF YOU CLOTHES ARE OKAY?

Yeah. Sometimes. Very rarely. That’s natural, okay. That’s only natural, but sometimes I see things on my clothes and sometimes people…I have a lot of note backs, like people put notes on your back.

SO THEY PUT NOTES ON YOUR BACK?

Sometimes.

SO YOU HAVE TO CHECK AND SEE?

Yeah. I’m very sensitive about that now. It happened a lot this year.

DO PEOPLE IN YOUR CLASSROOM DO THAT?

The A classroom too. Just the A classroom mostly. Did I say 12th grade for Mr. Daniels?

YOU SAID 11TH, DIDN’T YOU?

Yeah.

TWO YEARS YOU SAID, 10TH OR 11TH. I KNOW IT COULDN’T BE 12TH GRADE. IT HASN’T HAPPENED IT, RIGHT?

Ms. King and Mr. Jones, actually Mr. Ellem first. Mr. Ellem was really laid back. He didn’t care about what you did or nothing. He actually quit his job. He didn’t quit, he just gave his two week notice and he tried out for the police force again. He was a police officer. He used to be a police officer, squad team too. I don’t know what made him want to be a teacher. I really liked him though.

SO HE WAS A TEACHER FIRST, AND THEN HE BECAME A POLICE OFFICER?

No, he was a police officer beforehand.
AND THEN A TEACHER, AND BACK TO BE A POLICE OFFICER THEN?

Yeah. And before that there use to be a police officer, Mr. Johnson, he was a police officer too, ex-cop, and he went back to be a police officer too.

IF YOU’RE KIND OF...LET’S THINK ABOUT IT. IF YOU WERE KIND OF OUT OF CONTROL AND BE REALLY DISOBEDIENT, WHAT WOULD BE THING THAT THE TEACHER OR THE PARENT COULD DO TO HELP YOU GET YOURSELF UNDER CONTROL?

I don’t know. I really don’t know because I wasn’t really all there.

SO TALKING TO YOU PROBABLY WOULDN’T HELP?

Probably not.

BECAUSE YOU WOULDN’T BE LISTENING REAL WELL?

Probably not.

WHAT ABOUT YELLING AT YOU?

No, do not yell at me. Do not yell at me!

MAKES IT WORSE?

That would make it worse.

WHAT ABOUT LIKE TOTALLY LEAVING YOU ALONE BY YOURSELF FOR A WHILE?

Ignore me would probably do the thing.

THEN YOU WOULD CALM DOWN IF SOMEONE IGNORED YOU AND LEFT YOU BY YOURSELF AND YOU’D CALM DOWN AFTER A WHILE?

Yeah, probably. That’s probably the solution right there. I’m not sure if it works, but that probably is a good solution because that’s what works for me. You could try that, I guess, to see how good that would work.

AND IS THERE ANYTHING THAT PEOPLE COULD DO TO HELP YOU NOT GET OUT OF CONTROL, LIKE NOT EVEN START TO HAVE A PROBLEM?

Don’t make me made, of course. Don’t try to make me mad because all the pressure I’ve had on me over the years. I have pressure on right now, I’m not sure if it is right now. I’m not sure if it’s good pressure or bad pressure. (end of side one)

OKAY, WE WERE THINKING ABOUT WHAT CAUSES YOU PRESSURE OR STRESS? MAKES YOU FEEL PRESSURE?

I knew you were going to ask me that question. How am I supposed to know? I think it should be either...I don’t know. You could run tests on me and probably figure that out. Like put one of those little things on me, brain things on me. Like those little things on the head.

ELECTRODES AND STUFF LIKE IN A DOCTOR’S OFFICE?

Yeah. Just test me out and what makes my pressure...
YOU SAID THE SYMPTOMS WORRY YOU?
I think worries, and also ticking me off. Trying to tick me off to the point where I get out of control. Try not to cuss at me. Like cussing at me will make me mad. Or try to like tease me or anything like that.

OR ARGUE WITH YOU?
Argue. I’m an argue kind of person.

YOU THINK YOU’RE THE ONE WHO STARTS THE ARGUMENTS?
Yeah. You ask my Mom that.

HOW ABOUT IF YOUR MOM TOLD YOU TO DO SOMETHING, TO CLEAN SOMETHING UP?
Oh, that really starts something.

THAT BOTHERS YOU?
Yeah. If I’m sitting down and not doing...when I’m really tired and not doing anything. So you better get me while I’m standing up.

IF YOU’RE STANDING UP THEN YOU WON’T GET MAD?
Most of the time. Like if I’m sitting down, that’s when the arguing starts.

IF YOU HAD CHORES THAT YOUR FAMILY WANTED YOU TO DO, WOULD IT BE BETTER TO LIKE MAKE A CHART OF THEM? LIKE SAY MONDAY DO THIS, TUESDAY DO THIS, OR BETTER TO TELL YOU TO DO IT?
It’s better to tell me. It works a lot better just to tell me. I’ll probably do it on my own if...

IF YOU KNOW ABOUT IT?
Yeah, if I know. I could do it on my own if I knew it. I can, sometimes I don’t know what to say. Sometimes I can tell what you’re about to say, like the body language or something. I’m really good with the body language sometimes, most of the time. See I know when you’re about to cuss, when you’re about to hit, when you’re about to cry. I’ve got some emotional problems too. All emotional. You’re sad, happy, just basics. Sad, happy, mad. I can tell with anybody.

SO YOU’RE PRETTY SENSITIVE TO PEOPLE’S EMOTIONS?
Yeah. I know about when you’re sad. See I didn’t tell most of the people. Some people are hard to tell because they’re more in with their emotional problems.

THEY DON’T SHOW IT ON THEIR FACE?
Yeah. You sad? Or something like that. It’s like sad or something. And I can tell when you’re about to attack, okay. Like a fist balled up, okay. My friend named J.D., I can tell when he’s about to attack or anything. I know when he’s doing that and I know when he’s playing around because he looks different from an attacking stance. I never physically made fun of anybody, but he looked a lot of Ernest.

THIS PERSON YOU KNOW LOOKS LIKE ERNEST?
Yes.
FROM THAT TELEVISION MOVIE OR THAT COMEDY MOVIE, “ERNEST GOES TO CAMP.”


AND YOU KNOW SOMEONE WHO LOOKS LIKE HIM?

Yeah, a lot like him. That’s pretty funny, you know. He’s as skinny as him, he’s like…he doesn’t talk like him, but he looks a lot like him. His name is Chris.

AND YOU KNOW HIM AT SCHOOL?

Yeah. He’s my friend. I scare him so fast though. See, sometimes I play fight, I’m play acting. Like I stood there and go up towards him and I’ll act like I’m hitting him or something. I did this to this one person, my friend named Ryan. But I don’t hurt them or nothing.

YOU’RE JUST TEASING?

Yeah, just teasing. Yeah. I really can look like I’m about to attack you.

YOU’RE REALLY STRONG. I MEAN YOU’RE REALLY BIG AND MUSCULAR. YEAH, YOU COULD ACCIDENTALLY SCARE PEOPLE.

Hopefully, I just don’t want to hurt anybody. I try to hit the wall. I was testing myself to see what I can do.

TESTING YOUR SKILLS?

Yeah. See if I can do it right. It’s just that he’s bigger than me…as big as me, I scared him off. He’s messing with this little kid, this little kid, and I go over there and say…he’s long, his legs are long. I go like that and he started…then he got closer to me and started running off. And I said, “Are you okay over there.” And he said, “Okay thanks.” And he runs off too. I take up for little people too.

I WAS GOING TO ASK YOU, DO YOU KNOW THE FOLKS, THE NAMES OF ANY OF YOUR TEACHERS, THEIR HOME PHONE NUMBERS?

No, I don’t.

I WAS THINKING I WANTED TO TALK TO ONE OF YOUR TEACHERS, IF I COULD, SINCE SCHOOL IS OVER. THEY MIGHT BE LIKE TEACHING SUMMER SCHOOL OR SOMETHING.

Some of my teachers…Ms. Alice King, Tom Jones, I don’t know what; there’s a Mr. Singleton and Ms. Singleton. But Mr. Singleton is my teacher. He teaches computer. He’s teaching BCIS.

(End of tape)
Interview One with Special Education Teacher of Student Br with Schizophrenia Age 17

THIS YEAR WAS YOUR FIRST YEAR WORKING WITH BR...?

First year.

FIRST YEAR THAT YOU'VE HAD...

Since August.

IT WAS YOUR FIRST YEAR AT THE HIGH SCHOOL LEVEL?

Yes.

WHEN YOU'RE WORKING WITH HIM IN A CLASSROOM, WHAT WOULD YOU SAY ARE SOME OF HIS BEHAVIORS THAT HAVE CAUSED HIM A PROBLEM?

Behaviors with Br? I never really had a real behavior problem with Br, other than with Br, the fact that sometimes he would not want to do the work. He would find excuses. “It’s too hard. I can’t do this.” And then if you give him an opportunity, he will talk to you; so that would kind of get him off task, but very polite and malleable. No behavior problems. I think he stayed on what we call our “Level 5” kids all year.

HE STAYED IN, WITHIN YOUR LEVEL 5 POINT SYSTEM...

Right.

...BUT SOMETIMES HE WOULD HAVE A PROPENSITY TO TALK ABOUT OTHER THINGS AND THEN GET OFF THE SUBJECT AND NOT DO WORK.

Right. So you have to, you know, kind of address that and say, “Br, you need to be working history, or you need to be working on your English,” and you know, what I did with all the students in my class is I gave them a syllabus of what their assignments were, so they had text assignments; they had handouts, and they had Internet assignments...

THIS IS FOR THE WHOLE SEMESTER OR SIX WEEKS?

Every six weeks.

EVERY SIX WEEKS THEY GOT A ...

New syllabus.

...WITH THEIR ASSIGNMENTS?

Right.

TEXTBOOKS, WORKSHEETS, INTERNET.

Yeah, so, they knew week one that this is what they were supposed to be doing. Everything was individualized because I knew their ability, so like Br in history, I had another textbook that he used, and you know, he had list on there of one of those assignments to do, and I let him work at his capability, whatever he could do. If there is 10 questions, he did four. And then I had Br for English and in English, same thing. We are governed by basically following what they call behavior scope and sequence, and that’s the core curriculum, and because if they’re going to be mainstreamed, they’re supposed to be
able to do the work in the classroom, so we have a modified version, and it’s modified even more and so on and so forth.

DEPENDING ON THEIR ABILITY?

On their ability.

SO USING THE REGULAR CLASSROOM TEXTBOOKS AND ASSIGNMENTS AND THEN MODIFYING THEM BY MAKING THEM SHORTER, OR IS THERE AN ADDITIONAL WAY TO MODIFY...?

There are additional ways. Shorter, I would say, if they were reading a short story, I may only...and it had 20 pages, I may say read five of them. Just to get them introduced to it. And I would tell them to highlight, highlight, highlight. Take notes and highlight. And that's kind of what we did. In Br's case, sometimes in his English, I would find other subject matter, short stories that I could Xerox or copy, and he could read them, and they may be at a fifth-grade level. Very short questions and things like that. The biggest problem I had with Brandon, and his former teacher mentioned, was with him writing. He didn’t write. And I showed his former teacher, and he said, “You got that from Br?” And I said, “Yes.” He said, “I never got him to write that much. But I try to grade holistically.

OH, OKAY.

And so, I looked at the piece with what they’re able, like what Br was able to do, and it's one of those things, encouraging, I was very encouraging. “Oh, Brandon, you're doing a great job.”

RIGHT.

And that seemed to motivate him a lot, and I'll back up a little bit and say our first day at school, Br greeted me at the door and introduced himself, so I knew who Br was. But, so, he's a very pleasant person in the school environment.

SO HE USED GOOD MANNERS AND...?

Yeah.

...THAT AS ASPECT OF HIS SOCIAL SKILLS WERE GOOD?

Impatient though. If the class was ending at, oh, five minutes to one, Br was out of his seat at fifteen minutes before the class ended, you know, backpack ready to go, you know, so I would have to, “Br, you need to sit down. It’s not time yet. You’ve got time to get it together,” but you know, we’d practice.

YEAH. DID YOU THINK THAT WAS BECAUSE HE JUST WANTED TO BE DONE WITH THE CLASS OR DO YOU THINK HE MISJUDGED HOW LONG IT WOULD TAKE HIM TO CLEAN UP AND GET READY TO GO?

He was just anxious, and his mother told me the same thing. She said, like, one day she called me and said, “I didn’t tell Br I had a doctor’s, he had a doctor’s appointment, but if I tell him, he’ll be watching the clock all day, and he won’t do any work.”

YEAH. ANXIOUS TO GET ONTO THE NEXT...

...get onto the next thing.

...WHATEVER.
So, that particular day, he had a 1:30 appointment, and he had to leave about five minutes to one, and then I informed him, I informed his other teacher, too, and then I let him know because there isn’t that much time there, you know, but if he had known at 9:00, he wouldn’t be productive. Now, Br did something I thought was very creative. In English this last six weeks, I had him do a collage in reading and language, English, you know, anything was pertaining to the color spectrum of violet, words, titles, pictures, whatever, and Br, I could buy the magazines, and they were able go through the magazines or take them home, and most of them did it in class, Br wrote out his name, found the letters and wrote it and had it on top, and he had Br, 2Y, or Y2K, and I thought that was really creative and he did a very good, probably the best collage that I had seen, and because I thought it was unique how he came up with that.

RIGHT.

And you know, I just praised him to the hilt. “Br, you really did a good job.” And one of the other students mentioned, they said, “You know, this is really good what Br did.”

AND DID HE STAY IN YOUR CLASSROOM FOR MOST OF THE DAY AND GO TO A COUPLE OF OUT CLASSES OR WHAT WAS HIS SCHEDULE?

Br, I had him, let’s see, I had him for basically two subjects, well, three. Social Skills. I had him for English, and I had him for US History and Social Skills, so he was with me, maybe two days, one with two class periods one day and one another day, so he was out the other times.

HE WORKED WITH MR. JONES?

Yes. Mr. Jones had him for math.

WAS THAT IN YOUR SAME ROOM?

No.

HE WENT TO ANOTHER ROOM FOR THAT?

Yes.

BUT IT WAS SPECIAL EDUCATION?

SBA, yes, for two BA (sic behavioral adjustment) classes that were right next door.

SO YOU COULD SWITCH KIDS FOR DIFFERENT SUBJECTS THAT YOU WERE KIND OF SPECIALIZING IN?

Yes.

BR SAID THAT HIS COMPUTER CLASS WAS HIS FAVORITE OUT ONE. WHAT THINGS WOULD HAPPEN IN THE CLASSROOM THAT WOULD TEND TO MAKE BR’S SYMPTOMS WORSE?

Okay, if, Br liked to work by himself, and in working by himself, if there’s a lot of noise and tension in the classroom, that would elevate him, and there was one young lady, in particular, that sometimes got to be annoying to him, and sometimes he would want to go into the other classroom, if she was loud and verbal and using profanity. And I had a thing with the students that if something was upsetting them, let me know, and I’d let them walk out the door just to kind of get things in check, and I’d monitor and watch, you know, and see that they’re not straying too far, but that is the only thing that was really, and that’s something that he has to work with, because in a behavior classroom, outbursts and that happen and you can’t always escape, so that would tend to set him off a little bit.
AND WHAT WOULD HE DO IF IT WAS UPSETTING HIM?

Well, he would ask if he can move, and we had an isolation area, and he would often go back there.

LIKE A STUDY CARREL?

Yeah, a carrel, and he’d go sit back there and do his work while I’m trying to take care of the situation, the other child would calm him down, you know, and that’s basically what he would do. Sometimes he would ask, well, with Br, first, I didn’t know his, I didn’t know how to, what would I say? With Br, he often wanted to go to the nurse. That was his cop out to get out of the classroom. I didn’t know if it was real, or the bathroom. Those were the two things I had to deal with, with Br. Normally, he’d come to the class early. “Can I go to the restroom?” “Okay, you can go to the restroom, Br. Come back.” With the nurse, it was “My head’s bothering me, or my stomach’s upset.” I mean, it was always something, and a lot of it was legitimate, but I also found out from the nurse that this was the pattern, you know, so I had a lot of contact with his mother, too, so she would let me know if things were kind of deteriorating at home and what was happening with Br. We had a situation, after Christmas is what, Br starting having a lot of problems, and he was out of school for almost two weeks.

RIGHT AFTER CHRISTMAS?

This spring.

THIS WAS THE SPRING SEMESTER?

Yes, and I want to say that really after Spring Break, so it was in March because that would be the Friday, prior to Spring Break, he had a doctor’s appointment, and then he didn’t come back, and I called and found out he’d been in the hospital and they were changing his medication and it had a lot to do, I think, hormonal changes and he’d been on this medication for five years, or something like that, so there’s an adjustment period that he was going through in the spring.

SO HE SEEMED TO DO BETTER FIRST SEMESTER?

Yeah.

AND SPRING SEMESTER, HE’S NOT DOING THAT WELL?

He didn’t do as well. I didn’t get as much work from Br. I really had to motivate Br, but again, I contributed it to the change in medication and stuff like that with his system adjusting to it.

AND DURING THAT TIME, DID HE WANT TO GO TO THE NURSE OR GO TO THE DOCTOR MORE OFTEN THAN THE FIRST SEMESTER?

It was about the same.

THAT WAS ABOUT THE SAME. THAT WAS PRETTY CONSTANT?

That was a constant thing. But, you know, Br, you know, I would, he was, I could trust Br to go and take attendance, go to the attendance office, and he would run copies for me, and you know, so I could really trust that little boy, because I knew he wouldn’t wander off. If you sent him someplace, he’d do the task and come back. Then he’d ask, “Can I go the restroom?” I said, “Why didn’t you go while you were gone?” He was a joy. He was a joy to work with, a lot of students that I had were kind of a joy, I mean, I enjoy what I’m doing. I mean, it’s a challenge, but you learn how to deal with, I had been in a junior high setting in a behavior class, prior to that resource, and so this was a new experience with the high school for me. And it was really challenging because I did not know that you had all the subject you were dealing with the kids in BA, you know.
So, that’s why I went to that syllabus because for the first two weeks, I struggled. I didn’t know. I put something on the board. This is for English. This is what…

RIGHT FOR ALL THE KIDS ORGANIZED ON AN INDIVIDUALIZED BASIS.

…so I did with the students is, they all had a syllabus with their assignments, and I also passed out a sheet that said, “I’ve gotten my assignments,” and they signed it, so they were, try some responsibility…

RIGHT.

…and again, I grade holistically and I look at what they’re able to do. The main thing is that they’re trying and doing something, and I’m there to assist them because I can’t direct teach because of the diversity of the classroom.

AND SO YOU DON’T HAVE TEACHER DIRECTED LESSONS?

No.

THAT YOU DO WITH ONE CHILD OR A GROUP? THEY HAVE INDIVIDUAL PACKETS, I GUESS, AND TEXTBOOK ASSIGNMENTS, AND THEN THEY’RE WORKING QUIETLY AT THEIR DESKS AND THEN, I GUESS, YOU GO AROUND AND SEE IF ANYONE NEEDS HELP OR EXPLANATION.

Right.

SO THEY’RE BASICALLY TO READ THE DIRECTIONS OF WHAT TO DO…?

Yes, right.

THE SYLLABUS TELLS YOU WHAT TO DO?

And the reason is that in a class period, I might have five different subjects.

RIGHT.

So, I tried the direct teaching and coach (sic) because maybe I’ve got three in English and two Social Studies, but it didn’t work because it was distracting the others. And I tend to, each class session have kind of a discussion with the kids on a broad subject, maybe a current event or getting them involved, you know, so there’s some discussion, you know, and then they do their work. It’s just kind of, you play it by ear each day.

YOU’RE ABOUT SIX PER PERIOD OR…?

Six to eight. Six to eight. It just varies. They come and go. It’s a revolving door in high school.

DID YOU HAVE AN AIDE?

Yes.

MR. JONES HAS ANOTHER CLASSROOM WITH AN AIDE?

Yes.

DOES HE HAVE ABOUT THE SAME AMOUNT OF STUDENTS?
DO YOU RECALL ANYTHING ELSE THAT WOULD MAKE HIS SYMPTOMS WORSE OR HIS BEHAVIORS WORSE?

I think if some things hadn’t gone right at home, I could tell when he was real volatile, you know, he was just hyper, just hyper, you know, something had happened at home, and I don’t know…

SO HE’D COME IN WITH A PROBLEM; SO HE’D BECOME AGITATED?

Kind of agitated, yeah. And often times, see I didn’t see him first period, so he was in another classroom, and they would say, “Oh, Brandon’s in one of those moods today.”

WOULD HE BE ANGRY OR AGGRESSIVE OR…?

Not angry and not aggressive, he would just be hyper, you know, he’d be moving around constantly. He couldn’t sit still.

HE WASN’T TRYING TO FIGHT ANYONE?

I never saw him, he never tried fight anyone. He was up, and you know, he wouldn’t sit down, so like the other teacher, the aide in that classroom was, that program would take him for a walk to kind of settle him down.

KIND OF WANTED TO WALK?

He wanted to move around. And that wasn’t possible in the classroom. You know, I just didn’t want him wandering off. Not that I think Br would wander off. Mostly where he’d wander to would be the nurse’s office.

AND WHEN HE WENT TO THE NURSE, WAS IT AN AILMENT THAT SHE WOULD DO ANYTHING ABOUT?

No, it was to lay down…

JUST DIDN’T FEEL WELL.

You know, let him lay down for maybe an hour or something like that, but it’s interesting that if he didn’t feel good and if something that he wanted to do was happening, like there was a school program, Br was fine.

RIGHT.

Now he was ready to go. To me, with Br, you had to give him a lot of positive strokes. As long as you gave him the positive strokes, he was fine. And you also had to put him in his place. Like, “Br you need to sit down.” I found out after he’d had the medication change that his personality changed a little bit. He was like, he was really hyper. I mean, not hyper up, I mean, he was quiet initially, and after the medication change, he was so verbal. I mean, a couple of the students said, “Boy, Br yelled across the lunchroom and said hello so and so.”

HE WAS MORE ALERT AND INTERACTIVE?

Oh, yeah. More interactive, you know. He had to overcome some of the student’s making little remarks to him, like one occasion was, Br made a comment that the canine was in the building and that they
were bringing, who was the detective that brought…. metal detectors were going, they were moving them around the school. Well, some students ignored him thinking, “Oh, you don’t know anything…”

I WAS THINKING, WAS THERE ANYTHING ELSE THAT WOULD MAKE IT MORE DIFFICULT FOR HIM TO PAY ATTENTION OR DO HIS SCHOOL WORK OR COOPERATE?

It’s just, a lot of it depended on Br, depended on Br. If Br was in the mood to do work, he would work. If he wasn’t, he’d find an excuse. The spring semester was more difficult, but again, I think it was because of the change in his medicine and things like that, and I heard Br say, “I did that already.” I said, “Br, but I don’t have your work,” and this was U.S. history. “Well, I did those questions.” “Where is it? Here’s the folder. Where is your work?” And so, I had to refocus and redirect him to do it, you know, but yet, I know Br’s limitations. I know what I can expect from him, how much I’m going to get. If he may be giving me what looks like maybe a third- or fourth-graders assignments, or even a second-graders assignment, but that’s all that Br could really do, and I know it; and as long as he’s trying, that’s the (inaudible), and like in English, I’ve tried to find out what their interests are, and I say, “You have essays due.” Br likes Pokemon, so I’d have him write about Pokemon, give me some statistics. “I know one of the Pokemon characters,” something, you know, but I kind of reached inwards to what’s appealing to them because that’s how I’m going to get some work, I found out.

RIGHT.

That’s what we would do. Or write about something you really like. If you like pizza, write about the type of pizza you like, you know, or your family, you know, just anything, just show me that there’s something there on paper, you know, and that’s what I would do with Br.

WITH BRANDON SPECIFICALLY, WAS IT DIFFICULT TO GET HIM INTERESTED IN SOMETHING OR IT’S DIFFICULT TO FIND OUT WHAT HE WOULD BE INTERESTED IN.

It was initially. And then like I said, I found about Pokemon and he’d come in and show me Pokemon cards and this, that, and the other, and that helped. He might talk about his sister, that she had a baby and stuff like that. “Well, do you like being around the baby?” Or whatever, or how has it changed. I let them kind of really speak to me and tell me things. Now one of the things I’ll mention with Br in the spring, that he was having problems, he was hearing voices and they were telling him to do things and he was not Br, he was somebody else. And he wasn’t a good Br. He was being a bad Br, but see, I didn’t see any of that in the class, but his mother and sister told me that these things were happening in the home.

SO HIS MOTHER KIND OF KEPT YOU INFORMED OF WHAT WAS HAPPENING?

She kept me informed, you know….

AND THAT WAS MORE IN THE SPRING THAT SHE TOLD…?

Yeah.

…YOU THAT HE WAS HEARING VOICES?

Oh, yeah, and then he also said he was hearing voices.

AND SO HE TALKED TO YOU ABOUT IT?

Yeah, and he mentioned it in the class. Well, he came back from the hospital in the spring semester, and like I said, he was very verbal. He sat and talked about things. I said, “Br, you know, you don’t need to be discussing.” “Oh, that’s okay.” But he was sharing with the other students. And like I said, I don’t know if he’s become more aware of his problem, because I know in his ARD meeting, he also verbalized that he was schizophrenic, and this, that, and the other, and you know, so I don’t know if
that’s his way of dealing with it, but again, I think it’s good that he understands and knows some of his problems. I think he knows his limitations. He knows what he wants to do at times, because he was getting another placement this spring, it may be two weeks before school, and they wanted to put him in a homemaking class, a cooking class, and he said he didn’t want to. No, they were going to put him in another type food preparation class where they fix food, and they have a little room on the side of the lunchroom that they cook for special occasions, and they do different things, and he said he didn’t want that. He wanted the homemaking/cooking class, and he was pretty emphatic with our department chair that, that’s what wanted. Because he wanted to know how to prepare different meals and things like that, which is a “hands on” thing, and I think that’s good for Br, some hands on-type of things.

RIGHT.

Because he, you know, if I find the right level in math, he excels better, which I was surprised when he was taking one of the tests, and I looked and I said, “Brandon’s at this level,” you know, I saw the level on the test, and I was really surprised.

SO HE SEEMED TO DO BETTER IN MATH THAN IN READING COMPREHENSION AND WRITING SKILLS?

Writing skills is, better forget it. Very, very low. I mean, I would say he was more at second, third grade…

THAT’S GETTING HIS IDEAS...

Yeah.

DOWN ON PAPER. DOES THAT INCLUDE SPELLING, TOO, OR IS IT MOSTLY GETTING YOUR IDEAS OUT.

Both.

BOTH.

I’m not big on the spelling because, to me, they need to feel they can express themselves, and if you get hung up on the grammatical stuff, then it tends to turn some students off. Then they don’t want to write, and the whole thing is to get them to write, and that was my thinking.

BUT EVEN WITH THAT FREEDOM TO NOT BE WORRIED ABOUT MISTAKES IN YOUR WRITING, HE STILL DOESN’T DO WELL.

No.

…HE DOESN’T EXPRESS HIMSELF.

He’s expressing, I saw an improvement from the beginning semester and, but it can be very low.

THAT’S HIS WEAKER AREA?

Oh, very weak. Very weak.

AND READING COMPREHENSION.

Reading comprehension, he can comprehend. He understands, but again, we’re below…

BELOW HIS GRADE LEVEL.
Very much below.

AND MATH, DO YOU HAVE AN IDEA WHAT LEVEL HE MIGHT BE IN MATH OR READING?

In reading, I’m going to put him around fifth, sixth grade. In math, from what I saw, I think he was seventh or eighth grade on the math, but these are offline tests, but…

THROUGH THE TESTS THAT…

…but it was high. I mean, I was just shocked, you know, when I’m passing out the testing material, I saw it, you know, Br, now I don’t know if you’re looking, how he’s going to deal in the real world.

YEAH.

But that’s a concern.

THAT’S TRUE. AND THAT GOES INTO TRANSITION, FROM SCHOOL TO COMMUNITY WHAT BEHAVIORS OR SYMPTOMS WILL CAUSE HIM TROUBLE?

You know, I think Br in the transitions setting, this is my observation, and I’m no expert by any means, is I think he can handle transition in, what do you call it? A community setting, like…

A GROUP HOME?

…a group home or something like three or four people or whatever or however it’s done. That type of setting, given a job that if he knows the routine, I think he can handle that. As long as it’s kind of a repetitious type of thing. You know, you come in and you’re going to sweep or you’re going to clean or you’re going to prepare such and such, I think that’s fine, but again, it would have to be a “hands-on” type of thing, I think, more than anything else. He said he wants to learn how to ride the bus, because he doesn’t really know how to ride the DART rail or the bus, and as far as his appearance and his hygiene, that’s excellent, I mean, compared to some students. So, I think you know, from, he could handle that type of thing.

BUT YOU DON’T THINK HE WOULD DO WELL WITH MAKING CHOICES?

I think he’d have a little harder time with making the choices. I think it has to be clear cut.

A JOB THAT’S CLEAR CUT…

You do this. You do this, and then you do this…

NOT TRY TO SOLVE A PROBLEM OR…

No.

…FIGURE OUT WHAT TO DO WITHOUT YOUR BOSS THERE TO…?

I think he’d have some difficulty there. Now, again, it’s going to depend. Now if it’s like, I hate to use janitorial-type of work, but his janitorial job, because I’d say in the past, “If you’d pick up the books and put the books away,” and you know, when we’d ask him, he’d do that type of thing, you know, I think he could work for the copy room or mail room, you know, there’s a bundle, this goes to Don Smith, and this goes to, you know, whatever, as long as it’s labeled and marked, and that type of thing he can do. Because, I mean, he would copy for me. He would cut and use the cutter to cut forms that we had, but again, you’ve given him a specific task that you assign him to do.
AND HE DIDN'T SEEM TO, OR DID YOU SEE ANY EVIDENCE OF HIM HEARING VOICES IN
CLASS OR GET A BLANK LOOK ON HIS FACE OR KIND OF ZONE-OUT?

Br would sleep, but sometimes…

SIT DOWN AT HIS DESK AND SLEEP…

And he’d say, “I’m tired.” Again, this was all in the second semester, this is where I saw it, and I don’t
want to use “deteriorating,” but it was a real deterioration from the first semester, but again, I looked at it
as this change in medication and things like that, and I hate to use that. It's a cop out, because he
knew that it was medicine, it was changing, but I could see a pattern that he just wasn’t Br. He wasn’t
producing like he had the first semester.

AND WHEN HE NEEDED TO SLEEP, DID YOU LET HIM DO THAT?

I let him sleep.

AND THEN HE’D WAKE BACK UP AND…

I try to hear what they’re saying to me. Now, if I think it’s being abused, then, “No, you can’t. You’re
going to have do some work before you can take a nap.” You know, each child is different. They’re
individuals, and you just have to, just kind of try to figure out what’s best at that point in time.

HOW WAS HE WITH HIS PEERS? HIS SOCIAL SKILLS?

He socialized, but he could choose who he talked to. Mostly, he’s more of a loner. There was a young
lady he was introduced to at the school, and he kind of hung out with her and talked to her a lot, but
then, you know, that was Br, you know, he was more of a loner, but he would talk and visit with some of
the students. Again, he became more social the second semester, after Spring Break and he came out
of the hospital.

IF HE DIDN'T GET IN TROUBLE IN CLASS, YOU PROBABLY DIDN'T HAVE A LOT OF
EXPERIENCE SEEING HIS REACTION TO AN ADULT USING A LOUD VOICE OR YELLING AT HIM
OR BEING EXTREMELY AUTHORITATIVE.

One time, I think I raised my voice a little bit, and it just kind alarmed him a little bit. “Br,” you know like,
“Sit down, Br. You need to be working.” And the students knew that Br never gets in trouble, but Br,
you know, wasn’t following instructions and wasn’t doing what he needed to do, and it kind of shook him
a little bit, I think, you know, when I did that. I said to Br after, I said, “Br, you know you were off task,
da, da, da.” And you know, “I’m sorry, but I had to let you know.” And he was dealing with it, you know.
He didn’t want to, but he dealt with it, but I never saw him with any type anger or aggression or anything
like that. I mean, he never, I mean, I had students that threw things across the room and did things like
that. Br never did anything like that, and he wasn’t destructive to property. I had the students that do,
so I don’t know.

HE KIND OF WITHDREW INTO HIMSELF?

Oh, yeah. He would withdraw.

IT SEEMS LIKE WHEN YOU GOT AFTER HIM, HE SEEMED KIND OF STARTLED OR DID HE SEEM
SUBLUED?

He was a little more startled than anything else, you know.

HE DIDN'T ARGUE?
Oh, no, he never argued with me. Never had an argument with me, but in a situation, I think, 20 minutes before class ended, Br was up and he was walking to the door. You know, you just said, “Sit down, Br, and you need to be sitting down,” or maybe another time was when he just wasn’t working. I think he was busy talking, and I got on him about the talking. “You need to be on task.” We had so much time at the class period that we can give them for free time, but that wasn’t free time.

AND YOU’D GIVE POINTS…

Points.

AND THAT’S WHERE THEY PROGRESSED FROM LEVEL ONE TO LEVEL FIVE, FOR POINTS FOR A CERTAIN BEHAVIOR, LIKE A CHART OF RULES?

Well, they come in and there’s a chart of, say, on time and they are in their seat and they’re on task, you know, we’d give like four for each of those, and every 15 minutes, you check for a point each if they’re working, you know, using appropriate language or cooperating or whatever, and like I said, Br stayed at level 5. Didn’t have any problem with that, but he didn’t do anything to create any problems. I never had to write a referral. I never had to send a note home to his mother or call her and say he’s destructive in class, so none of that, you know, really…

YOU DIDN’T REALLY HAVE HIM LOSE POINTS IF HE GOT OUT OF THE SEAT AND GOT READY TO GO EARLY WHEN HE WASN’T SUPPOSED TO, KIND OF DIDN’T DO HIS WORK FOR AWHILE OR TOOK A NAP OR…

He might not get a point there, but that didn’t hurt him.

RIGHT.

There were kids that didn’t get points period. Br would get, I’d say he got three-fourths of his points each day.

RIGHT.

So it kept him right where he was.

WHAT DID THEY GET FOR THE LEVEL? WHAT WAS THE REWARD?

Basically, most of the students the reward for reaching level five was to get their out classes. Level five gave five, five classes. Now, I would, on Fridays, they’d get an hour of RT. Br wasn’t in that class. I worked something out if he wasn’t there because it was generally on Fridays…

AND THAT WAS LIKE A FREE TIME ACTIVITY?

And a lot of times that they’d be having RT, and like I said, he was a loner. He’d go next door if they were watching movies. He might go over to my class, because I don’t turn movies on. I don’t let them watch movies.

SO HE TENDED TO…

Gravitate to my room.

STAY IN YOUR ROOM AND NOT NECESSARILY WORK FOR THE SAME REWARD THAT YOUR STUDENTS WERE WANTING TO EARN.

He was into the computer lab. I was encouraging the students to get on the computer.
AND SO OUT CLASSES WAS A REWARD?

Yes.

THAT’S KIND OF INTERESTING BECAUSE BR TOLD ME THAT HE DIDN’T LIKE TO GO TO OUT CLASSES, EXCEPT FOR THE COMPUTER CLASS. THAT TEACHER WAS NICE, BUT HE LIKED TO STAY IN THE SELF-CONTAINED CLASSROOM.

Well, that’s the first time I’ve heard that. I think a lot of BA kids tend to like BA. What I’ve found with the junior high and with this was they’re eager to get to out classes, but once they get that out class, they have trouble adjusting in the out class, because the expectations are greater there, and they’ve been able to skirt through, to slide through the BA, but when they get out there, there’s modifications, but they have more work to do, and I think that’s what they can handle.

RIGHT.

Too much freedom. They’re there with the masses, and they have trouble adjusting.

DID YOU EVER HEAR OF ANY TROUBLE IN THE PASSING PERIOD, WALKING IN THE HALLWAY…?

With Br?

WITH BR. DID THAT BOTHER HIM OR DID HE COMPLAIN ABOUT THAT?

You know, I think he did. Like at lunchtime I would see him go out in, like, the little courtyard and visit and talk to people, and then, he might eat lunch most of the time with my class, he would always come a little earlier, knock on the door and say, “Can I come in?” But he was always polite. “Oh, yeah. You can come in if you want to come in.” Then he said, “Can I go to the restroom?” “Yeah, you can go to the restroom.” That was basically it.

IT SOUNDS LIKE, HE WAS KIND OF CHECKING IN WITH YOU, KIND OF AS A SECURITY, COME AND SEE YOU BECAUSE YOU WERE SOMEBODY WHO CARED ABOUT HIM?

You might say that. I don’t know.

SAFE PLACE? QUIET PLACE?

Quiet place, maybe. He’d just come in, he’d finish his lunch. Br did, now, I heard Br was heavier a year ago, a year prior, so I don’t know if his mother had him on a diet program because he would get hungry, and she would send him pretzels, sometimes crackers. He’d put them in a file drawer. He’d come over and ask, “Can I get my pretzels?” “Oh, yes. You can get your pretzels.” Sometimes I’d go get toast and bring toast down for my students. I don’t feel any children should be hungry. So, I would go up, get my coffee, bring toast down and offer it to Br. I knew the ones who’d be hungry, so if there was toast there, you’d get a piece of toast. But sometimes, Br would be hungry, and he was eating his lunch early, but if a child is hungry, they’re not going to work for you.

RIGHT.

So as long as it’s not candy that’s fine. It’s reinforcement. “Br, if you eat your lunch now, you won’t have any lunch later on.” So, I had crackers on my desk, and sometimes I’d give them crackers, you know. Again, I tried to have things available for the students.

SOMETHING YOU WERE FLEXIBLE WITH …
I had to be. I had to be. I think that’s the only way, in that BA class you had to be flexible because you’re dealing with a different kind of student and you can’t be hard and rigid. I mean, you have to be rigid to a point, but they know what’s expected, but you also have to treat them on an individual basis because they are individuals, and each one is going to be different.

SO YOU SET A BALANCE?

Yes.

RIGID SCHEDULE OR ORGANIZED CLASSROOM... AT THE SAME TIME BE FLEXIBLE AND INDIVIDUALIZE AND BE SENSITIVE...

Like I said, with my students, I had on the wall, I gave them a copy of their assignments and sign off in the different subjects, and in my cupboards, there were two cupboards, I had a list of each subject and what the assignments were, so they couldn’t say, “I don’t know what I’m supposed to do.” It’s there. You have a copy. I was running copies...

MORE THAN ONE PLACE?

Yeah. So if they lost a copy, I was giving them more. I got a little smarter the last six weeks or the last 12 weeks, I said, “You’re not getting an extra. You’re not getting three and four copies of your assignments. If you lose it, you know it’s posted.” You know, because I said, you know, papers, it’s like a paper factory in a school anyhow, but still, if I give it to you and you lose it later on and you throw it in the trash, then you don’t need it. If you think you can do it every day, then, I’m going to be careful with it.

IS THERE ANYTHING THAT YOU CAN THINK OF THAT, LIKE IF SOMEONE WAS GOING TO WORK WITH SOMEONE LIKE BRANDON, ADVICE THAT YOU’D GIVE THEM—SOMETHING TO DO OR NOT DO?

You really can’t yell at Br. That’s one. Don’t yell. I mean, you tell him in a firm, stern tone that you’re not supposed to do it, but that kind of, kind of raise your voice any, that kind of gets uncomfortable. Working with someone like Br, again, know if there’s any turmoil with the task that’s going to upset him. And he may want to leave the classroom, and you have to make a decision whether, yes, he should leave or shouldn’t, you know.

WERE THERE ANY ODD BEHAVIORS THAT HE HAD, OBSESSIONS, FEARS, PARANOIA OR...?

The other thing was he liked to play with his, bring his Pokemon cards, and he had a little type of Game Boy or something that he liked to bring. That was his big interest. Those two things, especially Pokemon. The only time, and I don’t know if it was a fear, it was, again, after March when things changed, is when he was hearing voices. That was really it. I think you just have to have a listening ear with children like Br. Someone said, “Well, here’s one you need to be afraid of because he could flip out on you.” But I never saw any signs of his flipping out. Now, again, it could be, it depends on maybe personalities, you know. If you set up a rapport with them and they know they can speak to you and you’re listening. And if I was busy, I say, “Br, I can’t talk to you right now, but I’ll get back with you.” And you get back. You have to set the parameters with that, so that they kind of, and they’ll follow, to a point. And hear them out, and that’s the one thing is hearing the students out.

YOU MENTIONED A CONCERN THAT HE MIGHT FLIP OUT OR SOMETHING. WAS THAT ANOTHER TEACHER OR AN ARD MEETING OR...?

That was, one of the aides mentioned that, and I never thought about it.

SHE WAS CONCERNED ABOUT THAT?
You know, you don’t want to have your back to, he’s one you, right now, he looks calm, collected, and everything, but you could turn your back, and he could turn on you. But…

BUT YOU DIDN’T REALLY HAVE ANY EVIDENCE OF THAT?

I had no evidence of it at all.

AND WAS SHE AN AIDE IN THE PAST YEARS?

Yes.

YOU THINK SHE WAS SPEAKING FROM EXPERIENCE OF HIM HAVING DONE THAT, OR WAS SHE JUST HYPOTHETICALLY THINKING IT MIGHT HAPPEN?

It could have been hypothetical. I don’t know.

BECAUSE YOU NEVER SAW IT?

No. And I had never worked with students who’d hit a child before either, so this was my first exposure, and you know, from what I’ve read, there’s a pattern, but he never showed any signs of that. And I had other students that I was kind of leery of that weren’t schizophrenic, that would come up behind me, and you know, my door would be open like after lunch or whatever, or between classes, or maybe I was doing something on the computer, and this one used to come over, at the start of the second semester, maybe the last six weeks, and he kind of tapped me on the shoulder. Now he was a volatile child, and I was (made concerned sound). But Br, no.

STUDIES THAT THEY’VE DONE HAVE SHOWN THAT SOMEONE WITH SCHIZOPHRENIA IS NOT ANY MORE LIKELY TO BE VIOLENT AND HARM SOMEONE THAN THE NEXT PERSON.

So, I mean…

BUT PEOPLE DO HAVE THAT FEAR BECAUSE THEY DO UNUSUAL THINGS.

Yes.

AND THINGS THAT AREN’T EASILY COMPREHENDED AND I THINK IT SCARES PEOPLE WHEN THEY THINK THEY’RE HEARING VOICES OR THEY’RE DOING ILLOGICAL THINGS.

Like I said, in the classroom I didn’t see anything but the sleeping and the fact that he was anxious a lot of times. You’d just have set parameters. “Br, you have to sit down. You can’t get up and walk to the door.” You expect that from primary children…

RIGHT. NOT A GOOD FEELING OF TIME PASSAGE, LIKE A YOUNGER CHILD, OR OF WHEN SOMETHING IS GOING TO HAPPEN. AND THE ANXIOUSNESS YOU MENTIONED, WOULD HE FREQUENTLY BE ANXIOUS IN A WORRIED SORT OF WAY, LIKE HE WAS WORRIED?

No. He’d get up and start walking to the door. Time to go, you know. Like he caught the bus, and you know, it didn’t take 15 minutes to walk to the bus, but Br would be waiting to go at 2:15 to catch the bus. That was fine. He didn’t wear a watch, and that was one thing, I kind of thought maybe he needed to have a watch. Not so many of my students had watches.

THAT’S A GOOD IDEA BECAUSE HE WAS CONCERNED WITH TIME AND IT COULD HELP IF HE COULD ALWAYS CHECK WHAT TIME IT IS.
Especially when there was a school program, like a pep rally or something, they’d be held at the last period of the day, and in the gym, you didn’t see a clock where he would be sitting, but he had no sense it was time to leave.

WHERE WITH A WATCH, HE COULD LOOK AT IT MORE UNOBLTRUSIVELY AND NOT DISTURB WHAT YOU’RE DOING. LOOK AT IT AND GO BACK TO WORK, AND IF YOU’RE LOOKING AT A CLOCK, THAT’S MORE DISTRACTING.

And I think whoever’s working with children, BA or any of these, schizophrenia kids, you need to read the ARD paperwork, know what their IEP’s say, so that you can best handle them. And then, again, setting up a rapport with these students and letting them know the expectations. And I always tried to tell the students, “You’re in school right now, but at one point, you’re going to be working, and when you go out in the real world, they don’t care that you have behavior and emotional problems. They’re not even going to know that. But if you don’t do what you’re supposed to do, they’re going to fire you. So you’re the one who can make the change. Nobody else can. It’s up to you, and if you choose not to, you know, there’s consequences.” Again, I tried to reiterate that all of us have some type of problems. You just learn to deal with them. And that’s kind of it. And I’d say again, with a schizophrenia child such as Br, rapport is important, because you need to set the parameters and let them know because they will try to walk over you and get away with whatever they can get away with. And it’s good to go, if a child’s been at that school, check with the nurse, and she can kind of help you. Open a rapport with the parents. Br had a lot of days that he was out of school, the first semester, too, when he was in the hospital, but he was in the hospital. I don’t remember now what it was, but he had high fevers, and so I think that’s another thing, contact the parents and find out what’s happening if they’re not in school.

Don’t let them run out to the bathroom all the time. Find a time that’s, you know, the bathroom, before class starts or five minutes before class ends. Ask them to wait, you know. Br also would get thirsty, so I allowed him to go get some water.

THE COMPUTER TEACHER MENTIONED THAT, AND THE MOTHER MENTIONED IT, THAT THE MEDICINES MAKE YOUR MOUTH DRY. AT ONE SCHOOL, THEY LET THE KIDS HAVE A WATER BOTTLE AT THEIR DESK.

Some of them had like, sometimes he had one, and sometimes he just went out there. I started bringing bottles to school. I’d say, “You can have a water bottle.” And that wasn’t a problem because we had a drinking fountain right outside our room.

IT WAS CLOSE?

Yeah. The other thing is you have to control your classroom, so they don’t constantly walk in and out, walk in and out. And that’s a problem with BA that they like to move around. I tend to like to leave my door open, and if they’re kind of on the hyper side, then I close the door. I always close it during the changing of the classes. They’re in there during the lunch hour, and I close it at passing time. But, I don’t know what else to say.

I THINK WE’VE PRETTY WELL COVERED IT. WE’VE COVERED HIS SUCCESS IN SCHOOL AND WHAT MAKES HIM WORK AND WHAT MAKES HIM BETTER, WHAT MAKES IT EASIER IN THE CLASSROOM FOR HIM TO PAY ATTENTION AND STAY ON TASK, AND YOU BROUGHT UP ABOUT TRANSITION TO THE COMMUNITY AND KEEPING IN CONTACT WITH THE FAMILY SEEMS TO BE A KEY THING BECAUSE THAT KEEPS THE FAMILY, TEACHER, AND STUDENT TOGETHER AS A TEAM COMMUNICATING.

And, you know, your expectations, the big problem I think teachers have is that a child has to do all this work. Come on, forget it. You have to be realistic. What is this person able to do? And grade them accordingly. Don’t get hung up if he didn’t do 20 questions. If he can only do five, okay. And grade according to those five. That’s just the way I am. Holistically grading.
HAVE YOU HAD SOME TROUBLE WITH THE GENERAL ED TEACHERS UNDERSTANDING THAT...?

...kids could do...

...SO YOU EXPLAINED THAT THIS IS WHAT THEY CAN DO, AND YOU GIVE THE GRADES FOR IT ANYWAY, RIGHT?

For the subjects I have. I just kind of base it on progress, and most of the students saw their progress.

DID YOU GET A SPECIAL KIND OF DIPLOMA OR WOULD IT BE A REGULAR EDUCATION DIPLOMA OR...?

I don’t know how they do that. I haven’t thought that out. I don’t know if it says anything different.

I JUST WONDERED.

I really don’t know. I’ll try to find out for you if you want me to find out.

I WAS JUST KIND OF CURIOUS MYSELF. WELL, THANKYOU FOR TALKING TO ME TODAY. THIS WILL REALLY HELP ME.
I'M INTERVIEWING MR. STACY SINGLETON.

Yes.

WHO IS THE COMPUTER TEACHER FOR BR AND YOU'RE A GENERAL EDUCATION TEACHER?

Yes, right.

I WAS WONDERING WHAT YOU KNOW ABOUT BR, ABOUT HIS DISABILITY.

Br was, he was labeled under BA, which is behavioral at Garland High School, and he came with the tag of “emotionally disturbed,” and that was the extent of my knowledge of Brandon, what his disability was.

DID THEY GIVE YOU A PAPER OR ANYTHING…?

They gave me a modification sheet, and I had a folder on Br, but it never labeled him as schizophrenic.

IT JUST TOLD THAT THERE WAS AN EMOTIONAL DISTURBANCE AND IT WAS SPECIAL ED AND THEN SUGGESTED WAYS TO MODIFY?

Yes.

WHAT SUGGESTIONS WERE THEY ASKING YOU TO DO?

Shorten assignments, extra time, one-on-one with Br, preferential seating. I wish I had it with me, to be honest with you, so you could see it.

BUT IT LISTED THE MODIFICATIONS YOU WERE SUPPOSED TO DO?

Yeah.

AND WHEN YOU WERE IN THE CLASSROOM, WERE THERE BEHAVIORS THAT HE MANIFESTED THAT WERE DIFFERENT THAN THE REGULAR GENERAL EDUCATION STUDENTS?

No, Br was an excellent student in my class. I mean, he was a little slower than the rest of them and it took him a little longer to do it. As far as behavior, he was fine. He never got out of line, never raised his voice, was always very polite.

DID YOU HAVE TO MODIFY HIS WORK CONSIDERABLY OR WAS HE ABLE TO DO THE REGULAR ASSIGNMENTS?

He could do the regular assignments. I shortened the number of assignments, and I was actually lucky that I had a student in that class who was also an aide for me, so when he was his aide, he would do his work, and then when he was in class, he would help Br, so he could read to Br or explain words to him, and it was very beneficial for me to have another student helping, but Br's assignments, he did them on his own and did very well at them, just less amount of them and shortened.

IN YOUR CLASS, THEY DID NOT HAVE HOMEWORK? IT WAS ALL DONE IN THE CLASSROOM?

All done in the classroom.
CLASSROOM. AND THEN YOU HAD THIS HIGH SCHOOL STUDENT THAT WAS THERE EVERY DAY?

Yes.

THE WHOLE PERIOD?

Yes.

AND WAS ABLE TO HELP HIM IF HE HAD QUESTIONS OR...?

He'd already done the work, like I had him for second period, and then, I also had him in fourth period the same day, so he did his work in second period, and if Br ran into troubles in fourth period, he'd already done it, understood it, and he could explain it to Br while I was explaining to the rest of the class.

WAS THIS A JOB THAT THE STUDENT FOR CREDIT OR WAS HE IN YOUR CLASS FOR SOME OTHER...?

No, he was an aide for my second period.

OH, OKAY, SO THAT WAS AN ASSIGNMENT THAT THEY'D HAVE AT THE HIGH SCHOOL?

Yes.

BE AN AIDE?

Yes.

FOR A CLASSROOM TEACHER OR FOR KIDS IN SPECIAL EDUCATION?

For the classroom teacher.

FOR JUST THE CLASSROOM TEACHER.

Yes.

SO IT WAS LIKE OFFICE AIDES...?

Right. Exactly.

...TEACHER'S AIDES FOR A CLASS PERIOD.

Yes.

AND GOT A CREDIT FOR IT OR SOMETHING?

I don't think they get a credit for it. It's just that they had an extra period.

LIKE INSTEAD OF TAKING STUDY HALL...

Right.

...OR SOMETHING, HE'D DO THAT?

Yes.
AND THEN YOU UTILIZED HIM TO HELP BRANDON?

Yes.

TO RE-EXPLAIN ASSIGNMENTS?

Yes.

DID IT SEEM LIKE THAT HIGH SCHOOL STUDENT NEEDED EXPLAIN THINGS TO HIM EVERY SINGLE TIME OR FREQUENTLY OR…?

Frequently. Not all the time. The class, we didn’t move extremely quickly, but we moved at a good pace, and instead of me having to, you know, how should I say that? Instead of taking a longer period of time and going at Brandon’s pace, I was able to go at the pace of the rest of the class, but the student would help Br one-on-one and make sure that he was caught up, and then whenever I got done teaching to the rest of the class, I could come back and work with Br personally.

AND HOW DID YOU GIVE HIM THE SHORTER ASSIGNMENTS? LIKE WHEN YOU TOLD THE WHOLE CLASS, DO “XYZ,” HOW DID YOU INSTRUCT HIM TO DO LESS? WAS IT WRITTEN DOWN OR WAS IT…?

Normally, I would, I’d put the assignments on the board and like review questions or exercises, and I would personally go to Br, and I’d tell him that, “Instead of doing all the review questions, do half of them, and I’ll give you the answers for the rest of them,” or on exercises, I would cut it in half where he’d only have to do half the amount of exercises the other students would have to do.

OKAY. SO WHEN YOU GAVE THE ASSIGNMENT TO THE WHOLE CLASS, YOU HAD IT WRITTEN ON THE CHALKBOARD, MARKER BOARD OR WHATEVER, AND THEN YOU WENT TO HIM AND PHYSICALLY TOLD HIM WHAT HE WAS SUPPOSED TO DO.

Right.

THEN YOU WENT ON WITH THE LESSON, AND BR LISTENED TO YOUR INSTRUCTIONS, BUT THEN THE HIGH SCHOOL STUDENT WOULD RE-EXPLAIN IT OR…?

Yeah, while I’d be instructing, the high school student would be right beside him and would be helping him if, you know, Br wasn’t a very fast typist, and so he would help, just to get through the practices, he would help Br type, explain what we were doing exactly while we were doing it.

THAT SOUNDS LIKE A REALLY GOOD ARRANGEMENT ACTUALLY.

Yes. It was very beneficial, and I’m glad it worked out that way. It would have been a lot tougher on myself and Br.

WHAT DO YOU THINK IF YOU’D BEEN ALONE WITHOUT THE HIGH SCHOOL AIDE, WHAT DO YOU PERCEIVE WOULD HAVE HAPPENED OR WERE THERE DAYS WHEN THE HIGH SCHOOL AIDE WAS ABSENT THAT…?

Well, he wasn’t absent very much. He was an excellent, excellent student, but if Br or if that student wasn’t there, it would take me longer to explain because I’d have to sit down and explain it to Br, and we’d have to wait for him to get caught up on the typing, or I’d go over there personally while everybody else was typing in information, and I’d type for him, because I wasn’t teaching him how to type. I was teaching him how to use the computer.

RIGHT.
So it would slow down the entire process and it would, it would have an effect on the rest of the class because if you don’t have them doing something, they tend to act up, so it was very beneficial having another student there.

BUT BR DIDN’T TEND TO ACT UP?

No.

TALK OUT OF TURN OR…?

He was very polite, and he was very well behaved.

HOW LONG WAS THE CLASS PERIOD?

An hour and one-half.

AN HOUR AND ONE-HALF. SO IT WAS, DID YOU HAVE “A” DAYS, “B” DAYS PROGRAM?

Yes.

DID HE NEED TO GET OUT OF HIS SEAT TO WALK AROUND OR HAVE A BREAK?

No, he’d been gone for a couple weeks though at one point, and for, I guess, he was getting treatments, and he came back, and you could tell he was, he told me he was heavily medicated, and he’d have to get up occasionally and go get drinks of water because he was suffering from “cotton” mouth.

RIGHT.

But other than that, he would stay in his seat, and I get lucky as the computer teacher because all kids want to be on the computer, so he was just another student who wants to stay on the computer.

RIGHT. SO IT WAS A HIGH-INTEREST SUBJECT THAT YOU’RE TEACHING?

Yes.

THAT MAY HAVE BEEN ADVANTAGEOUS?

Yes.

THE COMBINATION OF HIGH INTEREST, PLUS THE STUDENT AS AN AIDE AND YOU WERE PRETTY FLEXIBLE, IT SOUNDS LIKE, IF HE NEEDED TO GET UP TO GET A DRINK OF WATER.

Right.

THAT DIDN’T SEEM TO BOTHER YOU.

No, it doesn’t bother me. He would always ask, too, so he told me that he was medicine and that’s a side effect of it, so…

DID HE SEEM SLEEPY FREQUENTLY?

Yeah, not frequently. It was just, I really noticed it whenever he would come back from his treatments, and he would be, I mean, it was hard to get him going. He was just kind of there. He wasn’t really doing much.

WOULD THAT CHANGE AFTER AWHILE?
Yeah, yeah. It seemed like once he’d been back for a couple days that he was back and fine and back to work.

BUT IT TOOK AWHILE TO ADJUST?

Yes.

HE WOULD BE SLEEPY, AND THE NEW MEDICATION AND HE WOULD SEEM TO ADJUST…

Yeah, then he’d be fine.

DID YOU HAVE ANY UNUSUAL CONVERSATIONS WITH HIM LIKE THINGS THAT THEY WERE ODD, PUZZLING, ILLOGICAL REASONING THAT HE…?

I can’t remember, I can’t remember off the top of my head.

NOTHING JUMPS OUT AT YOU?

No.

SO WHEN YOU DID EXPLAIN THINGS TO HIM, YOU HAD TO DO IT SLOWLY AND MAYBE REPEAT THINGS, BUT THEN HE DID SEEM TO UNDERSTAND?

Yeah. He would catch on. It wouldn’t be quickly, but he would catch on, and he’d be able to do the work satisfactory.

WHEN HE DIDN’T UNDERSTAND WHAT TO DO, WHAT WAS HIS REACTION?

He didn’t get frustrated. He’d just, you know, he would tell me, “I don’t understand,” and I’d have to go back, and I may have to re-explain it two or three more times.

SO HE FELT COMFORTABLE ENOUGH TO SAY, “I DON’T KNOW WHAT, I STILL DON’T KNOW WHAT TO DO.”

Right.

AND WHAT WAS YOUR COMPUTER CLASS? IS IT AN INTRODUCTORY CLASS OR…?

It covers all the programs in Microsoft Office, Word, Excel, PowerPoint, Publisher, and Access.

LEARNING HOW TO USE ALL OF THOSE?

Yeah. It’s a basic one. It’s not in-depth. It’s a first level.

FIRST LEVEL OVERVIEW OF ALL THESE PROGRAMS?

Yes.

THINGS THAT YOU CAN DO WITH THE COMPUTER, BASICALLY?

Right.

CREATE A POWER POINT. DID IT TEACH EMAIL?

No, we didn’t get into email. They actually blocked that at our school.
IT WAS CAUSING TOO MUCH TROUBLE OR SOMETHING?

It was, kids cheating, emailing back and forth the answers.

OH, ANSWERS.

Yeah.

DID YOU TEACH THEM HOW TO USE THE INTERNET? HOW TO ACCESS THINGS OFF THE INTERNET?

Yeah, we would do different little assignments, Internet scavenger hunts and how they could search and stuff like that, and a lot of times, there’s always 10 or 15 minutes of class where they could get on, and Br loved searching for Pokemon. He really enjoyed that, and he would spend his 10 or 15 minutes and look up stuff on Pokemon.

DID YOU INTRODUCE HIM TO THE ABILITY TO SEARCH FOR POKEMON ON INTERNET OR DID HE SEEM TO ALREADY KNOW THAT FROM AT HOME?

To be honest, I would guess he already knew how, but I don’t know that for sure, so I don’t remember. It’s been awhile.

EVERYTHING’S ON THE INTERNET, BUT I’VE NEVER, IT WOULDN’T HAVE CROSSED MY MIND TO SEARCH FOR POKEMON, BUT THAT’S INTERESTING. WHEN I TALKED TO HIM AT HIS HOME AND HIS PARENTS, HE SHOWED ME HIS POKEMON CARD COLLECTION, AND HE’S REALLY VERY KNOWLEDGEABLE ABOUT.

Yeah, he’s very into it.

VERY FASCINATED WITH IT. AND FOR A HIGH SCHOOL STUDENT, THAT’S KIND OF A YOUNG THING TO BE INTERESTED IN. DID HE HAVE TROUBLE WITH THE OTHER STUDENTS TEASING HIM OR OSTRACIZING HIM OR BEING UNKIND TO HIM?

I was worried about that, but that was a very good class; and they were, it wasn’t a problem with them. They would smile and nod whenever he would talk about it because we did have some presentations in front the class, and his PowerPoint was on Pokemon, and they were, you know, very understanding, and they…

THAT’S REALLY GOOD.

Yeah, if it had been in a couple of my other classes, I would have been really worried, and I’d probably had Brandon just present it to me one-on-one because they would have teased him or said something about it, but that was a very good class, so I felt comfortable.

DID YOU DO ANYTHING TO INTRODUCE YOUR CLASS TO THE DISABILITY OR DID IT JUST BECOME APPARENT NATURALLY TO THE OTHER STUDENTS THAT HE HAD THIS DISABILITY OR…?

I think it was apparent to the other students. I never, you know, I try not to bring up something like that in front of the other students because you never know what’s going to happen, so I probably had 30 students this past year that were learning disabled or fall under special ed, and you know, 20 of those you couldn’t tell. So there is no reason bring up and tell the rest of the kids what’s going on with them because there is always that possibility of teaching.
RIGHT. THE OTHER THING IS I WAS THINKING OF THE OTHER KIDS IF THEY DIDN'T THINK ANYTHING WAS WRONG WITH HIM, THINKING HE WAS A NORMAL TEENAGER AND THEN MADE FUN OF HIM FOR POKEMON, BUT SOMETIMES IF THEY KNOW THERE'S A DISABILITY, THEY'LL BE MORE, THEY'LL BE MORE SENSITIVE, AND THINK THIS REASON HE ACTS YOUNG IS BECAUSE HE HAS A SPECIAL EDUCATION DISABILITY, NOT THAT HE'S A NORMAL PERSON ACTING IMMATURE.

Right. I never thought about it that way.

IT MIGHT BE MORE, BECAUSE I'VE HAD TEENAGERS TEASE TERRIBLY, AND THEY'RE LOOKING FOR ANYONE WHO'S DIFFERENT. THEY'RE REAL UNCOMFORTABLE WITH ANYONE DIFFERENT AND KIND OF ATTACK, YOU KNOW, LIKE THE LITTLE CHICKENS IN THE HEN YARD.

Yeah.

BUT SOMETIMES IF THEY GET MORE INFORMATION, THEY'LL GO, "WAIT A MINUTE. HE CAN'T HELP IT. THIS IS A PROBLEM THAT HE HAS." BUT THEN, OTHERS WILL BE EVEN MORE CRUEL.

Right. I always stress respect to my class, and it's stressed from the first day, and if they get out of line, they know they're going to be in trouble with me, and that's not a good thing.

RIGHT. SO THEY KIND OF KNOW IT WOULD BE WRONG ANYWAY?

Right.

AND THE STUDENT THAT ASSISTED HIM, WAS HE AWARE THAT WAS GOING TO BE HIS TASK IN YOUR CLASS OR WHEN YOUR CLASS MAKE UP CAME, YOU JUST DECIDED THAT WOULD BE A GOOD JOB FOR HIM TO DO TO HELP YOU?

At the beginning, it didn't even work out that way. It was just, you know, I had know idea of, I didn't know that student before this year started, and it just, just kind of fell into that this kid was a very kind kid and very understanding and likes helping other people, and I had no idea that I was going that. It just kind of worked out…

WORKED OUT…

…for the best.

YEAH, THE AIDE WAS THERE, AND YOU NEEDED HELP, AND THAT WAS THE PLACE FOR THE STUDENT AIDE TO HELP YOU WITH?

Yes.

DID YOU EVER HEAR OF ANYTHING ELSE HAPPENING, LIKE IN THE HALLWAY? DID HE HAVE DIFFICULTY WALKING THE HALLWAY COMING TO YOUR CLASS OR LEAVING YOUR CLASS OR ANY INCIDENTS OR CONFUSION IN THE HALLWAY?

No, no, there wasn’t.

AND YOU DIDN'T HEAR ABOUT ANYTHING FROM OTHER CLASSES?

No.

ANY OTHER TEACHERS OR PROBLEMS THAT HE WAS HAVING OUTSIDE OF CLASS?
No. Br never said anything to me about it. He just seemed happy and…

HE CAME IN ON TIME?

Yeah, he was always there on time…

AND LEFT WHEN THE BELL RANG AND, WHAT TIME OF DAY WAS THE CLASS?

It was fourth period, so it was around 1:00 to 2:30.

DO THEY GET OUT AT 2:45 OR…?

2:30, and Br would actually leave about 15 minutes early, so he could catch his bus.

OKAY, SO YOU WERE THE LAST PERIOD OF THE DAY?

Right.

HE MENTIONED YOU AS ONE OF HIS FAVORITE TEACHERS.

Wow!

WHICH IS WHY I CONTACTED YOU, BUT THE FIRST THOUGHT WAS TO CONTACT THE TEACHERS HE HAD IN THE SPECIAL EDUCATION CLASSROOM, THE BA UNIT, AND HE MENTIONED THAT HE WANTED ME TO TALK TO YOU BECAUSE HE SAYS, “HE’S ONE OF THE BEST TEACHERS IN THE OUT CLASSES.” HE DIDN’T GO TO VERY MANY OUT CLASSES, I GUESS.

No, I don’t think so.

SO I THINK YOU WERE PROBABLY HANDPICKED.

Well, that makes me feel good.

REALLY A COMBINATION OF THINKING HE COULD DO THE WORK ON THE COMPUTER AND THEN KNOWING THAT YOU WERE PATIENT AND FLEXIBLE, BECAUSE I KNOW THESE KIDS HAVE A LOT OF TROUBLE.

Yes, some days are harder and worse.

YEAH. YOU THINK YOU SHOULDN’T HAVE TROUBLE WITH ADULT TEACHERS. YOU WERE TALKING ABOUT HAVING MAYBE TROUBLE WITH STUDENTS TEASING HIM OR SOMETHING, AND THEN THERE’S ALWAYS TROUBLE WITH ADULT TEACHERS THAT DON’T WANT MESS WITH THESE KIDS, EVEN THOSE IT’S PART OF THEIR JOB, AND THEY SHOULD.

I just wish they all would be like Br. He was excellent in my class, and I wish the rest of them were.

SO YOU HAVE SOME OTHER SPECIAL ED KIDS THAT COME THAT ARE MUCH MORE DISRUPTIVE?

Yes, very.

AND I WAS WONDERING AS A GENERAL ED TEACHER WHEN THEY DO A LOT OF THAT INCLUSION AND THEY HAVE A LOT OF KIDS THAT ARE DISRUPTIVE, WHAT IS YOUR FEELING ABOUT THAT, AS FAR AS THE SUPPORT YOU NEED?
Being an elective, I don’t get, elective classes don’t get near the support that the basic classes, your math, sciences, and they’ve all got a helping teacher, and…

IN THE ROOM THE WHOLE TIME?

No, it’s, the helping teacher that goes under all the sciences, and they’re a special ed helping teacher, and if that student needs help, then they can go to that teacher.

KIND OF LIKE A RESOURCE ROOM?

Right.

BUT NOT WHILE THEY’RE IN THE GENERAL ED CLASS?

No.

THERE’S NO TEACHER IN THERE TO HELP THEM?

No.

THEY’D HAVE TO LEAVE THE ROOM AND GO?

Right.

BUT YOU DON’T HAVE THAT OPTION?

No, we don’t have that option, and that’s just, it’s tougher on the elective teachers because we don’t have somebody that can help them with this, and so the kids, if they don’t understand it, they seem to get more disruptive.

IF THEY’RE VERY DISRUPTIVE IS THERE A SPECIAL ED LIAISON PERSON YOU CAN CALL TO TAKE THEM FROM THE CLASS OR HELP YOUR GET THEM UNDER CONTROL OR IS IT UP TO YOU?

No, it’s usually up to us, and it either involves me taking personal action and calling the parents or sending them to office. You don’t have many options anymore.

SO IT’S BASICALLY THE SAME THING YOU DO FOR GENERAL ED?

Right, exactly.

AND DO YOU THINK IT WOULD BE HELPFUL FOR TEACHERS TO, GENERAL ED TEACHERS, TO HAVE MORE INFORMATION ON WHAT THE CHILD’S DISABILITY IS, WHAT SETS THEM OFF OR WHAT CALMS THEM DOWN?

Yeah, I think it would be very helpful. I mean, we get a list of stuff that, you know, positive reinforcers and everything like that and what we should do for their education, but with Br, I didn’t know his, that he was schizophrenic, and I don’t know if it would have been beneficial in his instance or not because, you know, I never would have guessed it anyway with the way he acted.

YOU DIDN’T HAVE ANY PROBLEMS?

Right. I guess it would be on a subject-by-subject basis, you know. If there was a student that has continual problems in all classes, then, yeah, you probably let the teacher know what’s going on and what you can do to calm them down.
IT SOUNDS LIKE THE MODIFICATIONS YOU WERE TOLD TO USE, I JUST KIND OF HAVE A FEELING THAT THEY'RE PRETTY MUCH THE SAME FOR ALL THE STUDENTS. SHORTEN THE ASSIGNMENTS, GIVE THEM MORE TIME.

Yes.

WOULD YOU SAY THAT'S TRUE?

Yes.

THEY'RE NOT SPECIFICALLY CUSTOMIZED TO THE DISABILITY?

No, no, it's not.

AND YOU'RE GETTING A WIDE RANGE OF DISABILITIES IN YOUR CLASS?

Right.

AND DO YOU THINK, ARE THEY USEFUL OR ARE THEY JUST KIND OF COMMON SENSE MODIFICATIONS?

I, a lot of them are, I'd say common sense. I'll just leave it at that.

BUT YOU COULD HAVE FIGURED THIS OUT?

Right. And some of them, some of them tell me to modify for students, and you know, I don’t because the student doesn’t want to be modified for and they can do the work on their own, regularly.

SO YOU KIND OF TEST THE WATERS…?

Right, right.

AND IF THEY COULDN’T, THEN YOU’D DO THE MODIFICATIONS?

Exactly.

IF THEY CAN DO IT, YOU JUST GO AHEAD WITH IT?

Exactly.

AND I WAS THINKING, IT WASN'T A PROBLEM WITH BR, BUT I SUPPOSE IF HE HAD, HAD SIGNIFICANT HALLUCINATION IN YOUR CLASSROOM WHERE HE WAS SEEING THINGS OR HEARING VOICES, THAT MIGHT HAVE BEEN A PROBLEM, AND YOU WOULDN'T HAVE KNOWN WHY…

I wouldn't have known what to do or…

…OR WHAT WAS HAPPENING, AND YOU WOULDN'T HAVE BEEN INSTRUCTED ON HOW TO TREAT HIM OR REACT TO HIM WHEN THAT WAS HAPPENING. YOU WERE JUST FORTUNATE, I GUESS, THAT WASN'T HAPPENING.

I guess I was lucky, yeah.

THAT'S INTERESTING. BECAUSE IT DOES SEEM TO ME, EVERYONE I'VE INTERVIEWED, THEY SEEM TO KIND OF KEEP THE TEACHERS IN THE DARK ABOUT THE DETAILS.
That’s very true.

**INSTEAD OF TREATING YOU LIKE A PROFESSIONAL?**

Right.

**AND GIVING YOU ALL THE INFORMATION POTENTIALLY. IT SEEMS TO ME THAT YOU WOULD USE THAT FOR HIS OWN GOOD IF YOU HAD THE KNOWLEDGE ABOUT THAT. SO, IS THERE ANYTHING ELSE YOU CAN THINK THAT WOULD, THINGS THAT YOU DID IN THE CLASSROOM THAT MAYBE HELPED? BECAUSE IN SOME OTHER CLASSES, HE WASN’T AS SUCCESSFUL AS IN YOUR CLASS, AND YOU MAY JUST HAVE BEEN THINKING YOU WERE LUCKY, BUT I HAVE A FEELING IT WAS MORE YOUR DEMEANOR AND THINGS THAT YOU DID THAT PROBABLY MADE HIM MORE RELAXED IN YOUR CLASS AND THEN MORE STRESSED OUT IN ANOTHER CLASS. YOU KNOW, LIKE HE SAID, HE COULDN’T GO TO A LOT OF OUT CLASSES.**

I tried to keep a relaxed environment, something that, you know, there was no homework, so they didn’t have to worry about that, and I didn’t try to push a person too hard. You know, there were some days that he just wasn’t going to get any work done, and you know, I had to understand that and just, you know, hope that he would get caught up later.

**YOU DIDN’T CONFRONT HIM OR WERE HARSH WITH HIM IF HE WAS GETTING BEHIND WITH THIS WORK?**

No. No, I would, all the students had the option of coming in for tutorials to make up work and Br did come in several times. You know, when he would get behind, he would come in and work on stuff, so I didn’t, I tried not to be confrontational, but there were some days that you can’t help it, but not with Brandon. He was always so polite that there was no problems.

**AND HOW DID YOU, HE ACCESS THE TUTORIAL? DID HE INITIATE IT? DID HE KNOW WHAT TIME TO COME? IS IT DURING LUNCH HOUR OR...?**

It’s before and after school.

**BEFORE AND AFTER SCHOOL.**

He couldn’t come after school, but before school, he would come, and I’m always there by 7:00, so there’s about 30 minutes before school that they can work on stuff.

**DO YOU THINK HE NOTIFIED HIS MOTHER THAT I WANT TO COME TO TUTORIAL OR DID THE SPECIAL ED TEACHER TALK TO YOU ABOUT...?**

I would talk to him, and then he would show up on his.

**JUST SHOW UP. SO HE MUST HAVE BEEN TOLD, EITHER HIS SPECIAL ED TEACHER OR HIS MOTHER, I GUESS, THAT BROUGHT HIM TO SCHOOL.**

Yes.

**BRING ME EARLY, BECAUSE I’M GOING TO INTO TUTORIAL. OKAY. WELL, I GUESS THAT’S ABOUT ALL. YOU KNOW, YOU HAD GOOD SUCCESS, BUT I THINK PROBABLY KEEPING A CALM CLASSROOM AND A CALM DEMEANOR ON YOUR PART...**

Right.

...AND BEING FLEXIBLE AND NOT STRESSING YOURSELF...
If he’d been in another couple classes, it would have been, it may have been a totally different story. I was lucky to have him in the class that I did.

YOU MENTIONED THAT THE GENERAL ED STUDENTS WERE KINDER AND...

Right.

…OF A CERTAIN BEHAVIORAL ATTITUDE.

They had a different mentality than some of my other classes, and so it was a very calm and very quiet class that would get their work done.

AND DIDN’T TEASE HIM WHEN HE SAID IMMATURE THINGS?

Right.

SO THAT MIGHT BE A BIG FACTOR IN WHAT OUT CLASSES A CHILD WITH A DISABILITY COULD GO TO, TO SEARCH OUT CLASSES LIKE THAT AND MAYBE THINK ABOUT HAVING A BUDDY SYSTEM WHERE HE HAS THIS HELPER, AND THAT DIDN’T SEEM TO EMBARRASS HIM TO HAVE THE STUDENT HELPER THAT NO ONE ELSE DID?

No, no. He was, he seemed very pleased with it because, you know, he would constantly, constantly be asking the other student questions, you know, trying to figure stuff out. So he seemed very...

SO HE WAS WANTING TO LEARN?

Right.

AND HE WAS SEARCHING AND TRYING TO FIGURE IT OUT?

Right.

HE WASN’T SHUTTING DOWN AND JUST QUITTING, SO HE APPRECIATED HAVING THE STUDENT HELP?

Yes.

THAT’S AN INTERESTING THING, TOO, THAT HE WASN’T EMBARRASSED ABOUT IT...

Right.

…BECAUSE I THINK SOMETIMES MAYBE OTHER TEACHERS DON’T COUPLE A SPECIAL ED WITH A HELPER BECAUSE THEY DON’T WANT THEM TO BE LOOKING DIFFERENT.

I don’t do it on every student, and very few students do I do that. But, I feel, in the classroom that there may be ways that a student can teach another student and be able to get to them than I can. I may not be able to reach a student in the way I teach, but maybe their friend sitting beside them...

RE-EXPLAINS IT AS MORE TEENAGE LEVEL?

Right. Exactly, and if they can do that, great. All I want them to know is to learn how to do the...

AND YOU DON’T HAVE A STUDENT AIDE IN EVERY CLASS?

No.
THAT'S KIND OF AN UNUSUAL THING IN ITSELF?
Right.
YOU JUST HAVE ONE?
I have one both days, but…
JUST FOR ONE CLASS PERIOD?
Right.
IN YOUR OTHER CLASSROOMS WHERE YOU HAVE OTHER SPECIAL ED STUDENTS, YOU DON'T HAVE AN AIDE?
No.
OKAY, WELL, I THINK THAT SHOULD HELP ME QUITE A BIT. YOU'RE THE FIRST PERSON, ACTUALLY, OF GENERAL EDUCATION THAT WE'VE TALKED TO, SO THAT'S ONE REASON I WANTED TO TALK TO YOU. I KNOW YOU SAID BEFORE THAT YOU THOUGHT EVERYTHING WAS FINE, SO WHAT COULD YOU SAY, BUT I THINK THERE IS SOMETHING TO GLEAN FROM A SUCCESS STORY.
Well, good. I hope it helps.
(End of interview)
I’m talking to Mr. Tom Jones, who is Br’s classroom teacher in the BA unit, and this is your first semester teaching children...

Yes.

...At all.

At all.

You substituted.

Other than substitute teaching, and I had about 270 days of substitute teaching.

And so is your alternative teaching certificate in special education?

Yes, it is. Special Ed.

Generic special Ed?

Generic special Ed. That’s right. That’s what it’s called.

That puts you full speed ahead in the emotionally and behavior disturbed class?

Yes, they did.

And you’re by yourself? Are you alone in the classroom? Do you have an aide?

I do have aide. I do have a single aide.

Do you just teach certain subjects or do you have the kids all day?

Yeah, the way they’ve had it this past year is that I concentrated on all the math and the sciences, and then both myself and Mrs. King, who is my next-door neighbor teacher in BA, had responsibility for teaching social skills, so, but we didn’t have the students all day. Obviously, some students had out classes, and then while others were with us all day, but either in my class for the math and the science and some social skills or over in her class for the English, government, history, that type of thing.

And so you had BR for math and science subjects?

Yes, I did. Yes.

Were you aware, did they conduct the ARD meeting and were you aware that he had schizophrenia?

Yes, I was aware of that, and I have access to his files that are located there at Garland High School, and so there was never any doubt as to what the situation was with Br, and I had a close working relationship, as well, with his mom and that type of thing, so we communicated with each other quite regularly.

So you think that helped a lot?
Yes, I do. Absolutely. Yeah. Br would seek refuge, as an example, in my classroom early in the morning because he knew that I arrived at school about 6:15, so he had safe haven from any time that he wanted to arrive until the time that school started, so, but I did find out that I was not to allow him to come in and sleep, and I was allowing him to come in and sleep.

BEFORE SCHOOL?

Before school, yeah. Yeah, and his mother wanted me to make sure that I kept him awake. That I let him walk around the school, but don't allow him to go to sleep.

OKAY, SHE WAS NOT WANTING BR TO GO TO SLEEP?

That is correct, yeah.

AND HE DID SEEM REAL SLEEPY WHEN HE CAME TO SCHOOL?

Many times, he did. There were some days that he didn't, but I'd say probably, at least, three-fourths of the time he felt like he needed more sleep. Sure did.

WHAT BEHAVIORS OR SYMPTOMS DID YOU SEE IN CLASS THAT SEEMED TO CAUSE HIM A PROBLEM?

Well, not only did I see sleepiness, but a little bit of inattention to wanting to get started on his class assignment as quickly as I would want him to, and of course, often times, teachers want people to start earlier than necessary, but I felt like inattention, when there was a time that I saw that he would struggle with anything, I would have to be there with him and try to keep him focused. I thought that was probably one of the problems, so the sleepiness, the inattention. Another thing that I saw, maybe going along with the inattention was the procrastination that I would see from time to time with him. He felt like that if he could postpone, you know, getting on the assignment, then he felt more comfortable with that than he did with, you know, being anxious to get started and wanting to get it completed.

DID YOU THINK HE POSTPONED IT BECAUSE HE FOUND IT DIFFICULT TO DO THE ASSIGNMENT?

Yes, I do. I feel like that in some cases in math because I had him in the correct math. Now, he was taking Math 54. It's from the Saxon series, and all of the students have to take a placement test, if you will, to find out what level of math, so he was working in 4th grade math, and so I felt like that he was placed correctly there, and he would, he felt comfortable in asking me questions, regarding that math, and so, but anytime it came to writing the social skills where he would be asked to expound on any kind of given subject, he struggled with that a bit, putting things down in sentence form, but I felt like in the math he struggles a lot less. Of course, he did have to do some of the manual counting, like all of us had to when we were, you know, in the earlier grades and all, but he wouldn't procrastinate with the math as much as he would with, maybe the social skills.

AND WERE THOSE READING ASSIGNMENTS?

Those were reading assignments, and what I did is I modified from my regular textbook, so that the students had the page number that they could find the answer on, but that was my limit, and they had 10 problems that they generally had to answer over, actually, it was over half of a chapter, so it would take two class periods. It would take three hours to cover one chapter, and that's the way it was set up, but anyway, he would want to procrastinate a little bit on that, but I would get over and help him a little bit, help him get oriented, and anytime that he had to do any writing, most of the time though, it was multiple choice questions, that type thing. But then, he started doing better, I felt, but it did require that I stay closely focused on him and give him some specialized attention during the class period. Very much so.
SO HE SEEMED TO NEED REINFORCEMENT FROM YOU OR YOU CHECKING IN?

Right. Yeah, as a matter, sometimes the classroom would be a bit noisy, it would depend on, oh, kind of, I don’t know if would depend on a full moon or what it was, but every once in awhile, I felt like the classroom was out of control to an extent that it was a little bit too noisy for him, and I would take him across the hall to what they called a Learning Lab. There are some teachers that actually sit over there, and sometimes, they even conduct some classes over there, you know, three or four at a time, but they had a table over there that I could take Brandon over to and get him set up over there, and then I would tell him that I’d come back and check on him in 15 minutes or something like that.

AND THAT’S WHEN HE NEEDED A QUIET PLACE?

Yeah, he needed a quiet place. And I, I felt that Br worked a lot better a little bit away from the center of the classroom, over to the edge of the classroom in a study carrel. He worked much better there than he did. He did not like to sit in a regular desk. And I didn’t find that out until after I’d been there for a few weeks, and through experimentation found out that he worked much better and would even ask me questions more if I had him over in a quiet place where he could concentrate, and then he would open up and ask a question or two about something, as opposed to just maybe sitting there and not doing anything.

OKAY, THAT’S INTERESTING.

Yeah.

SO TOWARD THE CENTER OF THE ROOM WITH A LOT OF SPACE AROUND HIM OR DESKS AROUND HIM, HE KIND OF SHUT DOWN...

Yeah, and with other students there and everything, I would notice that he would be wanting to do anything other than his work. Now math, he wouldn’t be drawing or anything like that or start drumming on the table or anything like many students would, he would just literally not be a participant in a dialogue between two or more students, but he would actually be a listener. He didn’t want to really say anything much to the other students, but he would be very observant as to what was going on, and then he might make a comment about it later on to me or to someone else on a one-on-one basis. But I love Br. I don’t mind telling you that. Br’s a very Christian young man, and I told him that I’d love to have him as a grandson. That’s how close that Br and I were. And I felt like that he would open up to me and tell me anything that was a problem for him and that type thing, so there were various things that I needed to do during the day, you know, from time to time to try to get him back on task or get him to calm down a little bit, because every once in awhile, he would seem like he would be a little more agitated than other days, and I’d let him go down to the restroom a couple of times during the period or out to get a drink, but generally, he was very well behaved. I didn’t have any problem in managing him at all. It’s just that he required a little more attention than maybe some of the others.

AND SOMETIMES HE SEEMED AGITATED AND NEEDED TO MOVE AROUND MORE?

Yes.

LIKE TAKE A BREAK FROM THE CLASSROOM?

Yes. I would always tell all the students that please, do ask me if you can do this or do that, but with Br, he would come up to the desk and ask permission to go to the restroom or something, and I knew that he might not be going to the restroom, but he might just be walking down to the end of the hall and back, but that seemed to have a calming effect on him.

TO BE ABLE TO WALK?
Yeah, to walk and get out of the classroom. And he wouldn’t be gone for an extended period of time. He’d only be gone for two or three minutes, and then he would be back in there, and he would seem more calm than he was prior to leaving.

**IT SOUNDS GOOD THAT YOU WERE FLEXIBLE ENOUGH TO DO THAT?**

Yeah, with some of the students, we have to literally escort to the restroom and back, but Br was not one of them. I also tried to use Br as a helping teacher. That means taking the attendance roll up to the office or taking something to another teacher or something like that, that I felt like, I’d even say, “Br, would you mind going up and checking my mailbox and see if I have anything in it. I haven’t had a chance to go up there today.” Or take the attendance roll up, or do this or that, and even though I felt like that he probably needed to be there and learning something at the moment, I felt like overall it would be better because as soon as he got back, I had much better control with him, and his attention was much better once he got back.

**SO HE GOT TO WALK AND ALSO DO SOMETHING TO HELP YOU?**

To help.

**ACT RESPONSIBLE?**

And I continually complimented Br because I felt like that it was helpful for him to know that he was loved by his teacher and that he was actually being helpful. I had no problem with Br turning in all of his work. As a matter of fact, he turned in probably more math than virtually any of the other students that I had, so he was to be complimented in that regard.

**SO IT SEEMS LIKE, HE SEEMED TO RESPECT THE FACT THAT YOU WERE ALLOWING HIM TO WALK WHEN HE NEEDED TO WALK AND COME BACK…**

I think so.

**THAT YOU TRUSTED HIM TO COME BACK AFTERWARDS AND DO HIS WORK…**

Sure.

**…AND YOUR ENCOURAGING HIM AND COMPLIMENTING HIM TENDED TO MAKE HIM DO MORE…**

It was very much of a trust factor there. I felt like that if we could establish that, we would be much further ahead. I didn’t know exactly, this would be my first experience in dealing with a student like Br, I didn’t know really what to expect. I didn’t know if he might be hotheaded or something like that, but I very rarely ever saw Br when he was, when I felt like he was extremely mad. And I felt like he was mad every once in awhile, but he wasn’t angry to the point of hitting objects or yelling out or anything like that. He just kind of expressed it a little bit by being a little bit curt, a little bit short with his answers.

**WHAT KIND OF THINGS WOULD MAKE HIM FEEL UPSET OR ANGRY?**

You know, I don’t know so much things that occurred in our classroom more than he might show up to the classroom and might be a little bit curt.

**SO SOMETHING ELSE HAD HAPPENED?**

Yeah. I felt like maybe he sometimes came to school where he didn’t have time to get up or didn’t have enough time to sleep, didn’t get enough sleep, even though I’m told by his mother that he had, most of the time that he went to bed around 8:30 or so at night, and that he does have plenty of time to sleep. Now how much sleep that got, I do not know, but…
QUALITY OF SLEEP?

Yeah, quality of sleep and I know that medications were a problem for him, and of course he missed a week of. I’m sorry, he didn’t miss a week of school, he missed about three days of school. There was a student that pulled a knife on Br at school.

OH, REALLY.

I don’t know if Mrs. King told you that or not.

NO, THIS IS THE FIRST I’VE HEARD OF IT, YEAH.

He pulled a knife on Br, and Br’s medication that he’d been on for about 10 years or so, according to his mom, was no longer effective, so they put him in Green Oaks and observed him during the whole spring break and two or three days into the time we got back, so I think he missed two or three days of school, but that incident wound up putting him into a downward spiral. I felt like when he came back that the medications were having a, probably more than just a calming effect on him. I felt like that he probably was a little bit more sleepy, immediately after coming back than he was prior to that, all that happening, so...

WAS THIS STUDENT IN THE CLASS OR IN THE HALL WAY OR...?

Actually, the student was, what I thought was over in Mrs. King’s class, but he wasn’t in my class, and that student wound up being sent over to AEC, Alternative Education Center.

SO HE WASN’T HURT?

He wasn’t hurt, but just the excitement of all that, and Br didn’t do anything to provoke that other student or anything either. But dealing with Br is a real pleasure in the fact that I felt like there was a good rapport with that student. I felt like Br was learning. I didn’t feel like that I was, my lesson plans over his head, made him too anticipatory of, “what happens if I make bad grade, and Mr. Jones, will I have to take all this over again,” and everything. I tried to make sure that I gave him adequate time to do his work. His work wasn’t always on time, but I stayed on Br enough, and he knew that I wasn’t flexible in that regard. I would constantly point out to him that, you know, “Br, once again, by the time that the progressive reports come out, I needed about four grades, by the end of the semester, I’m going to need about 12 to 14 grades,” and I said, “No, we can’t take off another day. We’re going to have to do it.” So I tried to back off on occasion, but then he knew that ultimately he would have to do the work.

SO KIND OF A COMBINATION BETWEEN BACKING OFF AND THEN PUSHING A LITTLE BIT?

Just a little bit.

AS MUCH AS HE COULD HANDLE?

Yeah, I tried not to give him things in too large doses. I felt like that if I gave him an entire chapter to read in a period, you know, if he had to read 10 or 12 pages or something like that in an hour and one-half and answers some questions, I don’t believe that he could have done it. I just don’t believe that he could have done it.

THE PACE WOULD HAVE BEEN TOO MUCH FOR HIM?

Yeah. He has, he doesn’t have the ability to put together sentences very well. They’re obviously all simple, simple sentences, and the punctuation is not always correct. He writes fairly large for the space that’s accommodated him. He wants to erase on some of the math, and when I say, “You know, Br,
that’s okay. Just draw a line through it and put the correct answer down below it. That’s fine.” He’s a good kid. I’m going to miss him.

NOW ARE YOU GOING TO HAVE HIM NEXT YEAR AT ALL?

No. I won’t. I’ll be doing CBSE English and everything out there, so I’m moving from math over to English, only because they have an opening there.

AND WHAT IS CBS ENGLISH?

That’s Campus Based Special Ed English. It’s a form of English for the learning disabled.

IT’S FOR LEARNING AND NOT FOR BEHAVIOR?

No, I’m sure I’m going to have some problems.

RIGHT, BUT THAT’S NOT THE MAIN REASON THOUGH?

No, that’s not the main reason, but more than likely, it’s just, you know, slow learners, you might say.

WELL, THAT’S TOO BAD BECAUSE BR REALLY LIKES YOU.

Yeah, I like Br very much, too. I’d love for Br around me or a long period of time because...

DO YOU THINK THAT CONTINUITY OR SWITCHING DIFFERENT TEACHERS COULD BE UPSETTING TO HIM?

I do. I do. I don’t think my predecessor was all that good for him, from what I learned from having talked with Br, and not that I asked him a direct question, but he’d make comments that...

BECAUSE HE DID HAVE ONE TEACHER FIRST SEMESTER, AND THEN YOU SECOND SEMESTER, THAT WOULD BE PROMINENT IN HIS MIND.

Yeah. He, he just knew that there was a safe haven in my classroom. Some mornings, like I say, early mornings, he would come in and bring his backpack in there, and there for awhile, I was just letting him take his backpack off and lay his head down and go to sleep, because I’d see him down the hall sitting in the hall asleep. I’d say, “Br, get your stuff. Come on down to my room. I’m going to be doing some work.” He wouldn’t bother me at all. He’d go over there and sit down and go to sleep, but then after I got word from his mother that I don’t need to let him sleep, well, then, I’d say, “Br, why don’t you go ahead and leave your backpack in my room and then you can go ahead and walk, why don’t you get outside and walk. It’s a crisp morning,” or if it was windy or rainy or whatever, I’d say, “Why don’t you just walk the halls. That’s fine.” Because he’d be there, like at 6:30 or something. 6:30, 6:40, he’d already be at school.

WAS THAT BECAUSE HIS PARENTS WORK AND HE NEEDED TO GO...?

Yeah. Anyway, he didn’t get mad about it or anything like that, which kind of surprised me. I felt like he’d say, “Well, I want to sleep. I just got to sleep. I can’t do anything.” But he had no problem with getting out...

AND DOING WHAT YOU TOLD HIM TO DO.

Yeah, Br’s a very quiet young man, and he, I didn’t feel like that he had any real close relationships in his classes with much more than maybe one person.

FRIENDSHIPS WITH HIS PEERS?
Just a friendship with, yeah, peer friendship, yeah. Absolutely.

DID HE SEEM TO MISS THAT OR DID HE SEEM TO NOT NEED IT?

You know, he didn’t seem to, he didn’t seem to need it. One of the things that he would love to do once he finished with his work, he’d say, “May I get out my Game Boy?” He loved his Game Boy, and every once in awhile, he would ask to get on the Internet, you know, that type of thing, but I think the Game Boy even superseded the Internet, as far as a reward. He liked food. Just like most of the boys that I had in there, I had all boys. I think he liked food very much, any of the sweets, the chocolates, anything like that, well, he would like as well, or better, than anyone else.

DID YOU USE THOSE TYPES OF THINGS FOR REWARDS?

I did every so often. They had what they call a Friday RT, just a recreation time on Friday. We were supposed to do during fourth period, and every once in awhile, I would slack off and give them, oh, say, 20 or 25 minutes, normally, I’d only give them about 10 or 15 minutes at the end of each hour and one-half class was what we considered break time. That’s according to the Garland Independent School District, oh, Special Education Rules and Regulations, that type of thing. Suggested ways of managing your classroom and all. I’d give them a little extra time.

AND BR, PRETTY MUCH, ALWAYS EARNED THAT?

Yes, he did. Yes, he did. As a matter of fact, I exempted him from having to take the math final because he had turned in a lot more lessons than anyone else. He was the only one taking Math 54, however, everyone else was taking a higher math, and Br was taking 54. But I thought he earned it. I thought he did because most all of his, well, he earned “B-level” work in math. He certainly did.

AND WHEN YOU TAUGHT MATH, DID YOU ACTUALLY TEACH LESSONS TO THE STUDENTS OR WERE THEY WORKING...

Actually, actually, it was a combination of working on their own and with me. With all of them being in different levels of math, you can imagine, because I had classrooms where I’d have one student taking biology, one student taking environmental science, you know, one taking, say, math 76, which, they actually earned credit for whatever math that they’re taking. Let’s say that they’re signed up for geometry or signed up for Algebra 1, they’re going to get credit for those classes, even though they may be taking Saxon math 76, 65, or 54.

REALLY?

Yes. And it’s kind of a surprise, really, you know, that they can do that, but I guess that’s, that’s one thing that they do with the special ed students is they don’t want it to be over their head, and I know frustrating it would be for them if they were. My predecessor did not have any of these students on the Saxon math, so I could see right offhand, by the lesson plans that I would work up that they couldn’t work it, and I was giving them just a few more problems than my predecessor, but I found out that my predecessor was giving them the problems that were odd and the odd number answers were in the back of the book.

OH!

So I learned that after about two lessons, and I said, “I believe I’m going to switch over to the even-numbered problems.” Suddenly, their grades plummeted. So I said, “I’m going to have to do something,” so I called Special Ed and found out that all the students should take a Saxon Math Placement Test, and so I did that, and Br came out in the 54, and I think that was the right level for him. He couldn’t have done anything higher than that, and there’s like 137 lesson plans, so I mean, right now,
he’s only been through about 20, something like that, so, I mean, there’s a lot of room for growth in each one of these Saxon math…

AND THE SAXON MATH IS A GOOD CURRICULUM FOR HIM?

Yeah, it is.

…SAXON PHONICS PROGRAM, TOO. IT’S REAL GOOD.

This is what I want to learn about. I think there’s some program called, “Shirley, I think it is.”

SHIRLEY GRAMMAR.

Is that what it is. Well, I guess I’m going to have to get involved in that somehow or the other because I’m going to be teaching the English, rather than reading. It’s going to be, I guess it’s composition, you know.

OH, OKAY.

I would have stayed in BA one more year, but, because I wanted to pay back people that hired me. I felt like that I owed to them, but they felt like that they needed some real help and a teacher that wanted to teach something, and I’m their person. I work a standard 12-hour day.

WILL IT BE AT THE SAME HIGH SCHOOL?

Yes, yeah. I’ll be in Special Ed, but down round the corner and up the hall.

I’VE DONE THAT FOR MANY YEARS, I WAS A DYSLEXIA REMEDIATION SPECIALIST.

Is that right?

WELL, THAT’S MY SPECIAL FASCINATION…

Wow!

…IS TEACHING READING.

Oh, my gosh.

AND WRITING SKILLS, TOO, PHONICS TO KIDS WHO DON’T LEARN BY TRADITIONAL METHODS. I’VE BEEN A TEACHER IN A SELF-CONTAINED ED CLASSROOM IN THE AREA, AND I’M A DIAGNOSTICIAN.

Oh, my gosh.

I’VE BEEN IN SPECIAL FOR 30 YEARS.

Is that right?

BUT THEN THREE YEARS AGO DECIDED TO...

…now you’re making, now you’re making me feel really bad.

FROM THE VERY BEGINNING, I’VE ALWAYS BEEN INTERESTED IN IT, SO WHEN I FIRST WENT TO COLLEGE, THAT’S WHAT I STUDIED, AND I’VE ALWAYS—TAUGHT ELEMENTARY, JUNIOR
HIGH, OR HIGH SCHOOL KIDS. I’VE TAUGHT GENERAL ED CLASSES, BUT MOSTLY SPECIAL EDUCATION.

Well, I find that to be very rewarding and challenging at the same time, and I was told that was where the openings would be, and my two degrees, I have a bachelors and masters in management, school of business, but I’ve been involved in, I got through, I got out of the management end the business in the high tech electronics and got more over into the, more over into the engineering project management field…I don’t know how I got out of the management. I guess, I got over into, really, it was kind of over in management and an engineering area, and then I wound up being just straight engineering over there.I think I read somewhere schizophrenia was like, is it like 1.1% of the population…

YES.

…which is extremely low.

YES, AND 10% TO 20% OF THEM COMMIT SUICIDE…

Is that right?

…BECAUSE OF THE DEPRESSION OF THE DISABILITY CAN BE SO DEMORALIZING, AND OFTEN KIDS ARE NORMAL FOR A LONG TIME, AND THEN THEY GET IT WHEN THEY’RE A TEENAGER OR YOUNG ADULT, AND IT’S VERY EMOTIONALLY DEVASTING, AND SO WE WERE WANTING TO DO RESEARCH IN THIS AREA, BECAUSE THE STUDENTS ALWAYS DROPPED OUT OF SCHOOL–PROBABLY BEFORE THEY WERE EVEN DIAGNOSED, BUT IT LOOKED BEHAVIORAL AT FIRST, AND SO, THEY’D GET KICKED OUT OF SCHOOL.

Sure.

OR THE PARENTS DON’T KNOW THAT SCHOOL IS SUPPOSED TO PROVIDE SERVICES, AND MANY SCHOOL DISTRICTS TELL THEM THAT THEY DON’T SERVICE SCHIZOPHRENIA, EVEN THOUGH IT’S ILLEGAL, THEY STILL DO, AND SO THE PARENTS LEAVE BECAUSE THEY ASSUME MENTAL ILLNESS IS TOO SERIOUS FOR THE SCHOOL. THAT MAKES SENSE, BUT THE PROBLEM IS THAT PROFESSIONALS DON’T KNOW WHAT TO DO WITH THE CHILD WITH SCHIZOPHRENIA, AND A LOT OF PEOPLE ARE AFRAID OF IT, BUT THE NEW MEDICATIONS ARE MAKING IT SO THAT IT’S MORE LIKELY THEY’LL BE ABLE TO STAY IN SCHOOL. FOR INSTANCE, THE MEDICATIONS HELPED BR CONTROL THE HALLUCINATIONS AND THE VOICES, AND SO THAT HE WAS ABLE TO UNDERSTAND.

I didn’t know if he had that sort of thing or not. I was always curious.

OFF THE MEDICATION, HE DOES, OR IF THERE’S A LOT OF STRESS THAT OCCURS, THEY SYMPTOMS CAN COME BACK PRETTY BADLY…

I see.

…EVEN ON THE MEDICINE, FROM STRESS LIKE SOMEONE’S PULLING A KNIFE ON HIM.

Yeah.

…OR FROM THE NORMAL STRESSES OF LIFE, LIKE IF SOME TEACHER GAVE HIM TOO MUCH WORK TO DO, WAS HARSH WITH HIM, THAT COULD SET HIM OFF.

Yeah, that occurred at least a couple of times that I can recall during the semester where he would be seeking a little bit of shelter and a little bit of comforting down in my area, because he knew that I’d, well, he just knew that he wouldn’t have anything that would trigger or, you know, further enhance the
problem that he might have at that moment. He knew that he could come in for a little bit of a safe haven, if you would.

RIGHT, YEAH.

And so, I know he was, I remember he was down in one class, and he was just absolutely, according to the teacher and the teacher is a very nice lady, but she said, “Br’s just being a jerk! He’s just not Br, right now.” I said, “Well, if you want to let him come down to my room for awhile, well, I’ll, and just send his work down with him, and let me sit down, I’ve got a little bit of time, and I can sit down with him,” and I knew that she had a little bit more of a load that day than what she could afford to spend much time with Br, other than just to say, virtually, “Hush, and go sit down and be quiet, and I don’t have time to mess with you right now. I’ve got a half a dozen other people to mess with, right now. Don’t whine on me.”

THAT WAS A GENERAL EDUCATION CLASSROOM?

Well, it’s, it was down in a, it’s still in Special Ed, but it’s, I’m trying to think of the name of that class that she has down there. It’s like vocational, you know, it’s preparing them for the real life after school, that type of thing, where they’re talking about how to properly interview for a job and making sure you report to work on time and how to treat your fellow workers. I think maybe they even go out and, maybe, make a trip, do a couple of field trips, you know, that type of thing, during the semester.

I THOUGHT IT WAS GOOD FOR BR TO HAVE SAFE PLACE TO GO.

I think so.

SOMETIMES THEY GET OVERWHELMED WITH EVERYTHING.

Yeah. And I’ll invite Br, again, you know, and I’ll be not that far away, and he’ll, of course, he’ll quickly learn where I’m located up there, and he may, he may have me for a class or two. He had out classes, so he wasn’t down there in our classrooms all day long every day. That’s for sure.

I DID TALK TO A GENERAL ED TEACHER, HIS COMPUTER TEACHER, BECAUSE BR ASKED ME TO.

Oh, he did?

YES, HE GAVE ME YOUR NAME AND MRS. KING’S AND THE GENERAL ED...

Is that right?

THE COMPUTER TEACHER IS THE ONE GENERAL ED TEACHER HE LIKED.

I see.

THAT TEACHER HAD NO TROUBLE WITH HIM, BUT THEN WHEN I TALKED MORE IT WAS THAT TEACHER WAS DOING THINGS THAT HE DIDN’T EVEN REALIZE HE WAS DOING.

Yeah.

LIKE LETTING HIM GO GET A DRINK, COME BACK. THERE WAS A STUDENT THAT WORKED AS A TEACHER’S AIDE THAT PARTICULAR PERIOD, AND SO THE TEACHER HAD THE BOY SIT WITH BRANDON AND HELP, REEXPLAIN THE INSTRUCTIONS ON THE COMPUTER IF HE WAS CONFUSED.

I see.
SO HE DIDN'T HAVE TO GET STRESSED OUT...

Sure.

THINGS THAT TEACHER DIDN'T PROBABLY EVEN REALIZE AT FIRST THAT HE WAS NATURALLY DOING THAT WERE ACTUALLY MAKING BR BE ABLE TO BE SUCCESSFUL IN THAT CLASSROOM. IN A DIFFERENT ENVIRONMENT, BRANDON MIGHT NOT HAVE RESPONDED SO POSITIVELY.

Well, I tried to break down the, his time with me, we basically had about six 15-minute periods in there. The last 15-minute period, I didn't generally have him work. The first 15 minutes was spent in explaining the lesson to him, having him get out the proper supplies and so forth, to, going over what grades that he'd had, how well he was doing, because I felt like it was important to keep him informed as to, you know, and, “Are you getting a little bit behind? Are you staying up? Are you getting ahead?” And I had to slow him down a couple of times on the math and tell him that I really needed for him to go back over a social skills paper. Sometimes I would have him do a social skills paper over a second time, and I'd take that second grade. I'd say, “Br, you're going to have to spend more time on this. If you have a problem reading or understanding, get back with me.” I also had him go through his entire assignment and do the ones that he could do without a lot of questions. I said, “Br, if you see me busy helping someone with their biology or with one of the other maths, just show me the courtesy and do yourself a favor by continuing on until you just can’t do anymore and then just sit back and relax until I can get to you.” And so, he got really good at it, where he would not, he would just shut down. He say, “Okay, I've got 20 problems, and I'm on number 5, so I'm just going to have to sit here and wait until Mr. Jones gets here.” I said, “Well, now, Br, I know what you're working on there today, and I know that you can do about 10 through 15. Now look down there, see those. You can do those. You did, you just did some of those that were very similar to those yesterday,” so he'd go down and do some more and then, but ultimately, I gave him his space. I try to give him about 15 minutes of freedom to try to do it on his own. If I saw him, you know, where his attention span was starting to narrow and everything, I'd get back over there with him, and I'd say, “Now, Br, just a reminder. It's about 10 until two, and don't forget, you catch that bus at 2:15. You've got about 25 minutes to get that paper in.” So I'd see him over there working and he'd go ahead and get his work in, generally, yeah. He wouldn't leave many of them blank. He sure wouldn’t. So, I'm going to miss him. I really and truly am.

YEAH, I FEEL BAD THAT YOU'RE NOT GOING TO HAVE HIM. ARE THERE ANY OTHER THINGS THAT, FOR INSTANCE, FOR ADVICE FOR A TEACHER IN THE FUTURE FOR A STUDENT LIKE BR, IS THERE ANYTHING THEY SHOULD AVOID THAT WOULD CAUSE BRANDON PROBLEMS?

Well, I think they should avoid being curt with him or being or creating a situation where he would feel overanxious. I think they certainly should know and understand that it’s going to take him a little bit longer to do something and, as much as possible, find out what level that he’s working at, at that time. I mean, even if it’s English, if can’t put together compound sentences, well, be patient enough with him to gently wade into the water, so to speak. Get him accustomed to it and everything. Don’t throw him too much, and don’t throw, either don’t throw too much at him and don’t throw it at him too quickly, you know. Slow down just a little bit, and you know, I think a person would be much more successful with him if they’d do that type of thing, you know. I think probably giving him his own space over to the edge of the room, like we were talking about earlier, I think would be very, very good. Br is a follower. He does not want to be the center of attention. He’ll pick up on things. I have to tell you this. I know it's not part of your study, but I think it's interesting. The same student that pulled the knife on Br was the one that shoved me around a month later after he came out of AEC, he came back and the very first day he came back, he wound up knocking me around, and I fell and hit my head on the doorframe, and this was about a month ago.

REALLY?
I had six staples up here in my scalp, and also, it cracked a rib enough or inflamed right around there, that I started having some chest pains running from here to my shoulder blade. And it took a sport's medicine person to get me on some anti-inflammatory and all those sort of thing, but my wife had to drive me to the hospital, to the emergency room, but it was an out and out assault by a student. The same student, and I was so thankful that Br was not there that day that they returned. If Br's mother, Mrs. Wilde, had known that, that student was coming back, she would have had, absolutely, a fit because no telling what he would have done to Br, if Br had seen this student, I don’t know what would have happened.

SO THE STUDENT PULLED A KNIFE ON BR AND THEN HE CAME BACK TO THE SAME CLASSROOM WITH BR AT THE SAME CLASSROOM…

Yeah, Br would have seen him in the hall because this student was type of student I think, virtually, had no out classes. I mean, he was a real behavioral problem. His dad's in prison, but Br would have seen him down that hall, down there around our classroom is what he would have seen, and I don’t know what would have happened.

IT WOULD REALLY HAVE UPSET HIM IF HE HAD SEEN HIM HURT YOU.

Yeah, and I'm glad because Br said he'd heard about it, and I said, “Br, I'm so glad that you weren't here, because you would have been very, very upset.” Br would have come to my aid.

RIGHT.

I have no doubt in my mind that Br would have been up and tried to get him, but like it is, my aide is 6’9”, Mr. Maiden, basketball coach, and he came over and put his arms around him and got him in a big bear hug, because I was picking myself up off the floor over at the door, I just, I just rolled on out into the hallway and hollered for some help, so I was standing down at the end of the hall and said, “Run up the office as quick as you can. We’ve got a terrible situation here.”

AND THAT WAS THE FIRST DAY HE CAME BACK?

Yeah. That morning. This was prior to noon that day.

DID YOU HAVE ANY FEELING OF WHAT SET HIM OFF, WHY HE ATTACKED YOU?

No. I do know that he, it's nothing that I did personally, other than he said that, earlier on, he'd mentioned why I failed him in something, and, but he was asking in the background, I could hear him over there, and he said, “Where’s my work? Where’s my work? Where’s my work? Where’s my work?” And of course, I didn't know he was coming back from AEC, so I didn't have a lesson plan for him. I didn't know what he'd been doing over there for the last 30 days. He and I hadn't even had a chance to sit down and talk. I was helping another student that was returning that very same day for having pot on campus. Kid grabbed him throwing it away. Actually tried to swallow a bag of it. And I liked this kid, too, but he's severe ADHD. Mother will not put him on any kind of medication. I couldn’t convince her. I told her that I knew there were some new medications out, and “I really think you should try it because he's upsetting to everybody,” but anyway…

THOSE MEDICINES CAN BE A LIFESAVER.

Yeah.

THEY REALLY CAN. PEOPLE CAN BELIEVE IT'S A PHYSICAL AFFLICATION, LIKE YOU DO DIABETES OR EPSILEPSY; YOU CAN SAVE A CHILD FROM A TERRIBLE LIFE.

I said, “You really need to get control of him.” I said, “I'm going to keep you informed of everything he's doing.” Anyway, I'm thankful that nothing happened to Br because he is a good kid, a good kid. I just
hope that he can make it through life, and I don’t know, would you forecast any, him being self-sufficient in any form or fashion at all or…

OF COURSE, HE’S GOT A GOOD FAMILY, AND HIS PARENTS ARE WILLING TO LET HIM LIVE WITH THEM FOR HIS WHOLE LIFE, IF HE NEEDS TO, AND THEY’RE GOING TO TRY TO HELP HIM WORK PART-TIME, MAYBE EVEN THIS SUMMER AND THE NEXT YEAR, AND THE GOAL IS TO GET HIM TO BE SELF-SUFFICIENT, AND THERE’S ALSO GROUP HOMES FOR PEOPLE WITH SCHIZOPHRENIA THAT YOU CAN MOVE INTO THAT ARE ASSISTED LIVING. THEY GIVE YOU SOME SEMBLANCE OF INDEPENDENCE.

Was he a tenth grader or eleventh grader?

ELEVENTH GRADE.

Eleventh grade. That’s what I was thinking.

THE PLAN IS NEXT YEAR WILL BE HIS LAST YEAR; SO HE’LL BE TWELFTH GRADE AND GRADUATE, BUT THESE KIDS, IT IS KIND OF A WHAT DO YOU DO AFTER SCHOOL? AND UNFORTUNATELY, A GOOD MAJORITY OF THEM END UP ON THE STREETS AS HOMELESS PEOPLE AND MOST OF THE HOMELESS PEOPLE THAT YOU SEE AROUND HAVE MENTAL ILLNESS AND MOST LIKELY IT’S SCHIZOPHRENIA. THE ONES YOU SEE WITH BACKPACKS AND STACKS OF JUNK, AND THEY WALK AND WALK, AND THEY PACE AND PACE, AND THEY’RE NOT OBVIOUSLY TAKING MEDICATION, BECAUSE, EVEN THOUGH THEY CAN GET MEDICATION THROUGH SOCIAL SERVICES, THEY DON’T GO THERE AND GET IT. YOU HAVE TO TAKE IT EVERY DAY. AND THE ONLY WAY YOU CAN DO THAT IS IF YOU HAVE A LOVED ONE, A FAMILY MEMBER OR SOMEONE THAT HELPS YOU TAKE THE MEDICINE AND GIVES IT TO YOU EVERY DAY, LIKE BR HAS. THAT CAN HELP YOU.

And I imagine some of them have, virtually, been kicked out of their families and they’ve probably given up on them because of alcohol and everything else.

YEAH, THEY’RE DIFFICULT TO TAKE CARE OF, AND EVEN THOUGH BR’S SWEET, THEY’RE VERY EXHAUSTING.

Yeah, well, I’m sure of that.

DAY IN AND DAY OUT.

Oh, yeah.

AND HE’S AFRAID OF A LOT OF THINGS. I DON’T KNOW IF YOU SAW THIS IN CLASS, BUT THEY WANTED HIM TO WALK DOWN TWO BLOCKS TO MCDONALD’S, TO GET HIMSELF A HAMBURGER, AND HE’S TOO AFRAID. HE THINKS SOMEONE’S GOING TO JUMP HIM OR POLICE WILL ARREST HIM, EVEN THOUGH HE’S NEVER BEEN ARRESTED. HE’S AFRAID. I THINK HE PERCEIVES HIMSELF SMALLER THAN HE IS OR YOUNGER THAN HE IS, AND THAT SEEMS TO BE TRUE OF ALL THE PEOPLE WITH SCHIZOPHRENIA.

I noticed that in some of my conversations with Br, that he would mention that, oh, maybe like on the week ends, maybe going out and playing, but I got that feeling that the play was almost at the elementary level. We’re going to go down the swings, you know, and we go down the slides and stuff like that, and I just didn’t, I felt like that was a problem for him being age inappropriate. Well, I noticed socially that Br was kind of a loner. He had study skills up in the cafeteria in the mornings, some mornings. I don’t remember if it was just on “A” days or “B” days or what, but I think it was first period, one of the days, “A” days or “B” days, and so I could see him, and he would sit off two or three rows from anyone else, and he might either be sleeping or playing with his Game Boy. That was his solace was that Game Boy.
HE SEEMED TO LIKE TO BE BY HIMSELF?

Yes.

USUALLY, THEY HAVE SOME PEOPLE THAT ENJOY BEING WITH.

Yeah, there was a kid in our class that was a severe stutterer, and he seemed to get along with him very, very well, and then there was new kid that came in and turned out not to be the young man that everybody thought he was, and so he wound up having to be sent back over there to CBC, what do they call that? I’m sorry. I can’t even think of what’s it called. Why is it CBC? Anyway, it’s a place like AEC, except this is some sort of, I think it’s Campus Based Curriculum is what that stands for, but it’s over at a whole new school, and I guess they’re more strict over there, but he starting skipping and things like that. They couldn’t keep him on campus. He wanted to go hang out at AAA Muffler or the coffeehouse in downtown Garland. He might just choose not to go to school that afternoon. He might be in his morning classes and the afternoon, he might, or vice versa. His parents would let him out at the door and everything, and he just walked through the building and out the other side and head right on downtown and spend the day down at AAA Muffler.

SOME KIDS WITH SCHIZOPHRENIA WILL JUST WANDER OFF, AND IT’S DIFFICULT TO KEEP THEM CORRALED.

I think he was at a halfway house or something down, I’m going to say at Liberty Hill, Texas. There’s apparently some type of place down there. He calls it a mental institution, but I mean, he’ll tell you right out, he’ll say, “It was a mental institution.”

WELL, IT IS DIFFICULT FOR THESE KIDS TO TRANSITION FROM SCHOOL AND FAMILY LIFE TO THE COMMUNITY, DIFFICULT FOR THEM TO KEEP A JOB. WAL-MART DOES A GOOD JOB HIRING PEOPLE WITH DISABILITIES IF THE PATIENT IS UPFRONT ABOUT IT, BUT THERE AREN’T MANY EMPLOYERS...

No, that’s true. Oh, gosh, yeah. Like at a McDonald’s or anything like that, you know, I mean, it’s just, I mean, it’s fast and furious.

RIGHT.

Either you give me those right now or get out of the way, and I’ll get them. I think he might consider, you know, stocking in a grocery store or something like that. Working in, well, he couldn’t work in a warehouse too much these days because you have to, you know, it’s a forklift-truck...

I THINK HE WAS SUGGESTING SOMETHING WHERE IT WAS A ROUTINE. HE COULD LEARN TO DO THIS AND THIS AND THIS AND OVER AND OVER, THE SAME, LIKE STOCKING, PUTTING THINGS AWAY.

Yeah, that’s about what you’d have to do.

AND THAT HE WOULD GET SOME SATISFACTION, AND HE SEEMS TO WANT TO HELP PEOPLE.

Yes, he does.

DO YOU HAVE A LIFE SKILLS CLASS?

They do have a life skills class.

HE TALKED ABOUT HELPING SOME STUDENTS AND HE SEEMED TO GET A LOT OF SATISFACTION OUT OF BEING ABLE TO HELP OTHER PEOPLE THAT NEEDED HELP.
Yeah, I think so, too. He seemed, you know, I didn’t have to ask him twice to be kind of a helping teacher to me, you know, to take care of things, so I could get him settled down a little bit. If I tried two or three times to get him on task and I found it difficult, then I would try another strategy is typically the way it went. If I felt like that I could afford to send him up to the office to do something for me, then I would do that. Otherwise, I’d just say, “Well, why don’t you go down to the restroom or go out and get a drink of water and take a couple of minutes, come on back in, and let’s get started on that math because we’ve got to get that assignment in today. That’s all there is to it. It was due yesterday, but today will do.”

WE’RE GOING TO REALLY DO IT TODAY.

“We’re going to really do it today, and I’m going to sit down with you, and whatever it takes, I want you asking me questions, and I don’t want you telling me that “Yes, I understand it,” when you don’t.” I said, “That’s not helping you or me either one. Just be honest with me, Br.” I said, “That’s all I’m asking.” I said, “You’re not going to get in trouble in any form or fashion. I just want you to be honest with me, because I can’t be a teacher if I don’t know, if you’re saying, ‘Oh, yeah, now I get it.’” Because he was that type. He wanted to be a, he was a pleaser. He says, “Oh, why didn’t I, I know that 9 plus 3 is 12,” and I’d see the old eraser, you know. I’d say, “Now, that’s okay. That’s okay. We all forget, you know, from time to time.” So he was always apologetic in everything that he did there.

WELL, IT’S ENCOURAGING TO HEAR YOU TALK ABOUT TEACHING, BECAUSE THEY’VE HAD SOME HORROR STORIES IN THE PAST THAT TEACHERS HAVE BEEN AGGRESSIVE WITH HIM AND FRUSTRATED WITH HIM AND CAUSED HIM NOT TO BE ABLE TO FUNCTION, AND BY THE TIME HE’D GET HOME FROM SCHOOL, HE’D BE SO EXHAUSTED AND FRUSTRATED THAT THEY’D HAVE A TERRIBLE TIME WITH HIM IN THE EVENING…

Yeah.

…BECAUSE HE COULDN’T COPE ANY MORE WITH ALL THE UNPLEASANTNESS THAT’S GOING ON.

Right. Sure.

AND CONFUSION ON HIS PART OF WHAT HE’S SUPPOSED TO DO…

Oh, I can imagine…

…AND WHAT ARE THE RULES AND I COULD GET IN TROUBLE AND I DON’T UNDERSTAND WHY, AND KIDS LIKE THIS CAN BE FRUSTRATING.

Yeah.

BUT IF YOU’RE THE PROFESSIONAL, THAT’S YOUR JOB TO BE PATIENT.

Absolutely, you’ve got to.

IF YOU DON’T LIKE THE JOB, GET A DIFFERENT JOB.

That’s right. If you take offense to being called a jerk and hearing every cuss word known to man, you know, you’re being called that or whatever, if you take it personally, there’s just no way you can function.

WELL, THAT’S REALLY A GOOD POINT, TOO, TO NOT TAKE IT PERSONALLY. THAT YOU’RE THERE TO HELP THEM AND NOT TO GET YOUR EGO STROKED OR NOT…
Yeah, that’s the way you have to look at it. Like and I do look at it like this being a Christian person, I said, “I just hope I’m making a difference in this person’s life,” and sometimes, it’s frustrating because you don’t see that, those little steps going on, and some of them, I was firmly convinced that I never will, because half of mine had parole officers and their dads are in prison. They’ve been caught for misdemeanors, I mean, everything from petty theft to whatever, you know, even breaking and entering. I had two or three of them that had…

…FRUSTRATING. YOU WANT TO HELP THEM, BUT THEN SOMETIMES THERE’S ONLY SO MUCH YOU CAN DO.

Yeah, and I told Br to always come to me if he ever had a problem with someone trying to bully him because I said, I said, “It goes on in every school, every day here in America, Br, and I don’t mind telling you, you’ve probably encountered it, and I did when I was growing up,” but I said, “Br, it’s wrong. We’re not going to tolerate it.” And I said, “Br, I’ll be there to defend you from the get-go. You don’t have any concern whatsoever. You come to me in confidence, and I’ll watch over your shoulder.”

AND I THINK THESE KIDS NEED SOMEONE LIKE THAT.

Yeah, they do.

SOMEONE THEY CAN GO TO WHEN THEY’RE CONFUSED AND DON’T KNOW WHAT TO DO.

Well, they do. They do.

HIS MOTHER TALKED ABOUT, ACTUALLY, EVERY SINGLE PERSON I’VE INTERVIEWED SO FAR HAVE TALKED ABOUT HAVING DIFFICULTY WITH THE CHURCH, COINCIDENTLY, EVERY FAMILY I’VE TALKED TO HAVE BEEN CHRISTIANS. IT’S VERY INTERESTING. I DON’T KNOW, MY HUSBAND THINKS IT MIGHT BE THAT THEY MIGHT BE MORE OPEN TO TALK ABOUT INFIRMITIES IN THE FAMILY. THEY’RE NOT ASHAMED OF IT, THE GUILT AND SHAME THAT GOES ON WITH MENTAL ILLNESS…

Yeah, there is.

…and embarrassment and being a strong Christian, they know that nobody’s perfect, and so they feel a desire to help other people.

Yes, I think…

SHARE THEIR PROBLEM WITH ME HOPING THAT I CAN HELP SOME OTHER FAMILIES, BUT BR’S MOTHER TALKED ABOUT BEING PRETTY MUCH REJECTED BY THE CHURCH AND EVERY FAMILY HAS TALKED ABOUT THIS. THEY WERE ACTIVE IN THE CHURCH AND WHEN THEIR CHILD, ESPECIALLY IN THE JUNIOR HIGH, TEENAGE YEARS…

Now, that’s sad.

…THERE’S NO YOUTH GROUP THAT WILL INCLUDE THEM BECAUSE OF THEIR ODD BEHAVIOR.

That is sad, isn’t it?

VERY, VERY SAD. THEY QUIT GOING TO CHURCH.

You know, I hadn’t even thought about that.

BECAUSE THEY DON’T FIT IN, AND ALSO, IF THE BEHAVIOR ISN’T APPROPRIATE OR ISN’T TOEING THE LINE, THE FAMILY IS LOOKED DOWN UPON AS IF YOU DIDN’T RAISE YOUR CHILD
RIGHT. WHY DON'T YOU MAKE YOUR CHILD BEHAVE? IF YOU'RE A GOOD CHRISTIAN, YOU MAKE HIM BE A GOOD BOY.

Now, that is absolutely ridiculous.

THERE'S A LOT OF EMBARRASSMENT PUT ON THE FAMILY BY THEIR FELLOW CHRISTIANS…

Yeah.

…BR'S MOTHER SAID, "YOU KNOW, I THOUGHT I'D GET HELP BECAUSE THEY'RE CHRISTIANS. YOU'D THINK THEY'D BE SYMPATHETIC AND HELP ME, BUT THEY DON'T. THEY TURNED THEIR BACK ON US."

I'm going to check at my church and see what we do—if our youth group has anything for these kids. That makes me feel terrible. I'm going to see if I can do something about that.

THANK YOU SO MUCH FOR TAKING YOUR TIME TODAY TO SHARE ALL OF THIS WITH ME. I KNOW IT IS GOING TO HELP. YOU'VE GIVEN ME A LOT OF VERY USEFUL INFORMATION THAT I CAN USE AND PASS ON TO OTHER TEACHERS AND PARENTS. YOU'VE LEARNED A LOT IN YOUR FIRST YEAR TEACHING HAVEN'T YOU?

Well, I hope I helped. I'm happy for anything I can do.

(End of interview)
TELL ME HOW YOU CAME TO KNOW THAT C... HAD DISABILITIES. WHAT WERE YOUR FIRST INCLINATIONS THAT SHE NEEDED HELP?

Are you talking about when she was 10, or when she was diagnosed as bipolar?

WE CAN START AT TEN.

She was depressed at ten, which we thought was due to the loss of her biological father because he terminated. So we went to Scottish Right and got some medication from a psychiatric there for depression.

WHAT WAS THAT? DO YOU REMEMBER?

It was a long time ago. She’s been on so many different medications that I didn’t notice a lot of improvement. Maybe just a little bit. So we discontinued that after a while and we just made do with counseling. She had counseling off and on a lot. And then about March, she was really, really depressed and unhappy.

SHE WAS 16, IS THAT RIGHT?

Yeah. She’d be 15 because her birthday is in January. And the doctor gave her Paxil and she got worse, so we went back. They gave her more Paxil. She got worse and we wound up in Green Oaks. Afterwards, that happened the first week of August, before we wound up in Green Oaks.

AND THAT WAS JUST THIS PAST YEAR?

Yes. 2002 and 2003. She was 16 by then.

AND THEN DID...WHEN DID YOU NOTICE ABOUT HER PERSONALITY CHANGING?

Well, I noticed in July of 2002, every year we’d take a family vacation to South Padre, since like she was baby. Since she was about 2 or 3. Every year. And it got to the point where nothing made her happy anymore. Nothing. Even at the beach she was miserable. You know, she was just unhappy and she’d take off and I couldn’t find her. And I was real concerned to what she’d been doing because I feared it wasn’t something wonderful. And I didn’t find out later until we were in Green Oaks and she’d gone in with a couple of guys and had sex with them and apparently gotten intoxicated. That’s with boys she never known before.

WITH BOYS THAT SHE DIDN’T REALLY KNOW?

Right. That she met on the beach. She went to their hotel there. That’s what she told me, you know, after she’d been in the hospital.

IT WAS A SHOCK?

Yeah, it was. I mean, you know...

DID YOU THINK SHE’D HAD SEX?

Well, I didn’t understand that she’d done something that was wonderful, but I couldn’t find her. I started calling up and down the beach from about 9:00 to 10:00, and when I did find her she came in a little after 10:00, which wasn’t real late, but it worried me. I knew something wasn’t right. First she had
some kind of lame excuse that she’d met up with some girls and they were doing fireworks because it was the week of July the 4th. That didn’t sound right. But I didn’t really get into a big argument. She had to stay at the hotel. She couldn’t go down to the beach without me.

AND THAT WAS IN JULY. SO IN AUGUST, YOU SAID...

Well, I had to go back to work in July and something just told me one day when I was at work…it was before the children came back to school. And I never come home for lunch. But something told me to go home for lunch, so I did. And she said, “Somebody may come to the door and ask for me.” And then she said that she had a job interview lined up because she’d been working at Taco Bell, but she’d lost her job. And she left, and sure enough, a few minutes later a man, probably like 42, came to the door. I said, “Can I help you?” He said, “Yeah, I’m here to see C.” And I said, “How do you know her?” And he said, “Well, she invited me here off the Internet.” I said, “Do you know that my daughter is 17 years old and do I need to call the police?” She was just out of control.

SHE WAS HIGH RISK?

Yeah. When she got home and I talked to her about it in a calm manner, you know, I wasn’t hysterical. I said, “Do you understand why I’m concerned about this.” “Well, you know, he was just going to take me to my job interview so I wouldn’t have to walk.” I said, “Well, if I had been home and you’d gone with him and things were going to happen, you know, I’d never been able to find you. I wouldn’t have known where you were, who you were with. If could have done terrible things to you.” “Well, I can take care of myself.” “No you can’t.” She never, ever thought of any danger or needs of concern. It was like “I can take care of myself. This is under control. I don’t why you’re so upset.” It had gotten to where she wasn’t sleeping, where she’d stay up days at a time. You know, just all go and then sometimes we’d go, like once she stayed with my brother because I have a niece her age, and they went there and my niece can drive. You know, she drives and they were going to have their little girl thing and they were going to go to Target. She fell down in the floor at Target and went hysterical for no reason.

CRYING?

Yeah. Just hysterical. She was showing all these bizarre behaviors that didn’t make any sense. So with the combination…and all this was in the month of July. That’s when it all started peaking. That’s when all this started coming around.

YOU MENTIONED YOUR NIECE DRIVING.

She’s 17 and real reasonable.

C DOESN’T HAVE A LICENSE NOW?

Oh, no. Well, for one thing on top of all the other, she’s mildly retarded. If she hadn’t been mildly retarded, I probably would have picked up on her behavior a lot earlier. Every time she would be inappropriate socially or have inappropriate behaviors, or get in trouble, she could get very bad. When she gets something on her mind, she can’t get it off. I thought it was because she was mildly retarded. And she had to carry that disability over a long time ago.

DO YOU KNOW HER ACTUAL LEVEL?

Well, I’ll say…Different tests say different things. Like it depends on the nature of the test, but somewhere in the mid 60’s. Some people say she’s mid 70. She was having a seizure five times an hour. I’d say, “do something about this because it’s making me a nervous wreck.” There was a lot of trauma at birth for both of us and a lot of bad decisions made that caused that because I think if they hadn’t made the bad decision about the birth process, she’d really be intelligent. My son has 133 IQ. Because she can read at an 8th or 9th grade level, which is really high for somebody with that IQ. She has shadow skills. She’s like a shadow kid. But math is a huge deficit for her. Hugh deficit. She’s
probably around 3rd grade. Just real basic math. I put her in early childhood. She’d go to school all
day and I’d pick her up and just cry. Watch my baby girl go on the bus. So she’s been in special ed,
even when she, well, Dallas school were kind of strange, you know. At that time we didn’t know she
was retarded. And so then because of her CP. But she could probably do everything. And when she
got to kindergarten they were going to put him past her to 1st grade. And take her out of special ed,
which I thought was interesting. Well, I knew that she wasn’t ready for 1st grade. No way was she
ready to read because she still couldn’t even copy off the overheads. She had some transfer problems.

JUST COPYING.

Yeah. So I took her out of Dallas schools and put in the Little Red Schoolhouse because they real
intense phonics. Well, she struggled, but she made it through there alright. But the lady said, “We’re
going to have to keep her in kindergarten. We can’t put her in 1st grade. But that’s great. We’ll just
leave her in kindergarten. When she got ready to go to 1st grade there, they said they couldn’t accept
her because she’s not reading at grade level. Because their reading is so intense and we don’t have
any remedial…we do this and we go on. So then I took her out and put her in (inaudible), she didn’t go
into special ed until 3rd grade because I told them I said, “She’s still struggling, she’s been retained, she
needs the help.”’ Mesquite was the first, when they did their assessment, they told me that she was 60
something IQ and she was mentally retarded. It was kind of a surprise.

THAT WAS THE BEGINNING OF 3RD GRADE?

Yes. It really should have been 4th grade if she had never failed.

THAT WAS THE TIME THEY DID COMPLETE TESTING?

Yes. Yeah, they don’t fit into…Before we had our A.R.D, and they were like…the diagnostician thought
we were crazy. Well, how can she be dada, dada, da? I said, “I don’t know, but she is.” I mean, he
was just like, “Okay. You say she’s excessive compulsive, therefore, she’s schizophrenic, she’s
mentally retarded, she has cerebral palsy, and I just don’t see how you guys diagnosed it.” Then why
don’t you ask the doctors. But, they don’t care, that’s the problem.

SHE HAD THE SPECIAL PROGRAM IN 3RD GRADE THEN SHE STAYED IN THE SPECIAL
PROGRAM EVER SINCE. WHICH INCLUDED REGULAR CLASS ROOM, BUT CAME OUT FOR
CERTAIN THINGS?

Yes. They had a resource class and would try to send her there because if I try to go down there, they
kind of have the answers and things backwards. At the end of 3rd grade I came back to Dallas and put
her in school with me. You know, she doesn’t fit in. She’s very immature. I thought it was because of
her retardation and her social skills are so low. Really low. She liked Barney until she was like 13. If
she would talk about it. And then the kids would make fun of her and I’d say, “Well, it’s alright if you like
Barney, but other kids your age don’t and they find it odd, so just don’t talk about it.” You know. She’s
like, “I really like him. He teaches really good things.” I said, “Well, they think it’s for babies. So they’re
going to make fun of you.” And I tried to give her some coping skills, but it was like talking to that wall.
She just can’t get it. She just never did understand what they were saying and what I was saying. So
she was just confused. She’s probably got tunnel vision.

SHE WAS IN THE REGULAR CLASS ROOM AND THEN WENT TO RESOURCE?

Well, at the end of 4th grade, I started Network Outlook because she can’t go to public school anymore.
Because I’m a teacher here. And then I found out about Notre Dame, which is a school for retarded
children. It’s a private school. So she went there…she went back this year. She’s been there since
her 5th grade year. And she just left this year, and the only reason she left this year was because you
had to keep paying tuition even though she wasn’t there. She missed all of two months at times, a
month in Austin, and two weeks…she missed, you know, and they wanted me to keep paying tuition on
top of all these added costs that insurance wasn’t paying. I couldn’t afford it. And when she finally got
out at Christmas time from the hospital, and that’s the first time she’s been back at public school since 4th grade. She’s in 11th grade, but I don’t see how that’s possible when you’re almost 18. You’ll be at school for 2 and 3, but that’s what they’re calling it. Well, she failed two grades or pods, and so she was in the highest pod, which is vocational. That’s where they mostly get vocational skills. They’re not doing a lot of academics.

AFTER SHE WENT TO AUSTIN, THEN SHE WENT TO TERRELL?

Well, she came home on December 20th from Austin, and she stayed with me until about…I think it was October 25th when she was arrested by the county sheriff and taken to the emergency room down there. And they’re the ones who put her in Terrell with a court order.

AND WHAT WAS SHE ARRESTED FOR?

She got up in the morning. We have place in East Texas. We go there every weekend. And there’s a church right in our circle there. And so she was going to go to church that morning and so she got up and she was on her period. There was my 13 year old son, at the time, he was still 12 then. He hadn’t turned 13 yet. And what happened was that she looked in the room and she was asking him if he would like to see the tampon inside her body. She would show him what it was like. So you can imagine my husband was just a little bit upset about her offering to do such a thing because he doesn’t even want to talk about things like that with him, much less show him. So he went in there and balled her out and pushed her up against the wall in the bathroom. Well, she went to church and told everybody that he’d beat her up and that he had punched her in the nose and there wasn’t a drop of blood on her. My husband is 6’4. He is hug. I mean his hands, he wears a 19 length. I mean he is hug. And so when they would come here, call my house and say, “I have C and I’ve taken her into custody, but she’s scared to come home because of the abuse that’s going on at the home.” I said, “I would love for you to because something is not right here. I said, “You’re right. She’s mentally ill.” He said, “Because her stories are so weird and it just didn’t make sense and she gets delusional.” I mean, he picked up on it in a ten minute conversation. They came out to the house and he sat down with us and he just decided…She kept going “I don’t want to go. I hate it here. The sheriff would try to convince her she didn’t want to do that and you’re trying to convince her. He had to chase her out and put the handcuffs on her. That’s how she wound up there.

AND THEN SHE GOES OVER TO THE OTHER SCHOOL AFTER THE HOSPITAL VISIT.

It changed a lot. When we got to Terrell, the physiatrist said, “I’m taking her off everything because I don’t like these medications at all that she’s on.” And she said, “My biggest problem is the Geodon.
Every single adult, I mean every single adolescent I have ever knew on Geodon got more manic." And that's exactly what happened. Between the month she was out of Texas Rehab and came home, she got worse and worse and worse. She was threatening to kill herself and kill my husband, and when she was, you know, when the sheriff took her. I'm going to kill my father. She'd tell anybody, "Don't let him come back yet because I'll kill him." If he had hit you in the nose, it would be broken or bleeding or something. Look at the size of his fingers. I mean, you know.

WHAT ABOUT COUNSELING? DO YOU GO TO COUNSELING?

We did go to some private counseling, but it got to be a problem.

DID YOU RECEIVE ANY HELP IN THE EDUCATION AREA?

No, because I think that her teacher was…I mean, school has been a big area of concern because she has major problems socially too. I thought maybe it was ADD. But I mean, she would just say nasty things.

PERSONAL...

I mean, she would leave Kotex under her bed. She'd just leave them there and you'd go in there... I'm talking nasty. You know, just wipe her mucus on the walls and didn't care. She never brushed her hair. Her hair is just, I mean she's got really thick wavy hair. She wouldn't brush her teeth. She wouldn't wash her face. She wouldn't take a bath. I had to see to it personally. It was a battle to get her to take care of herself. And now she’s starting to do things all on her own.

SO IT HASN'T GOT WORSE OR BETTER?

She brushes her teeth so now I have to get her a new toothbrush. She's on a kick now. I mean, when she gets in she’s in there brushing her teeth, maybe four or five times a day. And that's wonderful. She's taking a bath every night. She's keeping her room picked up. Which she’s never has...this has happened since she went to Skyline this semester. Not right away, but...she started in January. This started probably about three weeks ago, end of April. I noticed a big improvement in her behavior and her taking responsibility and being a little more loving. Like she's never been a loving child, ever. And I say, "I love you." And she says, "Love ya." You know, she couldn't even get all the words formed properly. Like the other day I walked into the kitchen and I'm getting ready to go to work and she says, "I love you, have a nice day." I was about to faint. In 15 years I've never heard her say that. Even when I say it first. She's been more in touch with her world. You know, that's more in the world than her. She does have her family unit and something she said...I have a lady that takes care of her because I don't leave her by herself, ever anymore. So I have a lady that comes in and sits with her until I can get home. I call her the "nanny." And she told me before that she's worried that something might happen to me. She wants me to be careful, like if I'm going some where at night. She's a little more aware that there is more of a world than her.

WHAT WOULD YOU ATTRIBUTE THAT TO...YOU SAID IT HAPPENED SINCE SHE WAS AT SKYLINE.

Yeah. It’s gotten a lot better.

IS IT BECAUSE OF THE TEACHER'S HELP?

It could be. It could be that...I know there are some things that I said to her... you know, she was wanting to get another job. And so she was doing some things and I said, "You know, as old as you are and if you do these things it’s not going to be accepted. You’re not going to be able to hold a job. They expect you to act your age, and you’re not." Well, she started trying, because she wanted to show to me that she was, you know, mature enough to work. But I think between that and I've really, really tried to be different with her and be a lot more patient and understanding and nurturing. You know,
sometimes she’d get on my last nerve a lot because she’s so different than I am. You know, these kids
are embarrassing. I mean they really are. Their social skills are so low. She looks old. She’s taller than I
am.

BEHAVIORAL?

Yeah. If it’s Down Syndrome, then they accept it because they can recognize the disability. She’s tried
to even be sociable with my husband. He doesn’t know quite how to take that from her. She’s always
been a hermit. She never, ever was social. A total recluse. I mean, even when my parents come over,
who she adores, she comes out and meets them and then she goes back to her room. She really
doesn’t like to be around other people. But now she comes to me more. She never asked me “will you
brush my hair.” She washes her hair. My gosh, such a change.

AND THE MEDICATION SHE’S BEEN TAKING HAS BEEN HOW LONG?

Well, we added the Centrod last week, and then they upped her Zyprexa about two or three weeks ago.
And they upped her Kocopax about a month and a half ago. But the people…that medicine came from
Terrell and that didn’t start until November. There’s been some changes along the way, minor changes
and additions. We were concerned she was going to get diabetes, so I took her in and had a complete
check-up. Her cholesterol was just horrible. And her cholesterol, to be bad, for her age. She wasn’t
diabetic though, which was good. Her body. I mean, she’s got stretch marks a lot and an inch wide. All
down her legs. She went from a bean pole to…. She started at MHMR and we have the Dallas group
home, but we found out about it and they have an opening for 17 or 18 year old female. So we’ll let her
try it out, and she’s going to stay about three days up there and then we’re going to go back and get her.
We’re going to see how we both feel about that.

SHE GOES TOMORROW?

No, Friday. She’s real excited about it, and the job coaches they have, and fun things like go to the
mall, they go on outings.

IS IT FOR A VARIETY OF DISABILITIES?

Yeah. I think, I don’t know. I think she said most of the kids are pretty high functioning. So I don’t
know what that exactly means by their terms. But my social worker talked to me about all her
schizophrenia, that wasn’t a problem. She has zero patient level. I mean, zero patience. You can ask
Mr. Gonzales. Like when they went to art one time, she nearly freaked out in there. Got crying and you
know. There for a while, if she couldn’t open like a jar, she’d come in there screaming and hollering
and have a fit. But I haven’t noticed her doing that too bad. But I think what she does, because I
couldn’t listen when she’s back in the bathroom and in her room, I would have a baby monitor in her
room and she didn’t know it was still on. If I think she’s doing something really strange, like talking to
herself and delusional, I’ll go in there and listen to see if she’s doing anything I need to be concerned
about. She talks to herself. She’s always talked to herself a lot. Always! And she still does it. But
most of the time…it seems to be better now.

YOU MENTIONED DELUSIONAL. HAS SHE EVER HEARD VOICES?

She started acting like she would hear voices about the age of 10 or 11 years old. But I thought she
was kind of making it up because it was so sporadic. But my mother said one time they were driving
and they were having a conversation, and all of a sudden C stopped talking and looked over at the side.
She said, “Somebody was talking to me.” And she said, “Nobody could be talking to you.” And she
said, “I heard them. Somebody was talking to me.” But that’s when it was really starting to get
pronounced, but we didn’t…it was too sporadic to think much about it. And, oh, yes. She’s seen a cat.
Oh, she sees evil cats and demonic looking things. She can describe the devil and demons. She talks
about these scary cats. She used to tell me that for a while she kept saying she was having a dream of
big, scary cats coming in through her window. Big, wild, rabid, saber tooth kind of cat or whatever. Now that I reflect...now that I know, it makes sense. But it didn’t at the time.

**DID THIS HAPPEN AT NIGHT TIME?**

But she’s wide awake. She’s always been a night owl her whole life. She went quite a while without any. Then when it started back up again, I called the doctor and we keep after her now. “Now you need to tell me if you hear anything or see anything because we need to get the medicine right.”

**YOU HAD MENTIONED BEFORE THAT HER READING LEVEL WAS FAIRLY GOOD, BUT HER MATH WAS VERY LOW. WHAT DO YOU THINK HER DIFFICULTY IS WHEN SHE’S DOING MATH, OR TRYING TO LEARN A NEW MATH SKILL? DO YOU HAVE ANY THOUGHTS ON WHAT IS CAUSING HER TO NOT UNDERSTAND MATH?**

Well, she has a...they told us that she has a processing problem. So it would be like if I gave her a three step command, she might get the first, maybe the second, but the third wasn’t happening. And she's always been that way. So math takes some kind of...several different steps. And she can’t do it. It took us forever, I mean I honest to God didn’t think she could take...you know, this is a quarter and this is nickel. But she couldn’t tell you which one was worth more. This is 25 and this 5, but it didn’t make sense to her. And then finally...and I had tutors coming to the house. I tried everything. I offered her some money for her own, and all of a sudden, money made sense. She’d say, “Yeah, a quarter is worth more than nickel, and a dime is worth more but smaller.”

**IT TOOK HER A LONG TIME?**

A longggg time. She doesn’t do well with abstracts.

**AND WHAT AFFECTS HER sociaLLy. YOU MENTIONED SHE HAD LOW SOCIAL SKILLS FOR HER AGE?**

Yeah, she does. She has a hard time being around peers because she doesn’t know how to act. A very interesting thing about her though is she can be creative. I mean, a neighbor brought this ad C had made to me about two or three years ago. It was really good...I mean it looked like it should have been in a magazine. It was well written. It looked like she’d taken what she’d seen and adapted it to her wants and needs. It just amazed me. Just like she figured out how to get on the Internet at my brother’s house and meet these online peole and set up these times and dates. She’s really good at this.

**SHE FIGURED IT OUT?**

Yeah. She can process things sometimes. When she was about 14, she was sexually assaulted. That was a big trauma. It was a big trauma.

**HOW OLD WAS SHE?**

About 14. She was going to this respite house two weekends a month that MHMR had for teenagers like C to give us a break. That’s where it happened. She didn’t tell me. The teacher called me “something’s going on around here.” Well, I said this is awful.

**YOU MENTIONED WORKING. IS SHE WORKING NOW?**

No.

**HAS SHE WORKED?**
They have this little program at Skyline. Where they take them to Wal-Mart and let them sort shelves and do stuff like that. They’re learning how to work. They don’t get a paycheck, they don’t get any benefits. But I’ve told them I don’t think it’s appropriate for her because she had a job at Taco Bell. On her own. She should have a job. She shouldn’t be practicing working. If she’s going to work for Wal-Mart, she should be employed.

**WHY DID SHE LEAVE TACO BELL?**

Well, they changed management. When they got the new manager in, he started requiring she work on weekends, and we’re at the lake every weekend. So that wasn’t an option. So after a couple of times of her not being able to come in on a schedule, he let her go. She was able to do the job. They thought she was little slow, because I didn’t tell them. I mean, she went in there and asked for the application, she brought it home, she filled it out, she took it up there, she interviewed, and she took that test all by herself. She passed that test. And so they put her on the front counter and I kept telling them she’s not going to be able to wait. She’s a pretty girl and she’s real enthusiastic about working and she’s real friendly. That’s the kind of person you want greeting customers.

**AND DO YOU HAVE ANY KNOWLEDGE OF HER DOING ANY ILLEGAL OR RECREATIONAL DRUGS?**

She said that another guy had come over here and picked her up. I was the summer school principle and she was staying here half a day by herself because I thought she was capable to do. And she had it worked out where this guy was coming to pick her up and taking her back to his house. And she said that they did some drugs. I mean, nothing showed up in the drug test on her. I don’t know if she really did drugs or what.

**DID SHE SAY WHAT SHE DID? WHAT SHE THOUGHT SHE DID?**

She said she did PCP. I think that’s what she said. But it could have been anything. I don’t know how long it would stay in your system. She doesn’t have any decision making skills because she doesn’t see that this can lead to this. And that could be a problem. None. But she doesn’t get the picture. It would be dangerous for somebody, you know, that thought like an eight year old, to be an adult. They’re going to get it. You know.

**AND WOULD YOU SAY SHE HAS…WE TALKED ABOUT SOME OF IT…BUT WHEN YOU’RE THINKING ABOUT ODD BEHAVIORS THAT ARE VERY UNUSUAL… OBSESSIONS OR ODD BEHAVIOR….**

Well, if she gets health concerns or if she gets something on her mind, it might be there a year. And you can’t get her off of it until she gets off of it. Like if there’s a death that bothers her, she’ll talk about it every day for a year. She won’t cry, but she’ll talk about it. You know, that kind of thing. She gets a thought and it’s stuck and there isn’t any way to guide her out of it. She has to just somehow (inaudible) or she gets out and starts thinking about something else. And she will talk about really unusual things.

**TALKING TO YOU ABOUT SOMETHING THAT HAS HAPPENED, RIGHT? OR SOMETHING SHE THINKS ABOUT.**

Well, she would take everything…I mean, if something…she would dwell always on negative things. I mean, she could tell you, right now, she would probably tell you something her brother did either years ago because those things just stay in the front of her mind. I tell her, “You know, that is done and you need to go on.” Forget it. You know, somebody at school yada, yada, yada. She just talks about all these negatives.

**THINGS THAT HAPPEN YEARS AGO AND SHE’S ALREADY DEALT WITH, SHE MAY BRING THEM UP AGAIN TODAY?**
Yes. Especially if it was her brother because they've always been rivals. He's so smart. He doesn't understand why she accuses him of things the way she did. He didn't get it. Now, he just doesn't have much to do with her. He just doesn't understand all that.

IT'S DIFFICULT.

He won't have anything to do with her. She's like nothing to him. That's how he looks at it. She's an embarrassment, she's a freak, you know. And put me through a lot of worry. You know, I think he knows enough to pick up on that. He doesn't like that. He's real jealous of her too because she does take a lot of attention. He's a big mama's boy. He's a lot like me. He and I are a lot more of a kindred spirit. But I don't like the fact that when I'm with him that he really doesn't talk nice about her. He just has to blow it off. Which is not like me. I'm the world's softy. But he washes his hands of it. He's her brother, her sibling. I guess, that was a terrible thing. I mean, you really need to work on that. It's a real flaw in your character. Well, I told him that. And he needs to hear that. Because it is a flaw. He's not accepting the differences in people at all. He needs to not be so critical.

IF YOU WERE THINKING ABOUT GIVING ADVICE ABOUT WHEN IT CAN GET WORSE. THINGS THAT SET HER OFF OR EXACERBATE HER SYMPTOMS, EITHER IN SCHOOL OR SocialLY WITH FRIENDS.

She doesn't handle any type of problem very well. I mean, whether a girl problem...you know how teenagers go through periods where they're your best friend and the next day they hate you, and then they have another best friend and then they go back to that. You know, they are real fickle with their relationships.

FRIENDSHIPS.

And she will take all that real seriously. That will just totally devastate her. I mean, that's all she could think about. So how do you keep children from having peer problems. You can't shelter them from that. She didn't want anybody correcting her, and sometimes we'd try and I would say, "You know, I don't care if you're going to be up all night, you're going to get this floor cleaned up so I can at least see the floor so I can vacuum in here." And she would just sit as far away...she couldn't handle...if a job seems too monumental for her, she won't even try it. If you put a task before her, even though I would go in there and get her started and give her some instructions...one time I went in there with her and we sat down and did it. And I got it organized. I got all these organizers and she can't do it. I mean, even now she won't give herself her own medicine. I have to sit there and take it out of the bottle, put it in her hand. She won't feed herself. If it's like...today, she got up late. She slept late. When I got her up I said, "Now you made a bad choice. So therefore I'm not giving you any lunch money and you're going to have to make a lunch because there are plenty of things here to make a lunch with. We have peanut butter and jelly, there's some ham, and I named all these things." She won't fix anything for herself. Now she'll eat a bowl of cereal. Because I know she's hungry, but she won't hardly to anything for herself if it takes any effort. And to her, fixing a meal other than a bowl of cereal is effort. She'd just starve herself if she couldn't eat a bowl of cereal or pop something in the microwave. You know, if it takes several steps, even like a sandwich. She doesn't like to do anything that takes a lot of steps. She can't do it. I mean, she won't.

CEREAL WOULD BE IT.

Yep. Breakfast is her big meal anyway. She's not going to miss breakfast. For lunch I guess she would want whatever. I just give her a dollar and she can get her lunch. She wouldn't plan for lunch.

THAT HUNGER WOULD COME AGAIN? HAVE YOU NOTICED MORE PSYCHOTIC EPISODES? HAVE YOU NOTICED ANY PATTERNS AND WHAT HAPPENS EARLIER THAT DAY, BEFOREHAND?

I haven't. The teachers, they're like if she's already at school, if she's okay, if we're right there, nothing bad is going happen. You know, talk her through it. That's what I found works for her and they do the
same thing. Because they still have her under control. It’s hard for some people. The psychiatrists, that’s about all they ever say. They just talk and what do you expect me to say. Nobody has researched this. It would be easy to write. If you don’t know that, then you must not have gone to grad school. What I’m saying is if you are bound and determined to find out what works best then you’ll find it, and it looks wonderful for everybody.

WHEN YOU’RE GETTING ALL THIS EVIDENCE FROM FAMILIES…

You need to call that doctor too. Because that’s all she works with. And that might be something worth looking into if other people can not see it and they have adolescents and had trouble.

MOST PEOPLE DON’T LOOK AT THE MEDICINE. THE DOCTOR TAKES CARE OF THE MEDICINE. IF SHE’S OFF THE MEDICINE SHE ISN’T GOOD ANYMORE.

And you can’t trust these doctors because they just do what works the best for them. He gives little samples and whatever, I don’t know how it works.

DO YOU THINK THAT, EVEN THOUGH SHE’S OBSESSIVE AND OBSESSIVELY WORRIED, HAVE YOU FOUND ANYTHING THAT DIMINISHES THAT? OR IF YOU CAN PREVENT THAT FROM HAPPENING?

Well, sometimes you can try to divert her attention to something else. Or we go to the mall, or why don’t we go to the movies. You know, I can sometimes take up something that she really likes to do and go somewhere else and get a change of scenery. Want to go to Taco Bell and get something to eat? You know, sometimes that will be helpful—special foods. And taking her mind off the cycle.

RIGHT.

And you can’t work with these kids, even though I’ve gone through some period of doing it too because you’re so dad gum frustrated. You know, everything you know better not to do, you do because you’re so frustrated. You get up to here, and you can’t cope with it anymore, so you start lashing out too. Well, that just makes it worse. You should know that, but…

THERE’S A REASON YELLING HAS BEEN POPULAR SINCE THE BEGINNING OF THE WORLD—IT’S BECAUSE IT WORKS QUITE EFFECTIVELY—FOR THE PRESENT. I MEAN, IF YOU YELL, THE CHILD IS SUPPOSED TO QUIT WHATEVER THEY’RE DOING.

Because they know you mean business. You’ve had it.

YOU’VE HAD IT, RIGHT.

I will do that because I’m a teacher for 20 years and I never yell at my kids. Never. I don’t know why I thought I could do it at home.

IT’S DIFFERENT AT HOME.

It is very different.

YOU’RE HERE ALL THE TIME AND…

Teaching is a lot easier than being a parent. At nights, weekends. It was making me so anti-social and I was having a social deficit and it was such an embarrassment at the time. I mean, everywhere we go just about, she would embarrass me. I guess I just took it too personal.

LET’S TALK ABOUT SOMETHING THAT YOU SAID RIGHT THERE. YOU’RE NOT EMBARRASSED BY YOUR STUDENTS AT SCHOOL.
No. Because they’re not part me. They don’t reflect you. They have their own parents, you know.

BUT YOU ARE EMBARRASSED WITH YOUR CHILD BECAUSE THEY’RE REFLECTING YOU.

I knew I had to act more like I do with my kids at school. And so once I decided to start a different approach, she did a lot better.

DIFFERENT THAN IF YOU YELLED….THAT ONLY HELPED YOU TEMPORARILY.

It would make it worse. It would make me feel better at the time, yeah. And there are humps and there is always something of what you’re told not to do. You know, you just kind of lose your patience. I did.

I IMAGINE MOST PEOPLE WOULD. YOU SAID SHE HAD IRREGULAR SLEEP OR STAYED UP LATE.

It’s got real bad. She’s always been a night owl, but it had gotten to the point where she didn’t sleep at all. And she never did that. And then she tried to sleep...she might be up 24 hours and then she’d crash. Then she’d be back up and she’d be all....you know, I hear that’s real common.

HAVE YOU EVER TRIED FORCING THE SCHEDULE TO BED?

Yes.

DID SHE GET WORSE OR...

I started off with chore charts and schedules, and finally...

IF SHE DOES GET MORE SLEEP, IS THAT SOMETHING THAT HELPS WITH HER OVERALL SYMPTOMS?

Right, right. It helps all kinds of problems. I put her to bed about 9:00 or 9:30 and she’ll lay in bed all night watching TV. Last night I heard the TV on at 10:30 when I went to bed, and I told her she needed to turn the TV off. I think she did, because I didn’t hear it anymore. But she needs her sleep. And with the medicine, she’s sleeping better. I don’t notice that she’s staying up all night. I guess that Zyprexa makes it a little easier for her to calm down.

YOU GIVE HER THE LARGER DOSE AT NIGHT?

It makes her sleepy so we do.

IF SHE DOES GET A GOOD NIGHT SLEEP, DO YOU SEEM TO THINK SHE HAS A GOOD DAY THE NEXT DAY?

Yes.

AND YOU MENTIONED STRESS, LIKE GETTING IN TROUBLE OR HAVING TROUBLE WITH FRIENDS.

There is only one girl that’s in her class and she’ll just watch her and say they’re friends, because she tried and the girl is irresponsible and you know. But I think now they are starting to talk on the phone, so maybe they’ve worked it out. But even in that class, she has had a lot of trouble with her social skills. I don’t know the record of this other child, but she’s one of the girls. At least she’s somebody.

RIGHT.
It's not totally fixed. I mean the social skills will always be a problem.

I WAS WONDERING WHAT YOUR VIEWS WERE ON GIVING HER CHOICES OR BEING MORE RIGID?

She has to have a lot of structure. And I know that when she was in the hospital, they said that she worked real well with set systems. And she would really follow a system. Now it didn’t work real well at home because…I don’t know why, but maybe it was me. But she was a real…and she gets really upset if she would lose a level, she would call it. She works well with a lot of structure. If she doesn’t like…she’s like most kids that are real young, she doesn’t like her routine to be messed up too much. She likes to know what happening.

THAT’S AT HOME ALSO?

Yeah.

AND AT SCHOOL?

She likes order. Helps her in her thought process. They like the structure and stability of structure.

SOMETHING YOU SPOKE ABOUT THAT YOU FOUND OUT A LOT OF THINGS THAT THE SCHOOL IS PROBABLY NOT THINKING OF.

Yeah. In walking around and he had shared one of the paper that he’d written and I was going through there and there were so many things that…now, that I know her problem, it made sense then that was what was happening. But I’d wasted all this time on mental retardation. And that’s why I think it was the physiatrist that messed up. But when you don’t have a lot of experience with mentally retarded people…

AND ONCE YOU HAVE A LABEL, YOU THINK THAT’S WHAT YOU’RE DEALING WITH. YOU MENTIONED TAKING HER PILLS ON SCHEDULE. DO YOU HAVE ONE OF THOSE PILL BOXES?

No. I have them in the bottles.

IN THE BOTTLES. YOU GIVE IT TO HER?

Like this morning, I did an experiment this morning. She didn’t get up until 7:00 and that’s when I leave. And I get her up at 6:30, which is time for her to eat a bowl of cereal and get her medicine, and I give her dollar and she takes the keys and opens the gate. You know that gate out here. She doesn’t have to go around the garage to come right out for the bus to come pick her up. I lock the gate and let her go through. So now she has to make her lunch, and we’re going to give you her medication. You know what you take. You try to give yourself your medication because you’re now seeing results. If she’s a little nervous, she isn’t even going to try. That’s the way she is. She’s not going to attempt it if she don’t think she can get you to do it. We tried an experiment and I won’t do it again because I don’t like to mess with her meds, but I just wanted to see what the consequences were because she brought this on herself because I had to get to work. I should have left five minutes earlier because I didn’t get there until 7:15. I’ve got to be there. I told her, you know. You need to get up.

MAKING HER WALL CHARTS AT HOME DIDN’T WORK?

We tried chore charts, we tried checklists with money values for certain things. I mean, commercial ones that she picked out. We tried point systems. I couldn’t even tell you how many things we’ve tried and they lasted a day, maybe two. And she’s tired of it. It’s too much. So I haven’t had a lot of successful things.
SO YOU THINK IT WAS SHE WASN'T INTERESTED IN WORKING FOR A REWARD, OR SHE DIDN'T VALUE THE REWARD?

I think she's just one of those kinds of people who have to have instant gratification. I don't think that she's has processing skills to see that if I do this for a week, then this will happen. And doing it daily, it seems like it's redundant. But she does well when she's in a hospital, very well. She'll do all the things they ask her to do because she doesn't want to lose that trust. That's real important to her to keep her level.

YOU CAN BE MORE RIGID IN A HOSPITAL SETTING, BECAUSE THEY DON'T HAVE ANY OTHER DISRUPTIONS.

Yeah because that's all they are doing is watching her, you know. It's your whole life on some days is to keep track of her. In real life that's not possible.

CONSISTENCY IS DIFFICULT.

Very difficult.

SO AT HOME SHE DOESN'T LIKE IT IF CERTAIN TIMES YOU DO THINGS CHANGE?

She knows that at 9:00 she's suppose to come get her medication. I mean, she knows that we do things at certain times and won't escape me and we'll probably do them when we get home. When we take our bath. When she needs to turn the TV off. She knows there's a rule set and she knows all of that. You have to have a lot of structure with these kids. Or for her.

A LOT OF PATIENCE TOO ON YOUR PART.

She's trying to get that ponytail thing out of her hair, and she was like totally freaking out. I said, "If you do this and you're on a job, you will lose your job." And that's how I got her to quit. Because they're not going to understand, they're just going to think you're nuts. I don't candy coat anything for her. You know, when you go for a job, you don't tell them you've been to Terrell because there are some things that are private. I'm not saying you need to lie, but you don't need to volunteer any of those things, ever. If we had problems like that you wouldn't have gotten the job at Taco Bell. They would have never hired you. They didn't take time to look up what Notre Dame in Dallas was. But sometimes she was kind of slow and needed a lot of reminders because she's real forgetful. So they might say go do this, this and this, like in a sequence, and she might get confused. And they probably didn't understand that. They'd just say, "No, you need to go back and do that." She's real anal. You know, like if somebody tells her that it has to be a certain way, you got to do it that way, it's awful. She just can't deal with it. Like that badge she has to wear to school. Oh my Lord, she wouldn't forget that name badge for all the tea in China. That is so important to her. She wouldn't even go if she forgot it. To be real disorganized, it's also very anal.

PUT VALUE ON CERTAIN THINGS.

Once we had gone to the doctor. I asked her to go around the metal detector so we could get to the office—they have to go through the metal detector in the morning at school. “C, it’s okay. I know you don’t have any guns or weapon on you.” She was just really upset that we weren't following that routine. She was bound and determined that was going to get her in trouble and that this was not the way they did it. We shouldn't do it that way. I mean, and I finally just said, “Trust me, this is okay.”

(End of side one)

THAT WAS THE PROBLEM, RIGHT?
That’s when she told me about going to the hotel with two guys at the beach. That was probably the most dangerous thing she’d ever done. They could have taken her to Mexico because we were on the border practically. I mean, she wasn’t seeing…if somebody wanted to keep you or kill you and dump you somewhere. She said, “Well, I can take care of myself.” She’ll say that a lot. “Well, I can take care of myself.” “No you can’t. I’m telling you I couldn’t take care of myself in some situations. If a man is after you, there’s not a whole lot you can do about it. They are stronger than you are.” She never did understand that. “I know how to handle it. I know what to say.” She just doesn’t get it. I’ve dealt with probably thousands of children, and I’ve never meet anybody even remotely like here, ever. She is one of a kind and always has been. She’s so high here and low here, you know. It’s kind of like my paperwork, if it’s black and white and not a lot of gray…Well, her, she this way or that way. There’s not a lot of neutral, which is odd. You don’t see a lot of personalities like that. If she able to handle grief. She had a friend die at school who had heart surgery the other day. I was crying and I hardly knew the girl. But she’s always been like that. When her grandfather passed away, she talked about it for a year every single day. “I want to see some heaven and what they’re doing up there.” We’d have the same talk every day.

MORE FACTUAL?

Just all these questions. Like now, she has all these questions about the circle. I said, “I can’t answer any of your questions because all that I know I’ve told you. I’ve never been there.” “Well, do you think it will be a week or a month?” “Honey, I don’t know.” But she’s obsessive about that because that’s really forefront on her mind. That’s all she talks about.

YOU SAID SHE’S NOT WORRIED ABOUT IT?

No. But she wants all this structure. She wants to know this is going to happen then, and this will happen then, this will happen then. Like if I’m going to be home, “Well what time are you going to pick me up? Well, what time are we leaving Friday? Now, about what time….”

She’s like that. She wants to know, bam. She’s always been like that.

BUT SHE THINKS THAT YOU BEING GONE MIGHT MEAN YOU AREN’T COMING HOME...

What’s going to happen to me? Because she knows that I take care of her.

When she was in the hospital in Austin and we were separated for a while. We talked on the phone every day and I’ll call her and send care packages and stuff. I had my whole family calling her and sending her stuff. But you know, we didn’t really go see her for a month and she wanted to know...“Okay, now you’re going to be here at what time? Okay, so when do I need to pack? We’re leaving Friday about noon, but I’m off school and….“ I mean we’ve got to have all these little details figured out because that worries her. If there is any doubt on what is happening.

A LOT OF THINGS THAT YOU’VE SAID IN ADDITION TO THE THINGS WE’VE TALKED ABOUT ON THE PHONE SHOULD GIVE ME A LOT OF INFORMATION TO WORK WITH. THANKYOU SO MUCH. (end of tape)
I’D LIKE TO GO OVER AGAIN WHAT YOU WERE EXPERIENCING WITH C… THAT FIRST LED YOU TO TAKE HER TO THE PSYCHIATRIC HOSPITAL. WHAT BEHAVIORS AND WHAT ACTIVITIES WAS SHE DOING?

Well, she was staying up all night and couldn’t sleep. Nothing seemed to satisfy her. She was unhappy about everything we did. She’d throw temper tantrums in the middle of stores and just fall on the floor crying for no reason. And then she invited an older gentleman here off the Internet and didn’t see any reason why that should be a concern. I just happened to be here, so I went ahead and took her to…

AND THAT WAS WHAT HAPPENED LAST SUMMER?

Yes, in August.

SINCE THEN, HAVE YOU SEEN IMPROVEMENT IN SOME OF THOSE AREAS?

Yes, in all the areas since we got out of Terrell. But it took three hospital stays to correct it.

AND WHAT DO YOU ATTRIBUTE THE IMPROVEMENT?

Medication.

AND THE MEDICATION SHE’S TAKING IS…?

It’s very different from what she was on before.

IT’S ZYPREXA, RIGHT?

Zyprexa is the main medicine for schizophrenia, yeah.

AND THAT’S HELPED WITH…?

Well, all of it. The voices, the apparitions, mood swings. She’s a lot more interactive. She’s got better hygiene. You know, it just kind of…There have been some side effects. She’s a lot slower. She doesn’t think as fast as she did. She can’t…she gets frustrated a lot more easily now than she did. So her frustration level is a little higher, but she doesn’t…and it’s funny because sometimes it’s mind frustration, like she can’t get something out of her hair, to where she can’t open a bottle. I mean, she’s just like screaming. But we can live with that.

HAD SHE HAD THE HEARING VOICES LAST SUMMER, OR HAD THAT HAPPENED EARLIER?

Apparently she’d been hearing voices on and off for years. But she would just say it once every year or so. We didn’t put a lot of stock into it. We thought it might be something for attention. And she’s always been real different, so I didn’t put much thought into it. She didn’t say it very often.

SO IT WAS JUST WHEN SHE ADDED THESE ADDITIONAL BEHAVIORS OF CRYING AND…?

When she was ten, I took her to see a doctor for depression and that’s when we started that regiment.

SO NOW THAT SHE TAKES THE MEDICATION, BUT ITS GOTTEN RID OF THE HALLUCINATIONS…?
She had some regression about a month ago and said she was hearing whispers. So as soon as she said something about it, then I called and they upped Zyprexa another 5 mg at night. So far, that has stabilized her.

**AND WHAT RESIDUAL SYMPTOMS DO YOU THINK SHE STILL HAS THAT ARE CAUSING HER TROUBLE, THAT THE MEDICINE ISN'T HELPING WITH?**

The medication or just her personality in general?

**JUST ANYTHING THAT SHE’S DEALING WITH NOW.**

Well, she can’t take care of herself. I mean, like she can’t even administer her own medication. She can’t look at the bottles and see which one she takes in the morning and which one she takes in the evening, even though they’re labeled. You know, she won’t even attempt it. So there’s a lot of little things that if it takes much thought or effort, she won’t do it.

**SHE JUST WON’T DO IT.**

She won’t even attempt it because she knows if she even starts, then she’s going to get all frustrated and just throw a major fit. So she just doesn’t do it because she probably knows she can’t. So instead, she just avoids the situation.

**JUST AVOIDS THE WHOLE THING.**

Yes. And she’s gotten to where she won’t hardly prepare anything for herself to eat. There for a while she had gotten to where she wouldn’t even fix a bowl of cereal in the morning. So I was telling her that she wouldn’t eat then and I wouldn’t give her lunch money. She’d have to make her own lunch. So I put some stipulations on that. Now she’s back up and she’s eating again. But I had to make it uncomfortable for her to get her to do that. She didn’t want to get up. She didn’t want to eat.

**AND SHE EATS WHAT YOU PREPARE FOR HER?**

No, she’ll fix it herself.

**SHE’LL FIX IT FOR HERSELF NOW?**

Yes. But that’s about all she’s going to fix. She won’t even make herself a sandwich.

**DID SHE USE TO, WHEN SHE WAS YOUNGER, DO MORE?**

Yeah. She would fix sandwiches and she’d heat up stuff. She’d go get cans of stuff. She likes all kinds of soups and stuff. You know, she would open the can, and heat it up. She could do all that independently. Now she won’t even attempt it. She doesn’t have much patience or tolerance for anything that she thinks or views as difficult. So she’ll just wait for me to fix her something, or sometimes she just won’t eat. So I tell her, “You know, that’s a life skill. You have to learn to take care of yourself. There are things in there. Make a peanut butter sandwich. How hard is that?” Because she likes peanut butter and she won’t do it. So I have to…The only thing she’ll fix for herself is a bowl of cereal. That’s it.

**HAS SHE SEEMED TO HAVE LOST INTEREST IN LIKE YOU’RE GOING TO BUY AT THE GROCERY, SAY FAVORITE FOODS OR REQUESTS FROM THE GROCERY?**

No. And she’s real obsessive compulsive. Like if we need something, she’ll drive me crazy until I get it. Like we ran out of Cascade for the dishwasher. Oh my gosh. “Have you stopped at Wal-Mart? We need to go to Wal-Mart.” I mean, she’s like that once she gets something on her mind, that’s all she was worried about. I’m like, “I’m not going to get it tonight. I just go home.”
IT’S A SERIOUS THING?

It’s very serious to her because she obsesses with stuff. She always has though. That’s not anything new. But it’s pretty bad. It’s very important to her. Like when she was going to go to that group home, I’m mean that was all she could think about. And she would ask me every day the same questions, and every day I would explain to her that I don’t any more than she knows. When I know more, I’ll tell you. But she wanted all these answers that I couldn’t give her.

I WAS WONDERING, WHAT BEHAVIORS HAVE YOU SEEN FROM YOUR VIEWPOINT THAT CAUSE HER PROBLEMS?

Grandmother: The thing that I noticed earlier…it must have been a good three, four, maybe five years ago…I had her one day and we were going over to see my mother. And we were in the car and she was just chatting along. We were having a nice little chat about school and her friends and what have you. And then all of a sudden she was just staring in the car. I looked at her and said, “What’s the matter?” And just a few seconds she said, “Somebody was talking to me.” And she just went on with her conversation. I didn’t think anything about it at the time, but then after she really started hearing the voices, then that came back to me because that was kind of a strong episode for her.

I’ve never seen her do that.

Grandmother: You never saw her do that?

I never saw her just, you know…

Grandmother: Oh, she did. She was just chatting about things and just stopped. She just stopped and just stared ahead like she wasn’t even in there anywhere.

She complained a lot about, for a while, seeing like a wild cat or demon in her bedroom. And I thought she was having nightmares because it was usually at night. But from now I see that she was hallucinating because that’s the same kind of thing that she sees now. She says, “I see it every night. It’s coming through my window and it scares me.” And I say, “There’s nothing in there. The windows are locked. We have an alarm system. There’s not any wild animals out there that can get in.” But she was always talking about these demonic cats and stuff. But she was having those hallucinations and I didn’t know it. I thought they were an overactive imagination and nightmares.

Grandmother: But she’s never been one to great you. And we’ve always been huggy and she stiffens if you hug her. She just waits for it to be over with. She doesn’t really like to be touched or handled in any way.

I’m surprised she’s sitting in there with Dad. That’s a first. She’ll usually go to her room and shut the door and she loved them. Oh, she loved my parents.

Grandmother: Oh, yeah. She loved to come to the house. Now if she can go get the chocolate ice cream…loved chocolate ice cream.

See, I don’t keep ice cream here. So when she goes to their house that’s the big treat.

Grandmother: The first thing is “Can I have some ice cream?” Boy, she can get that herself.

HAS SHE SEEMED MORE ALOOF IN THE LAST FEW YEARS?

Grandmother: Oh, yeah.

I think she’s always been that way. Don’t you think?
Grandmother: Well, she has been...I never could get her to...I'd say, "Well, what did you do in school today?" "Oh, not much." Couldn't get her to respond to anything. I'd say, "Well, tell me about your friends." Well, she's made at somebody, or somebody mad her mad, or they're trying to boss her around, or something. And it was never a good thing about her friends; it was someone that had made her upset about something.

She's always obsessed with negativity for years. Any little thing.

Grandmother: I noticed she wouldn't carry on a normal conversation with you at all.

You'd have to ask questions and she'll answer it. I mean, she won't expand.

SHE DOESN'T REALLY HAVE A TWO-WAY CONVERSATION, BACK AND FORTH?

No. But I think she's doing better now. She's a lot more...Don't you think she's a little more interactive? Have you seen it too?

Grandmother: Well, of course I haven't been around her a lot in the last three or four weeks. Since she got out of Terrell, I haven't been with her very much. But she's never been interactive. She always wants to come to my house, and she begged to stay over and everything, but she would just watch a movie by herself. If you'd let her go into another room with a TV with some VCRs or something, she'd pick out something and she would...she'd pick out one and watch it over and over and over.

Yesssss.

Grandmother: The same thing time after time, until she just had it memorized.

Yeah. She's always done that. I always got my money's worth out of any video I bought.

Grandmother: But she never sat...now sometimes she would ask me if I wanted to watch so and so with me. And I'll say, "Okay." And we'll sit and watch it for a while and then she'll tell me what's going to be next because she knows it so well. But that's about the only...she loves pizza. So if I know she's coming, I'll always have a pizza.

She spoils her.

Grandmother: Well, that's what grandmothers are for. I'll fix her a pizza and she eats hardy when you give her what she wants.

And it's worse now with her medicine.

Grandmother: Yeah. She was always very thin and just a perfect figure, and then medication...she's pulling out.

YOU SAID THEY GAVE HER SOME OTHER MEDICATION...

She's gone up 70 pounds.

AND THE OTHER MEDICINE THEY ADDED TO IT WAS TO COUNTERACT THE WEIGHT GAIN?

The Synthroid, they added that. Thyroid medication. I haven't weighed her to see if she's lost any weight. She told me she didn't want me to weight her. I told her we had a doctor's appointment tomorrow and she said, "I don't want to weight because I'm afraid I've gone up to 200 pounds." Because she was 194 last time, and I said, "Well, we have to know because...? She's very much opposed to me weighting her. She's afraid she's going...
Grandmother: She showed me where she had gained weight so fast that it had broken all the tissues. Stretch marks on her legs.

She’s got stretch marks this far down on her legs.

Grandmother: On her legs and her stomach and breasts.

Because she was so skinny. She was 127 pounds.

Grandmother: Perfect weight.

AND DID THEY SUGGEST USING A DIFFERENT ANTIPSYCHOTIC MEDICATION, LIKE ZYPREXA?

Yeah, in the beginning they put her on Geodon. It was awful.

Grandmother: She’s had several different kinds and these were the only ones that really worked.

DID SHE HAVE SEROQUEL?

No.

OR RISPERDAL?

We tried Risperdal in conjunction with Geodon. It was awful.

YOU PROBABLY DON’T KNOW WHAT THE RISPERDAL DID, RIGHT, BECAUSE IT WAS SO BAD?

And a lot of these medications made her feel bad and for a while when we added Risperdal to the Geodon, she was honest to God a zombie. I mean, she walked like she was high. She was just like Frankenstein. She walked like this. Everybody was looking and I was like, “You know, this isn’t life.” She’s not even a person. She still walks slow and holds her hands funny and she didn’t use to do that. You know, its changed her a lot. But it’s better than the alternative.

AND YOU…SOMETHING THAT I WAS FINDING OUT WHEN I WAS TALKING TO OTHER PEOPLE AND I REALIZED THAT WE HADN’T TALKED ABOUT THIS BEFORE. DO YOU GO TO CHURCH ANY WHERE OR HAVE ANY RELIGIOUS BELIEFS?

We did. That’s where she got in all that trouble with the Church.

AND WHAT HAPPENED?

She went there and told them that my husband had beaten her up.

SO SHE TOLD THE CHURCH PEOPLE?

When she was in Sunday school. That’s when all that happened.

AND THAT’S WHEN YOU GUYS WERE UPSET BECAUSE SHE HAD INVITED SOMEONE HOME FROM THE INTERNET, RIGHT?

No, that was in August. This was in October. This was after she’d been in Green Oaks and after she’d been in Austin. This was after the second hospitalization. She was going to show my son the tampon while it was in her body to show him what they looked like. My husband overheard it and that’s when he pushed her up against a wall and told her “You know, wish you wouldn’t say that...” She says he punched her in the nose and all this stuff. Of course, there’s not a mark on her.
AND THE CHURCH PEOPLE CALLS CPS TO REPORT IT?

Yes. They called the sheriff because this is a little bitty town. Only about 400 people. And so the sheriff comes out when you call and stuff like that. It’s different than Dallas.

IS THAT HERE IN…?

Wood County. 80 miles from here in East Texas. A little bitty town. He spoke to her and he figured out something was wrong, so he called and he said, “You know, I’ve been talking to her, but I don’t thinks are just quite right.” I said, “No there not.” He said, “Well let’s come and talk about it.” She he came out and I showed him the medication she was on. And he said, “I knew something was wrong.” I said, “Yeah, she’s made these allegations before and CPS has cleared us.” She even made allegations against my son.

PREVIOUSLY?

Yeah, twice. Every time she would go to the hospital she’d make these allegations all three times.

AND THAT WAS WHEN…YOU LIVED OUT THERE THEN, RIGHT?

Well, we go there every weekend. We have a house there.

THAT’S YOUR WEEKEND HOUSE.

Yes.

OKAY. AND THEN SHE ATTENDED A YOUTH GROUP…?

Because we’re not here on the weekends, so yeah. She was going down there and their nice little church and I know when she had her little heart surgery, remember they came all the way to Fort Worth to see her.

Grandmother: Yes, they were wonderful. All the way to Fort Worth to visit her from there.

So they’re a great bunch of people.

AND SO SINCE THEN…SINCE THEY HAD TO CALL THE SHERIFF, DOES SHE STILL GO TO THAT CHURCH?

No, my husband won’t allow her to go back to the lake anymore, so I have a lady that takes care of her every weekend. Because he feels uncomfortable about it.

Grandmother: Well, he’s afraid they might take these allegations seriously.

IF SHE WENT BACK TO THE CHURCH AND THEY…SO IT WASN’T THE CHURCH. THEY DIDN’T SAY “DON’T BRING HER HERE ANYMORE?”

No. The owner of the church called me and said, “You know, I knew that Chelsea had problems and I didn’t want to call, but some of the others did.” You know, she was trying to apologize. And I say, “Well, you know, things are not always the way they appear.” She said, “Yeah, I know. The sheriff had explained to us that there was a problem.” She was so out of control and acting so crazy, the sheriff handcuffed her and took her to the emergency room. And then they transferred her from there to Terrell.

AND SHE WASN’T ON THE ZYPREXA AT THAT POINT?

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No. She was still on Geodon. Terrell put her on Zyprexa. Actually, when I got there the lady said that she was in pretty bad shape and that she was going to take her off her meds because she didn't like the combination of medications that she was on at all. So she said, “I'm going to take her off everything, cold turkey, for about week.” And she went through all the symptoms where she thought she wouldn’t eat because they were trying to poison her. You know, they get real paranoid and go through some rough times. Then she said, “She was going to introduce some medications that I think she needs one at a time and see how it works until we get her stabilized. And Geodon makes them more manic. Every adolescent I've ever used it on, this is what happens.” Well, that's exactly what happened. She said, “Now we're going to try the Zyprexa.” So they introduced them a little bit back at a time, and then they gave her some other medication to try and counteract some of the problems from Zyprexa, because it does have such a horrible problem with the weight gain. It's going to happen. There is no way around it. But you kind of have to weight it out. We just needed to get a handle on it. When she gets to 200 we're going to have to do something, because it's a health risk.

AND THEY ARE COMING OUT WITH NEW MEDICINES ALL THE TIME. IN FACT, A NEW ONE JUST CAME OUT LAST MONTH.

That's not supposed to have the side effect of the weight?

THE NEWER THEY ARE, THE LESS SIDE EFFECTS THEY HAVE.

I guess that's why they want to try some of these new ones, but they didn't do it.

SO I GUESS YOU PROBABLY HAVE TO GO BACK. THEY MIGHT HAVE NEW THINGS THEY MIGHT BE ABLE TO TRY. THEY'VE REALLY DONE A LOT OF RESEARCH NOW AND IT'S COMING UP FAST.

Well they need to because that's a pretty serious problem.

I HAD HEARD THAT BEFORE. I MEAN, I HAD KNOW ABOUT THAT ONE. SO, WHAT DO YOU THINK, NOW THAT SHE HAS THE MEDICINE THAT'S DIMINISHED THE HALLUCINATIONS, THE DELUSIONS, THE PARANOIA, BUT YOU HAVE SOME OF THESE OTHER SYMPTOMS LEFT, IS THERE ANYTHING THAT AGGRAVATES THE SYMPTOMS OR MAKES HER BEHAVIOR WORSE OR MORE DIFFICULT TO MANAGE OR DEAL WITH?

If I give her what she thinks is too many things to do at a time...like she's never been real good with multi step commands. Sometimes I forget and I'm trying to get stuff done, do this, do this or do that. “I'm only one person. I can’t do all that.” You know, and like if we...and that will frustrate her. So I'll say, “Well, do this first.” And then it's okay. Like tonight we went out to eat at Arby’s and I said, “I'm getting the food, go over there and get the napkins, straws and ketchup.” She knows what we need. Well, she got all confused. She said, “Well, you want ketchup. How many ketchups do you want?” So I said, “Let me start over again.” So I said it again real slow. So she has a real problem with that.

Grandmother: It didn’t use to be a problem though.

Well, anytime you got over three or four commands in a row, it kind of messed with her. What she would do though is she would try to do the first couple and then she'd have to come back and say, “Now what was I suppose to do.” But now it's like she can't process it at all. It's like, “Okay now, what do you want me to?” Or she'll just say, “I can't do all that. I can’t do it.”

SHE FEELS OVERWHELMED OR TOO MUCH INFORMATION?

If you give her three things to do at a time, it’s a problem.
Grandmother: If you say, “Go to the kitchen, get a glass out of the cabinet, and bring me some cold water out of the refrigerator,” she’d come in the kitchen and then…

She might even get the glass, but then she wasn’t sure what she’s suppose to put in it.

Grandmother: But if you said, “Bring me some cold water”…one command at a time.

THAT’S INTERESTING. SO IT’S EVEN WITH COMMON THINGS THAT SHE’S FAMILIAR WITH?

Oh, yeah. Just like those condiments, she knew what we needed. And she really wants to do it right, I think. The other day she left the water running in the tub and it run all day. When I got home it was…I mean it was running. She’s done it before and I brought it to her attention, “Now look, you’ve got to turn these knobs carefully.” You know, it’s dripping, it’s running. Well, she did it again. I guess she thought I was going to hit her. I said, “This water is running in here. Get this turned off.” Well, she wouldn’t come in the door. I said, “Come over here and turn this off.” And she stood there and she looked around, and I thought “What’s wrong with you?” She never did say, but I could tell when I walked by her…What was she scared for? I haven’t laid a hand on her in a long time. But she was pretty scared. She knew she had done something wrong. I said, “That’s my money going right down that drain.”

SO IT WASN’T OVERFLOWING?

No, because the drain was open, thank goodness. I mean it was running. I heard it when I walked in. I said, “Can’t you hear that? Plus you’re in there, why don’t you see it. You need to pay attention to these things.”

Grandmother: That’s all right. Jim did the same thing the other day. He went in my bathroom and turned the water on and didn’t turn it off. About an hour later I thought, “What is that?” I went in my bathroom and…

Well, like today. A little girl shot the finger at her. We talked about that and we talked about that. She’s like, “What kind of an offense is that? What can they do if you do that? Well, what category does that fall under?” And I said, “Look, they didn’t even see her do it. She’s in Special Ed, you know, they have a little different guidelines.” “Well, what if somebody did it in your class?” That is a suspendable offense. She said, “That’s a felony, isn’t it?” I said, “No, it’s not felony. It’s just an obscene gesture.” But she thinks…stuff like that sticks in her brain and really messes her up. She’s very negative. She always has been.

SO MAKING A BIG, BIG DEAL?

Everything like that is really a problem for her. And she’ll think about this for a week now. She’ll be worried about this. That girl is just too moody.

HAVE YOU FOUND ANYTHING THAT HELPS HER, THAT BRINGS HER DOWN FROM THIS OR ANYTHING THAT WILL STOP HER FROM OBSESSING OVER IT?

No. No. I tried everything. When her grandfather died, for one solid year, every day we talked about it. Every day for over a year. And I would try everything. Until she gets it out of her head, you’re not budging it.

Grandmother: And when she was with us, she would say, “Papa, are you going to die soon?” And he’d say, “No, honey, I’m going to be around for a long time.” She said, “Are you sure?” And she’d look at me and she says, “What about you Grandma?” I said, “I plan to be here a long time too.”

She’s worried about me. She’s already told a lady that keeps her after school, “You know, my Mom’s all I got. She’s getting older and if she dies, will you take care of me?” So she’s got it planned out
because she knows she can’t take care of herself. She has got it planned out that this lady is going to take care of her so she don’t have to worry about it.

SO SHE SEEMS AWARE OF HER LIMITATIONS AND THAT SHE NEEDS HELP?

Yes.

AND DOES SHE TALK TO YOU ABOUT THAT? DOES SHE HAVE CONCERNS ABOUT HER DISABILITIES OR…?

Well, I just told her that, you know, that I didn’t feel like she could live on her own and that’s why we had to look into this group home situation because she wasn’t able to take care of herself. I said, “You can’t even give yourself your medicine. You’ve got to have your medicine every day. And that frustrates you and you don’t feel like you can do that and you don’t want to cook for yourself. You can’t just eat cereal every day for all three meals.” So I’ve tried to explain to her that you can’t stay by yourself because she makes poor choices. And that’s why she has to have someone with you so you don’t make those choices again and get into choices and get hurt. I tried to explain it to her, but you don’t ever know how much she’s comprehending. You can just try to tell her.

DOES SHE SEEM TO TRUST YOU FOR ADVICE OR HELP?

Yeah, the two of us mostly.

Grandmother: She doesn’t really ask for advice though. She never asks me for advice. She’ll tell me something that upset her and I’ll try to explain it to her, but she’s just got it in there and it’s not going to come out. Whatever you say doesn’t have any effect on her.

A lot of times, like when she’s telling me stuff, she says, “Isn’t that right?” You know, she wants me to qualify what she’s saying because she’s not 100% sure it’s right. She’s real insecure about…even some of her thought processes.

SOMETIMES YOU ARE ABLE TO REASSURE HER AND OTHER TIMES YOU’RE LOGIC SHE DOESN’T SEEM TO PAY ANY ATTENTION TO?

Yes. She can’t get past what’s already in her mind.

Grandmother: She’ll drop the subject with me sometimes because I’ll get her mind off on something else. She’ll be off of it for a while, but then later she’ll come back and say the same concern to me again. And we’ll go through it again.

AS TIME HAS GONE ON, HAVE YOU JUST NATURALLY DEVELOPED SOME COPING MECHANISMS THAT…THINGS THAT YOU SAY YOU AVOID DOING OR SAYING WITH HER SO THAT YOU CAN AVOID A PROBLEM OR THINGS THAT YOU DO THAT YOU MIGHT NOT DO WITH ANOTHER CHILD?

Yes. My son is a gifted child. He has a 132 IQ, so I treat him totally different. I’ll push him and have real high expectations for him. It’s totally different how I respond to him because he’s a different person and he needs the challenge and stimulus and the independence. Where she doesn’t really want it. She gets all scared and flustered and insecure and withdrawn.

SO YOU GIVE HIM CHALLENGES.

She doesn’t want any.

SHE DOESN’T WANT ANY CHALLENGES.
But I was talking to Mr. Gonzales today and one real encouraging thing is for a while, you know, the first time she went to art she sat in there and cried because she couldn’t do the assignment. And he said, “I’m sitting right here with you. I’ll help you. We’ll get through this.” But now he says she’s even going to art without him having to sit there. And she wants to do that, so she’s getting a little more self confident at school and finding her way around the school.

WHEN I TALKED TO MR. GONZALES HE MENTIONED THAT TO ME. HE SAID HE THOUGHT THAT PARTICULAR ART TEACHER IS EXTREMELY PATIENT.

Yeah, that’s why he said he wanted her to go there because he was good with special needs kids. I said, “Yeah, get her all the exposure you can.”

Grandmother: When she was smaller though, she used to draw all the time. She’d get ever piece of paper in my house she could find and she would draw everything.

It was bizarre stuff, wasn’t it?

Grandmother: Well, usually it was…at first it was a girl. She’d draw a girl. It would be her, or it would be me, or it would be Robin. That’s about all she would draw. She’d just draw them doing different activities. And she’d draw a house and a tree…

SHE ENJOYED IT?

Grandmother: Oh, yes. She loved it.

She did it obsessively, that’s the way she is when she does something.

Grandmother: And I finally got a tablet for her and I said, “Now this is yours.” Course, she’d get anything of mine that she could find.

Bills or anything that she could write on.

Grandmother: Yeah. So that would be hers and she would draw on every page. She’d draw one thing on each page and then turn the page and draw one more thing, and go on. And then she went through a phase where she was going to start a club. And she’d write all the names of all the kids she was going to have in the club and she’d put all different things they had to do, and the meeting dates and things. And she’d do that for hours at my house.

Like watching movies. She was obsessed with it. She’d make up the rules. She’d make lists of rules.

Grandmother: Yes. Page after page of do this, do that.

Oh, my God. Then she got to where she’d try to type them on the computer to give herself something to do.

HAS SHE DONE THAT RECENTLY?

No.

Grandmother: She hasn’t drawn. It’s been gone for a year.

SHE DOESN’T WRITE?

No.

Grandmother: And she used to write beautifully. She always printed.
She can’t do cursive. She did understand it.

Grandmother: Do they teach cursive in school anymore?

They tried to teach her cursive.

Grandmother: I mean, other kids?

Yeah.

Grandmother: Because I think Andrew does that too.

It’s a third grade…well, Andrew’s in Special Ed too.

Grandmother: Yeah, but she’s further advanced. But she would write stories and she’d write an
interesting story…

Because she’s always had a vivid imagination.

Grandmother: And she’d print everything out. She’d have a story and maybe two or three pages of
story. But that’s been years ago.

The last story she wrote was that want ad for…what are those called? “Single, white female seeking
whatever.” She can write those.

Grandmother: Yeah, she wrote that up.

She figured out how to…I mean, it was perfect. She’d looked at one, I guess, and modeled it.

SO THAT WAS FAIRLY RECENTLY?

Yes.

SO SHE HAS THE SKILLS?

I’d say that was over a year ago. The neighbor brought it to my attention. She printed them out and
passed them out.

SO WHAT TYPE OF…LIKE RECREATIONAL ACTIVITIES OR PASS TIME, OR HOBBIES THAT
SHE’S INTERESTED IN NOW?

She likes to watch TV and she likes to listen to the radio. Sometimes she does them both at the same
time. It’s kind of weird.

Grandmother: Yeah, she likes her CDs. Music. She’ll have the music in her ear and have the TV on.

I don’t know how she does both, but she likes to do that. Sometimes she’ll fall asleep like that and I’ll
go in there and turn stuff off. That would distract me. I mean, it would really annoy me. But she seems
to like it.

BUT SHE DOESN’T SEEM TO HAVE OTHER HOBBIES OR INTERESTS OR ACTIVITIES? WHAT
ABOUT GOALS OR PLANS FOR...

She wants to go to a group home.
Grandmother: She talks about the group home because that’s going to be her independence.

Yeah. She’s anxious for that. So now it’s a zillion questions about…”Did you talk to the lady in Denton? When am I going to Denton? Did you think about the date?” Well, I had to call the police out, and I had the hearing that was two hours, and a kid brought a knife and yada, yada, yada. I said, “Mr. Gonzales called me in the morning and I didn’t call him until 4:00. That’s what kind of day I had. I said, “So there wasn’t time.” “Well, are you going to…” She’s just going to keep on you until you do it. The grocery is what cracks me up. “You know, we’re getting low on milk. You need to go to the store and get some.” I mean, she’s just…

Grandmother: She called me one day and wanted to know if I’d come over and bring her some milk. She said, “We’ve only got a little bit.”

And that will worry her to death.

SOUNDS LIKE SOMEONE WHO WORRIES?

Oh, it’s a must have. I must have it. She reminds me of Rainman. You know how he had to have a certain thing at certain times, a certain way? Well, she’s the same way. She wants things to be a certain way. She wants to know that we have that and if we don’t, and she thinks she might need it, or I might need, it’s got to be there. And she’s going to worry about it until it happen. Because she’ll tell every day. She’s a very unique person.

Grandmother: Very unique.

I’ve never meet anybody like her. I’ve dealt with a lot of special needs kids, but she’s her own person, by far.

YOU EMAILED ME THAT THE GROUP HOME WAS A DISASTER VISIT. IT’S CHECKED OFF THE LIST, RIGHT?

You know, when she was assaulted they told me that in the state of Texas a mentally challenged person cannot consent to sex because they don’t know what they’re consenting to. So how can they say in a group home you can do that? Why would it be different? If a state law says that a mentally challenged person can’t do that, why can they do it in a group home? She said, “Yeah, sometimes we’ll walk in and if we catch them doing it we’ll ask them to stop, but if it’s consensual there’s not anything we can do about it.” I said, “What? So when would you notify me, when she’s in labor?” I said, “I warned you about this when I took her there.” And she said, “Yeah, a staff member saw me kissing this boy at this…” They went to some kind of special Olympics or something and she was watching some sports and she said, “Yeah, they didn’t say anything.” And she’s just a visitor that’s a minor. I don’t think so.

AND SHE’D JUST ARRIVED. SHE’D NEVER SEEN THIS PERSON BEFORE?

But she had two different boyfriends. One Saturday and then she went on to greener pastures Sunday and tried somebody else.

INDISCRIMINATE IN CHOOSING.

She doesn’t care what they look like. She’s not picky. What color they are, if they’re short, if they’re fat, how retarded they are, how…you know, it doesn’t matter to her. They’re a guy.

OR HOW LONG SHE’S MEET THEM?

No. And I’ve told her that. I said, “You know, nice girls don’t do that and you have to have some respect for yourself.” You know, we had a talk about it and I said, “It seems to me like that’s the only
reason you want to be there. And that’s not the reason you go to a group home because you’re going
to get in more trouble there than you are at home. You need to be in an all girls home.” She said, “Can
I not ever get married?” I said, “Not until you can take care of yourself.” She said, “Oh.” So she’s
looking for a husband. She thinks that once she gets on her own she’s suppose to get married. She
wants three kids. That isn’t happening either.

I GUESS WITH THE INDISCRIMINENT, RISKY SEXUAL…

Grandmother: And she has no conception of the trouble. She doesn’t look ahead for anything. It’s this
moment. If I want it this moment, that’s what it’s going to be. I don’t think about if I do this now, then
that’s going to happen later. She doesn’t sequence at all.

I THINK I EMAILED YOU AFTER I HAD TALKED TO HER AND SHE SHARED WITH ME SOME
SIMILAR DISCUSSIONS SHE’D HAD WITH YOU HERE AT HOME. AND TO TRY AND
ENCOURAGE YOUR RELATIONSHIP WITH HER AND KIND OF BACK YOU UP A LITTLE BIT ON
WHAT YOU WERE TRYING TO TELL. I SAID, “DO YOU THINK YOUR MOTHER CARES ABOUT
YOU AND IS TRYING TO KEEP YOU SAFE.” AND SHE SAID, “YES.” AND I SAID, “WELL WHAT
DO YOU THINK YOUR MOTHER IS CONCERNED ABOUT YOU DOING THESE THINGS WITH
BOYS?” AND FIRST SHE SAID, “I DON’T KNOW.” AND I SAID, “WELL, LETS THINK REALLY
HARD.” I SAID, “THINK WHY WOULD A MOM NOT WANT HER DAUGHTER TO BE DOING THIS,
OR WHAT REASON COULD IT BE?” SHE SAID, “BECAUSE I COULD GET PREGNANT.” BUT SHE
SEEMED DETACHED FROM THAT COMMENT.

She’s just heard me say it, but she doesn’t grasp what that would entail.

IT WAS KIND OF LIKE A MAGICAL THING THAT WOULD JUST HAPPEN. THAT SHE HAD NO
CONTROL OVER IT. AND SO DO YOU FEEL THAT WHEN YOU TRY TO TALK TO HER ABOUT
MORAL DECISIONS OR MORAL ISSUES THAT SHE UNDERSTANDS OR THAT SHE KIND OF
OBLIVIOUS TO THAT?

No. But I tell her anyway just because it’s my duty as a parent. I go from a religious standpoint, from a
safety standpoint, to a moral standpoint, to self esteem for yourself, and respect for...you know, I try all
of that. I don’t think it ever means anything to her.

Grandmother: And she talked to me about...just a little bit, but not much...she really didn’t want me to
know what she’d done. And she said, “Nobody knew it.” I said, “Oh, yes. God knows everything that
you do because he sees all of us all the time. He knows everything you do and if it’s wrong, he knows it.
And that’s not good.” Well, that was something she had never thought about at that time.

ONE THING I PLAN TO DO WITH THIS RESEARCH IS TO GATHER FAMILY OPINIONS AND
VIEWS AND FINDING OUT WHAT COMMONALITIES...WHAT ARE SETTING THESE KIDS OFF
THAT MAYBE IF A PARENT OR TEACHER KNEW THIS THEY COULD NOT DO THAT THING. AND
THEN WHAT HELPS OR DIMINISHES THE SYMPTOMS OR PROBLEMS SO THAT THEY COULD
START DOING MORE OF THAT.

Do some of these parents know because I feel like I don’t know?

WELL, SO FAR THERE HASN’T BEEN ANY RESEARCH IN THIS AREA.

I mean, have other parents been able to give you more concrete...“Well I do this and this happens and I
do this and it doesn’t happen.”

A LITTLE BIT. EVERYONE SEEMS TO BE GIVING DIFFERENT PIECES OF THE PUZZLE, YOU
KNOW, FROM THEIR EXPERIENCE.

Well, it’s like I told you; I’m all concerned because I think her IQ is so low that that’s another thing I fight.
AND EVERY INDIVIDUAL IS AN INDIVIDUAL. SO EVEN IF SOMEONE HAS SCHIZOPHRENIA, THAT’S NOT ALL THEY HAVE, OR THAT’S NOT ALL THEY ARE AS A PERSON. SO NO MATTER WHAT THE DISABILITY IS, THEY STILL HAVE ALL THE OTHER FACTORS OF THEIR LIFE AND THEIR FAMILY AND EVERYTHING TO DEAL WITH. AND THEY ARE ALL TAKING DIFFERENT MEDICATIONS TOO. SO THERE’S A LOT OF VARIABLES.

Have you interviewed a lot of adolescents on Geodon?

NONE SO FAR. I GUESS IT’S A GOOD THING. YOU SAID IT WAS A VERY BAD MEDICINE FOR C.

I’m glad to hear that. Are any of them on Zyprexa besides her?

YES, AND SOME ARE ON THREE DIFFERENT ANTIPSYCHOTICS AND I HADN’T HEARD OF THAT, AND I CALLED THE PSYCHIATRIST THAT I’M WORKING WITH ON ALL THIS INFORMATION, AND HE SAID THAT WAS COMMONLY DONE.

They say Risperdal is good for the voices. That’s why they were trying to put her on that in conjunction with the Geodon, which is like more of a mood stabilizer and all that. So that’s probably why they’re doing that.

AND SERQUEL SEEMS TO BE COMMONLY USED. YEAH, THERE ARE A LOT OF DIFFERENT ONES…

That’s a real new one, isn’t it?

YES. IT’S VERY NEW. IT’S LIKE TWO YEARS OLD, I THINK. EVEN THE MEDICAL PROFESSION IS STILL IN THE EXPERIMENTAL STAGE WITH THIS. THE MEDICINES ARE NEW AND THERE STILL, ACTUALLY EXPERIMENTING BASICALLY WITH THESE YOUNG PEOPLE.

Grandmother: Everyone reacts different.

YES. TO SEE WHAT WORKS AND WHAT DOESN’T. AND SO GATHERING THIS INFORMATION FROM PARENTS...IT JUST DIDN’T SEEM THAT ANY RESEARCHERS WERE GOING OUT ASKING THE PEOPLE WITH SCHIZOPHRENIA, WHAT’S HAPPENING TO THEM, THE FAMILIES, WHAT ARE YOU EXPERIENCING, THE TEACHERS IN THE CLASSROM, WHAT’S HAPPENING IN THIS CLASSROOM. THERE WASN’T ANY RESEARCH ON THAT.

I know that little girl that we had at school that was schizophrenic, she’s in 5th grade and the teachers were kind of scared of her and they felt like they didn’t know what to do and they were real unsure of it and they just kind of started babying her and being real patient. I told them that’s what they need to do because she’s wanted to get back into a corner. I was basically the only person that had a rapport with her. But I knew how to handle her from dealing with C. I had kind of learned the approach you take, a real motherly, soft natured, caring approach.

AND THAT SEEMS TO BE SOMETHING THAT I’M FINDING DEFINITELY...USING A CALM...

I’ve changed the way I deal her. I use to get real frustrated at her and be real short tempered and impatient with her and stuff, and they made it worse. I was so frustrated that I was lashing back at her and that just made it worse.

I’M THINKING SOME OTHER FAMILIES...THEY DON’T HAVE THE BACKGROUND THAT YOU HAVE IN THE EDUCATIONAL FIELD, SO THEY ARE MORE AFRAID AND CONCERNED AND FRUSTRATED.
Grandmother: You just don’t know how to handle it because it’s not the norm. You don’t know what to expect.

You have to be real matter of fact and soft spoken and non-judgmental when you talk to them or they’ll shut you off.

WHICH IS DIFFICULT FOR ADULTS TO DO WHEN SHE’S...

Especially when they say they are going to kill themselves. Like “C, it’s going to be all right.” I took some safety precautions. You know, there’s a lock on her door from the outside, I have a baby monitor in there so I know what she’s doing.

I THOUGHT THAT WAS INTERESTING AND A GOOD IDEA.

But all parents should do that because you never know when they’re going to go off. I mean, you never know when all of sudden the voices are going to pop back in their head. They’re going to get up and start roaming around because they tend to be real night owls. She’s always been a night owl, which is so abnormal because that’s not me at all. It took her hours and hours, two and three in the morning before she’d go to sleep sometimes. Now the medicine helps her go to sleep because I give her the big dosage of Zyprexa at night. She takes 15 milligrams at night and just 5 during the day to keep her from being sleepy. In the beginning she was sleeping a lot, like when she was on Geodon. She’d got to Notre Dame, when she was going to school there, and she’d fall asleep.

FALL ASLEEP IN CLASS?

Yeah. It took her a while to get to where it didn’t make her so lethargic. But she complained about that some last week. I don’t know why, but I did notice she sleep last one morning. I told you what I did. I said, “Well, you know, you’ve made a choice not to get up when I’ve asked you to get up, so now you’re going to have to go out to Grandma’s because I’m not giving you the key.” There was a consequence, so she’s done better. You know, I was just real matter of fact; this is what’s going to happen because this is the choice you made. And wasn’t like she was in big trouble or…

IT WAS A SIMPLE, MATTER OF FACT.

Right. “You’re going to have to go out the garage; you’re going to have to make your lunch. Do not ask Mr. Gonzales for lunch money because I will not reimburse him. That’s not right. This is the choice you’ve made. Now if you want it to be the way it is, tomorrow morning you need to get and take care of yourself. When I get you up you need to get up, eat something so I can give you your medicine. I’ll give you the key to unlock the gate and I’ll have your lunch money. But this is what you have to do to make that happen.” And sometimes she’ll forget her lunch and she’ll just sit there and wait for me to do everything. I’ll say, “What do you need?” And I make her ask me for the key. I make her ask me for lunch money. Usually the lunch money is easy because she wants to eat. But sometimes she’ll stand there, and I’ll say, “What do you need before I leave because I’ve got to go?” She’ll say, “Well, its five until seven and you don’t have to leave until 7:00.” “No, I need to leave now. What do you need?” “Well, the key.” I’m trying to help her…

WALK HER THROUGH IT.

Yeah, but it’s something we do every morning, five days a week.

Grandmother: It’s a lot easier to just sit there and have somebody tell you. You don’t have to think about it.

She would love for me to do that. She would love not to have to think or make any decisions for herself. She’d love for somebody just to totally take care of her. That would just suit her fine.
Grandmother: She’s always been that way.

Yeah. She doesn’t really want independence. She thinks she does, but she really doesn’t because she wouldn’t be able to cope with it.

COULDN’T HANDLE THE RESPONSIBILITY.

No. It would probably send her over the edge. She probably would wind up killing herself if I put her in an apartment, got her a job and a car, it would be a death sentence.

SO IT SOUNDS LIKE SHE WOULD ACT LIKE ITS DIFFICULT OR UNPLEASANT OR EVEN PAINFUL TO THINK ABOUT THINGS HERSELF.

It is. And she has regressed some because of this medicine, I think. Like the other day we were going through the drive-thru and I said, “Now, I need thirty-five cents. I want you to get that out for me and I handed my wallet to her.” I’m trying to help her. So she got out a quarter and she said, “Okay, here’s a quarter.” And the next coin she got out was a dime. She said, “Now a quarter and a dime makes how much?” I said, “Thirty-five. That will work.” She said, “Okay, here.” But you know, she couldn’t process that.

Grandmother: But before she had been able to.

She had a lot of trouble with money, but she’d finally gotten the hang of it. She was working at Taco Bell. She got a lot better with money and stuff.

Grandmother: Yeah. They had her on the register for a while.

I don’t think they’d want her on the register. She’s a little slow now.

I KNOW MR. GONZALES IS WORKING ON MONEY IN CLASS.

Grandmother: But they would put it in a machine and it would tell you what to do, you see. You don’t even have to think.

RIGHT.

But she couldn’t add the twenty-five and the ten. She couldn’t do it. And I don’t know if she could of if she had paper. She probably could have worked it out, but she’d probably have to have paper and pencil.

IT’S PROBABLY DIFFERENT IN A CLASSROOM, DOING THE PROBLEM THAN DOING IT IN REAL LIFE.

It is. And she probably can’t connect the two.

GENERALIZING?

This is the part we’re doing on paper and it’s the same thing we’re doing in the drive-thru.

SO THAT COULD BE A PROBLEM GENERALIZING…

Before all this happen, I use to try and get her tasks to do and I’d say, “First, go get a gallon of milk. You know the kind we want.” She says, “The 2% with the blue top.” “That’s right and be sure to check the date. Check the dates and be sure to get the one furthest away.” “What’s today? You know, I’d let her do little stuff like that on her own just to try help her be independent. But now I realize that’s not going to be possible. I had done all kinds of little stuff like that. “Okay, here’s five dollars. Go get what
you can at Taco Bell, but I’m not giving you another dime. So if you go over, you’re going to have to take something off because that’s how it works in the real world. I won’t be there to give you extra money if you go in and…you need to have an idea of how much money you have to spend and what you can order with that.” But now, I know better because it would really bother her.

Grandmother: Oh, she’s really regressed.

She has a hard time even…she can’t really walk with me. She can’t keep up with me because I walk fast anyway. She tries. Getting out of the car takes her forever. She’s real slow, you know, and laid back about what she does. I have to kind of keep an eye on her so she doesn’t go the wrong direction. She follows me like a little puppy.

IF YOU WERE GOING TO GIVE ADVICE TO OTHER FAMILIES OF HOW TO DEAL WITH…

It’s try to keep your calm. As hard as it is, just be real matter of fact…this has happened, now this is going to happen. Because of this choice, this is what’s going to happen. I think any kind of an outburst, because they’re already on edge anyway…

Grandmother: They may just go ballistic.

Yeah. See that was the thing that little girl at school that I watched, you know. If a teacher got mad at her because he didn’t know that you had to handle her with kid gloves. You do these kids. So he got on to her like you do normal kids, and oh man, she went flying out there and came looking for me.

SHE RAN AWAY?

To me, yeah. I’ve had several kids, not schizophrenic kids, but kids that have severe discipline problems; I’m like a security blanket. They come to me like a mother to fix it. You know, I talk them through it. She wanted me to call her and have him come pick her up. I said, “No, not over this just because she made a mistake.” I finally got her calmed down, but some of those teachers were kind of afraid of her, to be truthful, because she did lose it one day in a classroom. In fact, a girl was choking her. All I had to do was walk in and say “Come here.” And they were screaming and cussing. “You know, it’s okay I’m here.”

YOU WERE A SAFE PLACE.

That’s what you have to do. You have to make these kids think that you’re going to keep your cool and that they can come to you and tell you anything and you can fix it. That’s there safe place and you’re not going to criticism them and you’re just going to try and take care of it. So you have to kind of really…it’s harder to win their trust than it is other kids. So that’s what I’ve had to do with her because she’s never made reports on me. She always comes to me, you know. I’m like her safe place in the world.

YOU REALLY DO SEE THAT…YOU DON’T VISION HER BEING ABLE TO LEAVE ON HER OWN?

Never.

SHE’LL NEED FAMILY MEMBERS OR A GROUP HOME, SUPERVISION…

A family member doesn’t want to do it either, so that’s not an option either. Some of them will not…they don’t want to put their families in jeopardy.

SHE’S A BURDEN.

Yeah.
Grandmother: My husband has Crone’s disease and he’s constantly ill off and on, and my mother is 92 with very bad dementia, and I help three people staying with her 24 hours a day. So that lets me out.

She really started going into this severe problems this summer with my bother and his family.

Grandmother: She loved to go over there. Oh, she lived to go over there.

That was the time when nothing made her happy, except to go to the beach. There were other things in her life that normally had been such an exciting thing. Nothing made her happy. She was unhappy all the time.

Grandmother: And she’d look forward to that all winter long, just to go to the beach. Loved it! And then just suddenly, no more.

She got down there and wanted to wear the tiniest little bikini she could find. There were those two guys at that apartment, or condo, or motel room, or whatever.

Grandmother: She does what she wants to do to make her happy.

They offered her some stuff to drink. She tried that. You know, whatever you want to do, okay.

SHE JUST KIND OF GOES ALONG WITH WHATEVER THE PERSON SAID TO DO?

Grandmother: Yes. If it’s something she thinks will be fun to do.

An older guy, adult, had been coming to the house and picking her up and taking her over and they were doing drugs, she said. She’ll try it. Hey I’m curious. What did I do?

SO YOU SAID YOUR BROTHER AND HIS WIFE SPENT TIME WITH HER, BUT WHEN SHE GOT REALLY ILL, THEN…

Grandmother: She’d go with the girls….

My niece is the same age.

Grandmother: And she had her driver’s license and she’d go to a couple of friends and C would spend the weekend and they’d go shopping. She loved to shop. Oh, she loved to go shopping. And she had some money to buy something with, and they were in the store and they lost her, and they started looking for her, and she was lying in an aisle crying. Lying down in the store crying. And they said, “What’s wrong, what’s wrong.” And she didn’t know. She didn’t know. Well, boy they don’t know what to do.

She was staying up all night. They couldn’t get her to go to sleep. She was pacing around.

Grandmother: And she had loved going there. She says, “I feel like a real girl.”

Because she was with normal teenagers and she’s always been in like a private school. The kids acted like real 16 and 17 year olds.

Grandmother: Her cousin is …she loves babies and children and she would cater to her. And she understood the situation, so she would really be good with her.

She got her friends to be nice to her.
Grandmother: Yeah, she explained that you had to be nice to C and why, and her friends were wonderful. They were nice to her. Oh, she just thought it was teenage heaven. And then all of a sudden she went ballistic.

She got into a big fight with James about something. Accused him of something, I don’t know.

Grandmother: It wasn’t true.

Which is my nephew. He’s two years old.

SO IT’S BACK TO ACCUSING PEOPLE OF DOING BAD THINGS THAT REALLY DIDN’T HAPPEN.

Oh, yeah. Like sexually abusing her. He was so upset when the CPS workers had been there. He threw up all day at the school. He was so upset about it.

Grandmother: Well, you know, what are they going to him? He didn’t know. They usually believe the girl. What was he…11 or 12 years old?

He used to love to aggravate her, because he was a typical little brother. He comes over to eat…and he’s real affectionate, so he would like throw himself in her lap and she didn’t like to be touched. She’d just freak out. He would wrap himself in a blanket and roll around on her, you know, and I’d watch them, so I knew what he was doing, right. And when they were roughhousing, he might brush into her breasts or something and she’d just freak. It was an accident. He was just playing. So she put all that into he was being a perpetrator.

Grandmother: It was vivid imagination that goes pretty far.

SO THAT DOES TEND TO BEGIN TO ISOLATE HER FROM EVEN FAMILY MEMBERS?

Yeah, absolutely. Absolutely. He doesn’t even want to talk to her. He wants to keep his distance because he’s so afraid she’s going to say something.

Grandmother: And we’ll believe her.

But eventually she’s going to be convincing enough, so he just keeps his distance. When I leave in the morning, he’s still asleep, and she’s up, you know. I lock...we have a key on the outside of ours that we can lock ours so she can’t go in there and lock in him there in the mornings. Because he’s afraid she’ll come in there and do something. He doesn’t know.

Grandmother: You just never know.

I don’t think she will, but you never know.

Grandmother: You don’t know. That’s the thing. You just don’t know what their mood is going to be.

I’ve never been afraid of her because she’s never hurt me or threaten me.

Grandmother: She’s never accused you of...

Never.

Grandmother: And you’re the disciplinarian.

She wasn’t after me. But she never…it was always somebody else.

COURSE YOU’VE BEEN REGISTERED AT CPS, HER DISABILITY AND ALL THE MEDICINES…
They have all the meds there.

Grandmother: Yeah, but still, you know you will…she can concoct a story that’s very believable. And with a stepfather, you know…

THAT’S TRUE.

He keeps a big distance from her.

Grandmother: Well, you just almost have to.

He’s raised her. He’s been her father since she was two. I never want to be in the position to hurt her. Like if she was to come after him, he’d protect himself. But he said he never wants to have to deal with that. He said then I’d have to. (End of side one) Nobody but family, that I know of. I don’t think so.

WHAT KIND OF THINGS WOULD SHE STEAL?

Money. Money out of someone’s purse.

Grandmother: She got my husband’s cell phone one time because she wasn’t allowed to make phone calls because she was calling boys and so we didn’t know it and she had gotten his cell phone and he got ready to…he takes it to the lodge because he calls me when it’s time for me to come get him again. He can’t drive. And we couldn’t find his phone. And we looked everywhere and couldn’t find his phone anywhere. He always keeps it in one spot and connected to the charge. And it went about week and I called…He said “Well, maybe I left it at the lodge and didn’t bring it home or something.” We had no idea what had happened to it. She had never taken it before.

Wasn’t it in the cushions or something in the couch where she’d been sleeping?

Grandmother: Yeah. We have an enclosed porch and she’d been sleeping out there and there was a TV and everything. She had her own room out there. And so I was looking for the fly swatter and I keep a fly swatter underneath the love seat out there and I couldn’t find the fly swatter and I lifted the thing at the bottom up to look under it, and she had put that cell phone back against a wall behind the….

Where she could get to it.

Grandmother: Yeah. Behind the loveseat. And it was about a week before we found it.

She stole my cell phone. I don’t carry it to school. But I have two. I didn’t notice it because I don’t use it hardly ever. We went out to eat one time and I got up and went to the bathroom and she was in the stall talking to somebody. So I knew she had the other my cell phone. She had my work phone and she ran up a bunch of bills on mine and hers. I didn’t know you could do this, but you can chat on the telephone…she’d found like a chat line on the phone. And you call this number and they hook you up to people all over the country. And so she was coming in and I don’t know why she was using my cell phone because we’ve got portable phones. But at midnight she would get in my purse, bet my cell phone, go back in her bedroom and talk all night long on my cell phone to all these people all over. It took me a while to ever figure out what it was. She’s really a genius about stuff like that, to be so slow. It’s amazing how she can…I never even heard of such a thing.

Grandmother: She had talked all over the country on Jim’s cell phone that one night she had it. I had to get the charges off of it.

She stole money out of my husband’s wallet, which I didn’t think she’d ever do. She took a hundred dollar bill out of it and took it to school. They called me and said, “She’s got a hundred dollar bill.” He said it was mine. She’s kind of scared of him because he doesn’t have a lot to do with her. So I
thought, “Ohhhhh, I know it didn’t come out of my wallet.” My husband had asked me once before that he thought some money was missing. I said, “Nooooo.” C’s been taking from me, yeah. But from him, she knows better. So now he locks everything up in his bedroom, we lock our door at night, I lock….

Grandmother: The cell phone was all I ever missed. But after that, I always kept my purse and my husband’s billfold in our bedroom, just in case.

See now, I’m leaving my purse out all the time. So she has access to my money and she hasn’t touched anything that I know of. I haven’t had any strange calls on my cell phone, so I don’t think she’s doing that any more. But the fact that I lock her in her bedroom at night…I don’t do it every night, but a lot. Sometimes I’ll just forget because I’m so tired.

AND SHE DOESN’T OBJECT TO THAT OR TRY TO PICK THE LOCK?

No. She just says stuff like, “You gonna lock me in my room?” But now she really doesn’t say anything.

KIND OF ACCEPTS IT.

Grandmother: Well, she told me one time, she said, “Yeah, my mother puts me in prison at night.” At first it was unusual to her. I said, “No, she’s just making sure you’re safe.” And she said, “Oh, yeah, okay.” That’s all she said about it.

She never…she doesn’t mind the baby monitor, but I kind of hide it. I don’t know if she knows it’s still on. It’s not as obvious as it was. I kind of got up on the end of the bed. I wanted her to forget it was on. Because sometimes she talks to herself and I want to know what she’s saying. But she’s always done that. And she doesn’t want to have outbursts in front of me because like when she gets real frustrated, she doesn’t want me to know it. A lot of times I’ll hear her in the bathroom and I’ll go in there, “Are you alright?” “Yeah, I just can’t get this ponytail holder out.” I’m like, “It’s okay. I’ll help you.”

SO SHE DOESN’T WANT YOU TO SEE HER OUTBURSTS?

I think she’s afraid I’ll put her back in Terrell.

Grandmother: Yeah, she thinks…Or she told me one time, she says, “Well, I have to behave or they’ll put me back in Terrell and I don’t want to go back over there.”

So she’s got that firmly in her mind that she’s…she was there a long time. She was really ready to get out after eight weeks. It was the holidays and she was real worried she was going to miss Christmas. She got out December 20th. It was pretty close.

Grandmother: It made an impression.

It needed to. Something did it.

I KNOW SOMETIMES WHEN YOU FIRST TAKE THEM TO HOSPITAL, THEY GO FAIRLY EASILY.

She wanted to go. That was her threat to get away from the family. Take me to Terrell, I can’t stand this place any more. I can’t stand it.

AND THEN AFTER THEY’RE IN THE HOSPITAL FOR A WHILE AND THEY GET THEIR MEDICINE TO START TO WORK, THEY WANT TO COME HOME. THEY ALSO SAY IT’S A SIGN THEY’RE GETTING BETTER BECAUSE THEY WANT TO LEAVE.

Yeah. I’d go get her on the weekends for a day and we’d go shopping and go out to eat and stuff. She looked forward to that. I had to get her new clothes because every time I’d go she was bigger. So we went through a whole bunch of money on clothes.
DID SHE DO ANYTHING UNUSUAL ABOUT CLOTHING, ANY UNUSUAL BEHAVIORS OR ATTITUDES?

Well, at first, it was real hard for her to accept that she wore the size she wore and that she couldn’t hope in the misses any more. That was a real blow.

Grandmother: She had always been so slender.

She’d want to wear the same kinds of things she’d wore before, and I’d say, “No, you have stomach and you have to wear longer tops and you have to wear a bigger size. But you have to disguise it. You can’t wear tight stuff or short stuff because it makes you look fat.” But I think she’s come to grips with that a little bit better. But she’s real funny about her clothes. She wants all solids and plain things. You know, she will not wear any jewelry. She doesn’t want any jewelry of any kind. Nothing.

Grandmother: She used to love jewelry, but not any more.

A little bit. She’s never been real crazy about it.

Grandmother: When she was little she would like it the first ten minutes, but she liked to get it.

When she first went to Bowers, she wanted my makeup. She’s just started doing that again. She went for a long time without wearing it.

Grandmother: Well, she went through a phase where she’d say, “Grandma, can I go through your makeup drawer?” “Yeah, go ahead.” She’d be spending the night. And boy, she’d come out, she’d have blue all over and everything, everywhere. Big what have you, big lips and things. She wasn’t that little.

Yeah, but she was immature.

Grandmother: Yeah, she was little in her mind. And she just loved to get really colored up.

Like most four or five year olds would do.

Grandmother: Yeah. And so I’d say, “Okay, you can wear that until you get ready for bed, then you’ve got to wash your face.” “Okay.” And she’d go and look in the mirror, you know, look and look, and then she’d come back and say, “Papa, am I beautiful?” He’d say, “Oh, yeah, you are beautiful.” And she’d look at me and say, “Oh, I just feel so grown up.” And she nearly was. But she’d go in and...or we’d get ready to go somewhere and she’d go in to get in the makeup and she’d come out with a real dark lipstick. And I’d say, “No, that’s a little dark for you. Let’s go pick one out that’s going to look better and goes with your outfit or something.” So she’d wipe it off and put on something that would be more appropriate. But I let her wear a little bit out. That was when before she really got to start wearing makeup.

Another thing that I kind of resent is not her, but other family members, there are a lot of things that were said that were real inappropriate and weird and nobody ever told me.

OH. THEY SHOULD SAY THINGS TO FAMILY THAT WERE SYMPTOMATIC.

Yeah. And I was like, “Why didn’t you tell me this?”

THAT YOU WOULD HAVE LIKED TO HAVE KNOWN ABOUT?

Well, yeah.
Grandmother: Well, but you know, they didn’t want to feel like they were interfering or hurting your feelings or something. I would imagine that would be how it was. I would always tell her because…

They knew that she’d always been a problem. But she was talking about some of the things that she talked about, and I wish somebody…she said some things to Ashley, my stepdaughter. Things to Nancy, my niece, and things to my mother-in-law, you know, that were really red flags to me, and I would have told them if it had been their kid. I just thought you might like to know…

Grandmother: But you know, a lot of parents don’t want to hear it because they don’t want to accept it.

But they all know me. I’d never, ever…

Grandmother: A lot of people aren’t that way.

I’ve never tried to hide her disabilities or… You might just as well face it.

WELL, I GUESS I’VE TAKEN UP MORE THAN AN HOUR AND A HALF OF YOUR TIME. I WAS ONLY SUPPOSED TO TALK TO YOU FOR AN HOUR.

Grandmother: Any way we can help or help other families.

IS THERE ANYTHING ELSE YOU WISH YOU COULD SAY?

They probably need to share and be open with her extended family. It’s important that they share things that are concerns because sometimes like when she started hearing voices again, she didn’t tell me. She told Mr. Gonzales. When she was sexual assaulted, she didn’t tell me. She told a girl at school. Well, sometimes they cry out to other people and other people need to understand that they need to be comfortable enough to share with the parents so the parents can stay on top of it.

SO MAYBE A PARENT SHOULD ACTUALLY GO TO TEACHERS AND SAY TO TELL ME. I WANT TO KNOW, SO TELL ME ANYTHING YOU HEAR SO SEE.

Right.

AND I WON’T BE MAD AT YOU OR UPSET, JUST TELL ME.

Because they could be manifesting stuff that’s of concerns, and you don’t know it because they’re keeping it from you. I don’t know about other kids, but she’s a master of deception. A master of deception. I mean, to be so slow.

RIGHT. THAT’S INTERESTING.

I always thought it was too. How she could do some of the stuff she did. I would have never thought she could have done some of the stuff she’d done. All on her own.

Grandmother: Amaze you. When you think there’s no possible way she’d be able to know to do it. She’s done it.

Like getting on the Internet and these chat lines and then when that was cut off, she was doing it at my brother’s house. She couldn’t do it here because I was scared. I never would let her…she’s never ever used the Internet at the house when I’ve been sitting with her. When I would get on it, I’d make her leave the room and then shut the door so she couldn’t see my password because I was always afraid that she’d do something like that. For a long time I didn’t do it because of her. There is no one in this family that knows my password. Not my son, my husband, or anybody. If anything happens, they won’t know how to get into the computer. If she needed something for school or something, I’d sit with her. You know, because I didn’t trust her. But when she got to my brothers, they didn’t know because
they’re kids are on it all the time. So she had a field day. That’s where she made all these contacts, when I was…she stayed there almost a week when I went to Nassau. And then one night we sat down and she figured out how to do it on the phone. If she’s very driven to do something then it’s going to happen.

Grandmother: She can figure it out when you don’t think there’s possible way she’d be able to reason it out. But she can.

THAT’S INTERESTING. SO SHE DOESN’T HAVE INTERNET EMAIL ACCESS HERE AT THE HOUSE?

No. Never has. Never.

THAT’S WHY AT SCHOOL SHE WAS…WHEN I MENTIONED SOMETHING ABOUT INTERNET, COULD SHE TELL ABOUT SOME OF THE THINGS SHE HAD DONE ON THE INTERNET, AND SHE EVEN SAID “DID MY MOTHER SAY WE HAD IT AT HOME? DID SHE TELL YOU THE PASSWORD? AND DID SHE SAY IT’S RUNNING NOW? IT’S WORKING AT OUR HOUSE?” AND I SAID, “I DON’T KNOW ANY DETAILS.”

She was trying to get...

NOW I REALIZE WHAT THAT MEANT.

That’s what I mean. She thought she might be able to get it from you.

IT’S INTERESTING. I REALLY APPRECIATE THIS. (End of tape)
SO TELL ME YOUR WHOLE NAME, FIRST OF ALL, SO I'LL KNOW YOUR WHOLE NAME?

C....

AND HOW OLD ARE YOU?

17.

AND WHAT'S THE NAME OF THIS SCHOOL?

Skyline.

AND WHEN IS YOUR BIRTHDAY?

June.

WHAT DAY? DO YOU KNOW THE DATE?

6th.

JUNE 6th. OKAY. I WAS WANTING TO KNOW, FIRST OF ALL, WHAT HAPPENED WHEN YOU WENT TO WICHITA FALLS WITH YOUR MOM TO VISIT THAT GROUP HOME? WHAT WAS IT LIKE?

It was fun. That's all I can say.

YOU LIKED IT?

Yeah. But I can't go back.

WHY NOT?

Because I got a little boy crazy.

OH, WHEN YOU WERE THERE?

Yeah. But I can still go up and do Lewisville. They have boys there too and I still go there.

WHAT'S AT LEWISVILLE?

The group home.

THERE'S ANOTHER GROUP HOME?

Yeah.

A DIFFERENT ONE?

Yeah.

SO YOU DROVE ALL THE WAY TO WICHITA FALLS...DID YOU STAY OVERNIGHT LIKE YOU WERE GOING TO?

I stayed three days.
AND DID YOUR MOM STAY? SHE DROVE HOME? AND THEN SHE WENT BACK TO GET YOU? SO WHEN SHE GOT BACK, WHAT DID SHE SAY?

She said that I’m going to bring you home.

AND SHE TOLD YOU WHY?

Yeah. Because it was time.

OH, OF COURSE, BECAUSE THAT WAS JUST A VISIT.

Yeah.

RIGHT. BUT WHAT DID SHE TELL YOU ABOUT GOING THERE AGAIN?

That I wasn’t going there again.

DID SHE TELL YOU WHY YOU WON’T GO THERE AGAIN?

Because I went boy crazy.

WHAT DID YOU DO?

I kissed a boy.

OH, YOU KISSED HIM. DID YOU TELL YOUR MOM?

Yeah.

WHEN YOU WERE DRIVING HOME, YOU TOLD HER?

No, I had to tell her. She dragged it out of me. She said, “What did you do with the boy?” And I told her nothing. But then she kept on asking me, and asking me, and asking me. Finally she dragged it out of me.

HOW DID SHE EVEN KNOW ABOUT THE BOY?

The staff told her.

SO YOU KISSED HIM WHILE YOU WERE THERE? AND HE LIVES THERE? SO I GUESS YOUR MOM THINKS…

I had two boy friends there.

YOU KISSED TWO BOY FRIENDS?

No, I didn’t kiss both of them. I just kissed one.

BUT YOU LIKED THEM BOTH FOR BOY FRIENDS?

Not at the same time, but at different times. I broke up with one to go with the other.

WHY WOULD YOU THINK YOUR MOM WOULDN’T WANT YOU TO LIVE THERE IF YOU HAD BOY FRIENDS THERE THAT LIVED IN THE SAME HOUSE?
I don’t know. They weren’t in the same house.

OH, THEY WEREN’T.

They were 28 years old. That’s why.

WHERE DID THEY LIVE?

Acres.

A DIFFERENT PLACE?

Yeah.

BUT CLOSE BY? SO YOU VISITED THEM, SAW THEM?

They visited us.

THEY VISITED YOU. SO YOUR MOM...YOUR MOM TOLD YOU SHE DIDN’T WANT YOU TO GO BACK THERE BECAUSE THERE WERE BOYS THERE THAT YOU KISSED? ONE BOY THAT YOU KISSED.

No, because I went boy crazy. I already told you.

DO YOU KNOW WHY SHE DOESN’T WANT YOU TO BE BOY CRAZY?

You don’t have to call it that every time! You can call it something else.

OKAY. I CAN CALL IT WHAT I WANT?

Yeah.

THANKS. SO WHAT DO YOU THINK YOUR MOM IS WORRIED ABOUT?

She’s worrying I’m going to get pregnant.

OH.

That’s what she’s worried about.

YEAH. THAT WOULDN’T BE GOOD, WOULD IT?

No.

SO LET’S LOOK AT YOUR MATH AND SEE WHAT YOU’VE GOT. YOU’VE GOT A CALCULATOR, A PENCIL, AND MONEY. COUNTING MONEY.

I don’t know how to do it.

SO YOU’VE DONE HALF OF IT ALREADY. RIGHT? LET’S SEE.

Just read the directions and you’ll see. That’s what he said.

HE SAID TO READ THE DIRECTIONS?

Yeah.
What's this? Is this shampoo right here?

I DON'T SEE ANYTHING.

Is this shampoo?

I DON'T THINK SO.

I washed my hair this morning and I was wondering.

DID YOU PUT GEL ON IT, OR HAIRSPRAY?

No.

IT LOOKS FINE. DOES IT FEEL FUNNY?

Yeah.

WHAT DOES IT FEEL LIKE?

Stiff.

KIND OF LIKE HAIRSPRAY OR GEL DOES?

Yeah.

YOU DIDN'T PUT ANY ON?

Is it shampoo?

NO.

Does it mean it's not dry yet?

NO. IT'S DRY.

Then what is it?

DO YOU FEEL IT ALL OVER YOUR HAIR, OR JUST IN THAT ONE SPOT?

Just in that one spot.

DO YOU THINK MAYBE WHEN YOU WERE EATING LUNCH YOU TOUCHED SOMETHING GREASY AND THEN RUBBED YOUR HAIR BACK ON ACCIDENT. NO? THAT'S THE ONLY THING I CAN THINK OF THAT MIGHT MAKE IT STIFF THERE, OR CRUNCHY. BUT IT LOOKS GOOD. OKAY, SO WE HAVE TWO DOLLARS.

Eight quarters.

OR EIGHT QUARTERS.

Eight quarters. We need eight quarters, right?
I did it right! So I got it wrong, again! I hate this!

YOU HATE IT WHEN YOU MAKE A MISTAKE?
Yes. I don’t know how much that is.

Absolutely right. Why do you think it is important for the teacher to give you money math in school work?

I don’t know. So my brain hurts.

Do you think they have any good reasons to do it? Could it be helpful to you to be able to add and subtract money in your life?

Yeah.

Do you ever use money when you’re not at school to buy things?

I don’t have a job so I don’t know.

If you got a job, you would get some money, wouldn’t you? You had a job before?

Yeah, at Taco Bell.

Did you get money then?

Yeah. $6.25 an hour.

What did you use the money for?

To buy things.

What kind of stuff did you buy, or like to buy?

Things. Stuff.

Can’t think of a specific thing to tell me about?

No. CDs.

They are kind of expensive, aren’t they?

Yeah.

You have to save up for those. You’re disappointed about not getting to go to Wichita Falls?

Yeah, but they have other group homes that I’ll be able to go to.

Why do you think it would be fun to go to a group home instead of staying at home?

Because I don’t like to live with my parents. I feel like a baby.

So you’d feel more grown up if you went to live in a group home instead of with your mom and dad? If we were going to figure out some things to help teachers do better, to be better teachers in the classroom, is there anything
THAT HAPPENS TO YOU THAT YOU THINK BOTHERS YOU OR MAKES IT HARD FOR YOU TO LEARN OR PAY ATTENTION AT SCHOOL?

No. I couldn’t understand the question.

OKAY, I’LL TRY AGAIN. CAN YOU THINK OF ANYTHING THAT COULD HELP THE TEACHERS SO THAT THEY WOULD BE BETTER TEACHERS?

No. I still can’t understand…See, I’m not a very good understander of questions.

WELL, MAYBE I’M NOT A VERY GOOD EXPLAINER OF QUESTIONS. LET ME ACTUALLY TRY AGAIN. SAY IF MR. GONZALEZ IS YOUR TEACHER, RIGHT. AND HE’S IN YOUR CLASS AND HE WANTS TO BE A REALLY GOOD TEACHER. WHAT DO YOU THINK THAT HE DOES THAT IS REALLY GOOD OR WHAT DO YOU THINK HE SHOULD DO TO TRY TO DO BETTER?

Nothing.

DOES HE DOES ANYTHING THAT YOU LIKE, OR THAT YOU THINK MAKES HIM A GOOD TEACHER?

He needs to do something better. Whenever I need help with Maria, he needs to help me out.

WITH YOUR FRIEND?

Whenever I’m having a problem with her, he needs to help me out with her. Talk to her and see…help me out with her. If she’s done something wrong, if it’s a little bitty thing, yeah, I can handle that myself. But if it’s something real big, like flip me off or cuss at me or something, then yeah, he needs to help me out with her.

SO HOW DO YOU FEEL WHEN SHE DOES THAT TO YOU?

How do I feel? I feel bad.

AND YOU WANT HIM TO…

I don’t like it when she follows me around either. She follows me everywhere. I just want to be by myself and she follows me everywhere.

BUT SHE’S YOUR FRIEND?

No, I don’t like her. I just pretend like I like her. She’s on my back.

DO YOU HAVE OTHER FRIENDS?

Yeah, my friends at Notre Dame. I like them. I don’t like her.

DO YOU SEE THEM ANY MORE?

No, I miss them.

SO YOU’D RATHER BE ALONE?

Yeah, because I miss my friends.

BUT YOU WOULD LIKE TO BE WITH YOUR OTHER FRIENDS FROM NOTERDAME?
Because they understood me. They don’t follow me all over the place. They know when I…well, yeah they do. But they know when I want to be by myself.

SO THEY DID FOLLOW YOU AROUND, BUT THEY KNEW WHEN YOU WANTED TO BE ALONE?
Yeah. Because I told them. Whenever I tell Maria, she gets all mad. They didn’t. They understood.

SO THEY DIDN’T GET MAD AND THEY LET YOU BE ALONE FOR A WHILE?
Yeah. She’s like, “Fine, then. You bitch.”

SHE SAYS BAD WORDS AND GETS MAD?
“You mother fucking bitch.”

VERY BAD WORDS.

Yeah. She cusses at me. I can’t tell Mr. Gonzalez because he says he doesn’t want to hear about it. I haven’t told him yet.

YOU HAVEN’T TOLD HIM ABOUT HER GETTING REALLLY MAD AND SAYING BAD WORDS TO YOU?
But I will if she does it again. I’m going to give her another chance.

WHY DO YOU THINK SHE GOT SO MAD?
Because she likes to follow me around.

SO YOU DON’T WANT HER TO FOLLOW YOU AROUND BECAUSE SHE WOULD BE ALONE?
Huh?

IF SHE DOESN’T FOLLOW YOU, WILL SHE BE BY HERSELF, ALONE?
She says if we fight she will find another friend. So find another friend. I don’t care. I have other friends.

SO IT SOUNDS LIKE...
I’m not going to tell her because I want to give her another chance.

THAT SOUNDS LIKE A GOOD IDEA. IT SOUNDS LIKE SHE LIKES YOU IF SHE WANTS TO ALWAYS FOLLOW YOU.
Yeah, but it gets on my nerves.

SHE FOLLOWS YOU TOO MUCH?
Yes.

SO YOU THINK MAYBE MR. GONZALEZ COULD HELP YOU MORE WITH THAT?
No, he won’t.

HE WANTS YOU TO TRY AND SOLVE IT YOURSELF?
Yeah.

WHAT ABOUT IN THE CLASSROOM. WHEN YOU ARE IN THE CLASSROOM, WHAT IS THAT CLASSROOM LIKE? IS IT GOOD IN THE CLASSROOM? DO YOU FEEL LIKE YOU’RE LEARNING ANY SCHOOL WORK?

Yeah. Like horses are sea animals. And directions, like South, East and West.

SO HE’S TEACHING YOU ABOUT THAT?

Yeah. I forget about it because I have a short-term memory.

SO YOU HAVE TO KEEP PRACTICING IT TO REMEMBER IT?

Yeah.

SO DOES HE GIVE YOU LOTS OF PRACTICE?

No.

WHAT ABOUT THE TEACHER’S AIDE? I DON’T KNOW HIS NAME. THE OTHER TEACHER IN THERE THAT HELPS. WHAT IS HE LIKE? DOES HE HELP YOU?

Does he help me?

YES, DOES HE HELP YOU?

Yeah. He helps me.

WHAT KIND OF HELP DO YOU LIKE TO GET FROM TEACHERS?

Like if I’m having a problem with somebody and I want help.

PROBLEM WITH ANOTHER STUDENT? SO WHAT ELSE WERE WE THINKING ABOUT. DO YOU THINK THAT…LET’S SEE. ARE THERE THINGS THAT CAUSE YOU PROBLEMS AT SCHOOL? SPECIAL THINGS THAT YOU NEED HELP WITH? YOU MENTIONED FRIENDS. YOU NEED HELP SOME TIMES WITH THAT, RIGHT? FRIENDS THAT BUG YOU AND FOLLOW YOU TOO MUCH. AND WHAT ABOUT SCHOOL WORK?

She follows me around.

YOU TOLD ME YOU WANTED HELP FROM THE TEACHER SOME TIMES WHEN YOUR FRIEND FOLLOWS YOU TOO MUCH, RIGHT?

Yeah. Because she follows me around way too much.

DO YOU WANT THE TEACHER TO HELP YOU WITH YOUR SCHOOL WORK TOO?

Yes.

DO THEY DO A GOOD JOB HELPING YOU?

Yeah.
SO THEY DO GOOD HELPING WITH THAT? EXPLAINING YOUR SCHOOL WORK. HE DOESN'T NEED TO DO THAT BETTER? HE DOES THAT GOOD? WHAT ABOUT…I HEARD YOU ARE GOING TO THE REGULAR, BIG P.E. CLASS NOW. THAT YOU JUST WENT FOR THE FIRST TIME.

This isn’t the first time. We’ve been going.

TO THE REGULAR, BIG P.E. CLASS?

Yeah.

SO YOU'VE GONE MORE THAN ONE TIME? SO WHAT WAS THAT LIKE?

Different.

BETTER OR WORSE?

Better.

BETTER. WHAT'S GOOD ABOUT IT?

Different people interacting.

NEW PEOPLE?

Yeah.

THAT YOU DIDN'T KNOW. SO DID YOU TALK TO ANY OF THEM OR DID YOU DO SOME SPORTS?

I tried to play basketball, but there was too many people playing basketball that I can’t play with because they are always playing and they’re too busy.

SO THEY ARE TOO BUSY PLAYING BASKETBALL AND YOU DON'T GET A TURN?

Yeah.

SO WHAT DID YOU DO?

I just played it. I just didn’t play it.

YOU DIDN'T PLAY IT? DO YOU JUST STAND AT THE SIDE OF THE BASKETBALL COURT?

Yeah.

AND WATCH?

Yeah.

SO YOU HAVE A DIFFERENT TEACHER IN THERE?

Yep.

MR. GONZALEZ DOESN'T STAY THERE WITH YOU, RIGHT?
For a little while. Then he leaves me and Maria, the one that follows me everywhere. I tell her I'll be right back, she follows me to the restroom, she follows me to the gym, she follows me to the other gym, she follows me to the...she follows me...she just follows me.

SHE'S NOT SUPPOSE TO GO THE SAME PLACE YOU GO?

Well, she follows...if I'm going to the...if we're free to go anywhere we want, she follows me. If I want to go to one gym, she follows me there. If I want to go to the other gym, she follows me there. If I want to go to the restroom and I say, "I'll be right back." She follows me there. Errrrrrrrrrrrr. I can't take it. I just want to get her neck and wring it, rip her head off and just throw it.

DID THIS HAPPEN TODAY?

Yes! It's been happening all week. Last week too.

AND WHEN YOU TOLD HER NOT TO FOLLOW YOU, WHAT DID SHE DO?

No, I haven't been telling her because I don't want to tell her.

OH, YOU HAVEN'T TOLD HER YET NOT TO FOLLOW YOU.

I don't want to get her mad at me.

YOU THINK SHE MIGHT GET MAD?

Yeah. If I go to one gym, she goes to that gym. If I go to this gym, she...ohhhhhh.

AND THAT'S WHAT YOU WERE GOING TO TELL MR. GONZALEZ, BUT YOU'RE GOING TO TRY AND GIVE HER ONE MORE CHANCE? YOU'RE GOING TO TRY AND TALK TO HER ABOUT IT?

If I talk to her she will cuss at me.

YOU THINK SO?

Yeah. She needs to stop following me. It's getting on my nerves! I hate it when people follow me. Whenever I'm in a good mood...but not too much. She follows me way too much.

DO OTHER PEOPLE FOLLOW YOU?

Boys can follow me. (laughing)

YOU LIKE THAT?

Yeah, I like that. (laughing)

SO DO THEY FOLLOW YOU AROUND THE SCHOOL?

Some of them.

SOME TIMES?

Yeah. A guy I want today, wanted to know on the way back from getting the Coke, one of them did. And I said, "Hey, what are you doing?" He said, "I'm just playing."

FOLLOWING YOU AND THEN HE SAID HE WAS JUST PLAYING? DID YOU KNOW HIM?
No. He was just playing with me. I liked that. (laughing)

THIS IS A PRETTY BIG SCHOOL. DO YOU LIKE IT HERE AT THE SCHOOL?

Yeah. My ex called me yesterday and wants to meet with me. I think he wants to get back together.

WHERE DOES HE GO TO SCHOOL?

Notre Dame. My other school. I think he wants to get back together.

SO HE CALLED YOU ON THE PHONE?

He said, "Where do you want to meet after school?" And I told him my school’s not over until four, and the school that I use to go to is over at 3:00.

SO WHAT PLAN DID YOU MAKE WITH HIM?

I don’t know.

DIDN’T REALLY MAKE A PLAN YET? YOU JUST TOLD HIM WHEN YOUR SCHOOL IS OUT?

Yeah. I told him that he’d have to go through metal detectors and all that stuff.

DOES HE LIVE FAR AWAY FROM HERE?

Yeah. I know his phone number and everything. But I can’t tell you. You might try to call him.

I DON’T THINK SO. HOW OLD IS HE?

He’s 19.

AND HE GOES TO NOTERDAME?

Yeah.

DOES YOUR MOM KNOW HIM?

He calls the house.

SO SHE KNOWS WHO IS IT WHEN HE CALLS?

Yeah. “It’s Brett.” And I’m like, “Yea!!!!”

SO YOU TALKED TO HIM LAST NIGHT?

He called and I was so excited. My Dad is like, “Oh great, it’s Brett.” I go so excited because I love Brett. I think that I love Brett.

DOES HE COME OVER TO YOUR HOUSE?

No, he’s never come over to my house before and I’ve never gone over to his either.

YOU JUST SAW HIM AT SCHOOL? SO YOU HAVEN’T SEEN HIM SINCE YOU LEFT THAT SCHOOL AND CAME TO THIS SCHOOL, RIGHT? JUST TALKED TO HIM ON THE PHONE? DO YOU TALK TO HIM ON THE INTERNET? OR EMAIL TOO?
We’ve emailed.

YOU HAVE.

Yeah. Until my email got ruined.

DOES IT WORK NOW?

No.

YOUR MOM SAID YOU HAD A COMPUTER AND YOU HAD EMAIL AND YOU USED IT TO TALK TO YOUR FRIENDS.

Do I still have it, did she say?

SHE DIDN’T TELL ME. SHE JUST SAID YOU HAD IT AND USED IT. BUT I DIDN’T KNOW IT WASN’T WORKING NOW. IT’S NOT WORKING RIGHT NOW? SO NOW YOU CAN JUST TALK ON THE PHONE?

He called me last night. He called me around 7:30.

IT WAS 7:30 YOU SAID? SO THAT WAS PRETTY FUN FOR YOU?

It’s the best time.

SO HE’S A NICE BOY?

Yeah. We talked and talked and talked and talked and talked.

OH. THAT’S GOOD.

He said he wants to meet. I wonder where he wants to meet. He better call me again. Are you going to come over our house tonight?

NO. I’M GOING TO WAIT UNTIL YOUR MOM CALLS ME OR EMAILS ME TO TELL ME WHEN. SHE DIDN’T CALL ME BACK YET, OR EMAILED ME BACK TO TELL ME WHEN TO COME. SHE MIGHT BE TRYING TO FIND A TIME WHEN YOUR GRANDMA CAN COME TO?

My Grandma is coming too?

I THINK SO, IF SHE CAN. YOUR MOM SAID SHE WANTED HER TO.

Did my Mom tell you anything about the Denton group home?

NO. TELL ME ABOUT THAT?

I might be going to the Denton group home or Lewisville.

OKAY. SO THERE’S ONE IN DENTON AND ONE IN LEWISVILLE THAT YOU CAN GO VISIT? SO YOUR MOM IS CHECKING ABOUT IT NOW? YOU DON’T KNOW ANYTHING ABOUT THOSE TWO, RIGHT? YOU NEVER SAW THEM? SO ARE YOU GOING TO VISIT THEM?

Yeah. Because I want to go visit them and see if I like them.

WHAT DO YOU THINK YOU NEED TO HELP YOU HAVE A GOOD LIFE?
Boys! No, I’m just kidding. I already have those. (laughter)

PLEN T Y OF THOSE, RIGHT?

Yeah. Plenty of fish in the sea. Is that a badge?

YES. EVERYONE WEARS THAT, DON’T THEY, AT THE SCHOOL?

Yeah. I don’t think I’ll be here next year. Did my Mom tell you that?

WELL, IF YOU WENT TO THE GROUP HOME YOU WOULD BE IN A DIFFERENT TOWN, SO THEN YOU WOULDN’T COME HERE TO SCHOOL.

I’d be in a different town. See what grade I’m in right there?

11th. SO YOU WILL PROBABLY FINISH THIS SCHOOL YEAR OUT, RIGHT?

Yeah.

AND FINISH THIS SCHOOL WORK?

Yeah. And then I’ll be going to other town’s school. The group home will probably let me go to their school.

TO THE SCHOOL THAT’S CLOSE TO THAT GROUP HOME, RIGHT? SO THAT SOUNDS FUN TO YOU, RIGHT? EXCITING?

Yes.

DO YOU HAVE TO DOchores WHEN YOU LIVE IN A GROUP HOME BECAUSE YOU ALL HAVE TO HELP?

Yeah. They assign you chores. I know what it’s like in a group home now. They assign you chores.

LIKE DOING DISHES AND…”

Dishes, trash, or mopping, sweeping. All sorts of stuff. Or cooking sometimes. They have you cooking. Cleaning up. Taking the chairs and putting them up so that can sweep. Sweeping. Cleaning the windows. You know, all that kind of stuff.

SO DO YOU ALREADYDO SOME OF THOSE THINGS AT YOUR OWN HOUSE?

Yeah.

SOME CHORES. SO YOU ARE KIND OF USE TO…YOU KNOW HOW TO DO THOSE THINGS?

Yes. I use to mow the lawn, but I don’t do that any more. I had to quit because I got too exhausted too easy.

IN THE HOT SUMMER?

Yeah. So we got somebody to do it.

SO YOU HIRE A LAWN PERSON NOW?

Yeah.
SO DO YOU DO OTHER CHORES LIKE CLEAN YOUR ROOM, OR DISHES?

My room is clean right now. My room is clean.

THAT'S GOOD.

It's not dirty. I go to art today.

YES. THEY TOLD ME TO MAKE SURE NOT TO LET YOU MISS ART BECAUSE YOU REALLY LIKE IT. I HEARD THAT THE TEACHER IS VERY GOOD. IS THAT TRUE?

Yes.

WHAT DO YOU THINK IS GOOD ABOUT THAT TEACHER? HOW DOES THAT TEACHER HELP YOU?

In art class?

YES, IN ART?

He helps me draw really good.

WHAT DOES HE DO THAT HELPS YOU?

Helps me make pictures and do big things.

WHAT KIND OF A PERSON IS HE?

An art teacher.

BUT I MEAN HOW DOES HE ACT?

He acts more... no one is going to hear the tape, right?

NO ONE IS GOING TO HEAR IT BUT ME. NOBODY. AND THEN AFTERWARDS I THROW IT AWAY. I JUST TAKE IT HOME AND I LISTEN TO IT AGAIN AND I WRITE STUFF DOWN, THEN I ERASE THE STUFF AFTERWARDS.

So you tape over it.

YEAH, PROBABLY. I WILL ERASE IT AND THEN I CAN USE THE TAPE FOR SOMEONE ELSE. BUT I WON'T KEEP IT AND NO ONE ELSE WILL LISTEN TO IT BUT ME. I JUST TAPE IT BECAUSE, LIKE IT SAID BEFORE, BECAUSE I FORGET THINGS. THEN WHEN I GET HOME AND I WANT TO WRITE MY REPORT... THAT'S PRETTY COOL HAIR, ISN'T IT? THAT WOULD TAKE A LONG TIME.

I use to have hair like that. I use to do my hair like that.

WITH THE MILLION BRAIDS?

Yeah.

THAT WOULD TAKE SO LONG.

For my hair, yeah. I had long hair.
BUT THEN YOU CAN KEEP IT IN FOR MORE THAN ONE DAY, CAN'T YOU? YOU CAN SLEEP WITH IT LIKE THAT?

Yes, I slept with it like that.

AND THE NEXT DAY IT STILL LOOKS GOOD?

Oh, the other chore that we have is vacuuming.

OH, OKAY. AT YOUR HOUSE OR AT THE GROUP HOME?

At the group home. We did vacuuming. We had phone time too. We had 20 minutes to talk.

SO THEY HAVE LIKE A SCHEDULE?

20 to 40 minutes.

DO THOSE RULES SOUND GOOD TO YOU?

Yeah.

LIKE THAT WOULD BE HELPFUL? YOU KIND OF LIKE TO KNOW WHAT IS GOING TO HAPPEN, DON'T YOU?

Yeah.

LIKE A SCHEDULE HELPS? LET'S SEE, YOU WERE GOING TO TELL ME ABOUT THE ART TEACHER THAT YOU THOUGHT HE WAS A GOOD TEACHER. WHAT KIND OF PERSON HE WAS. HE WAS AN ART TEACHER, BUT HOW DOES HE ACT?

Funny. If he hears music that he likes, he dances.

SO HE'S GOT A GOOD SENSE OF HUMOR?

Yeah.

IS THAT ONE OF YOUR FAVORITE CLASSES TO GO TO?

Yeah. And gym too.

YOU LIKE TO GO TO THE GYM?

I like to sit in gym and watch people play basketball.

YOU LIKE TO SIT AND WATCH THEM?

Yeah.

BUT NOT DO IT YOURSELF?

No.

DO THEY LET YOU…?

Sometimes I play basketball. I've been wanting to play basketball lately.
YOU HAVE BEEN WANTING TO?
Yeah. But then they play with balls and that goal over the gym, and then I can’t play.

BECAUSE THERE’S NO ROOM?
No, because they hit me.

ON PURPOSE?
No, on accident.

BECAUSE THERE ARE SO MANY BALLS BOUNCING EVERYWHERE?
Yeah.

AND THEY HIT YOU?
Almost hit me.

THEY ALMOST HIT YOU? SO YOU’RE WORRIED THEY ARE GOING TO HIT YOU?
Yeah.

DO THEY HIT OTHER STUDENTS?
Yeah, on the boodie.

SOUNDS LIKE ITS KIND OF WILD IN THERE.
They do it on purpose too. (laughing) It’s funny.

TO BOUNCE IT OFF SOMEONE?
Yeah.

SO SOUNDS LIKE THERE IS A LOT OF STUDENTS IN THERE AT ONE TIME AND A LOT OF BALLS BOUNCING ALL AROUND?
Yeah. They do it on purpose and hit them in the boodie. Then they have Jessie running across the room and he looks like a penguin wobbling across the room.

SO YOU LIKE TO BE IN THERE WHEN YOU CAN WATCH?
Yeah, it’s entertaining.

YOU JUST STAY THERE THE WHOLE TIME AND SIT AND WATCH?
Yeah. It’s very entertaining. Sometimes they get hit in the head. Right on top of the head.

WELL, I GUESS WE BETTER GO BECAUSE YOU HAVE TO GO BACK TO YOUR CLASS FOR A LITTLE WHILE, AND THEN ART STARTS AT 2:00, DOESN’T IT?
No, art…I don’t go to art until 3:00 because I have to wait until they get done with all their writing in the journals and all that stuff.
DO YOU HAVE TO DO THAT TOO? (No answer) (tape turned off and back on) TELL ME ABOUT WHEN YOU FIRST WENT TO THAT PSYCHIATRIC HOSPITAL. THE FIRST TIME. I THINK YOUR MOM TOOK YOU.

Green Oaks.

YEAH. I THINK THAT’S THE NAME. WHY DID YOU GO THERE?

I had sex with a 39 year old man.

AND THAT WAS THE REASON YOU WENT THERE?

Then I met a guy on the Internet.

THAT WAS THE ONE YOU MET, OR YOU MET A DIFFERENT MAN?

A different man.

AFTER YOU WENT TO GREENOAKS OR BEFORE?

No, before.

SO YOU MET A MAN ON THE INTERNET...

Almost.

YOU ALMOST MET HIM?

He came to the house while I was at a job interview.

OH. YOU TOLD HIM WHERE YOU LIVED?

Yeah. And my Mom met him.

SO YOU MET HIM ON THE INTERNET, LIKE IN A CHAT ROOM?

Yes.

AND YOU TOLD HIM YOUR ADDRESS AND TO COME OVER TO YOUR HOUSE, AND THEN HE CAME WHILE YOU WERE AT WORK?

Yeah.

AND SO WHAT DID YOU MOM SAY ABOUT THAT?

She took me to the psychiatric hospital after that.

AND YOU ALSO HAD SEX WITH A 39 YEAR OLD MAN?

Yes.

IT WAS A DIFFERENT PERSON?

Yeah. August the 5th was when I met that man. August 4th was when I had sex with a man.
YOU MET HIM ON THE 5TH?

Almost. Because almost.

IT WAS ALMOST AUGUST 5TH. SO IT WAS AUGUST 4TH?

August 4th is when I had sex.

WITH THAT MAN?

Yeah.

AND THEN WHEN DID YOU MEET HIM?

When did I meet the guy I had sex with? I had met him on a phone chat line. There’s a chat line that you can get on. You request personals, and I met him through there.

BUT THAT’S DIFFERENT MAN FROM THE ONE WHO CAME TO THE DOOR?

He’s 39. Now he’s 40. He probably had a birthday.

SO IF YOU MET HIM ON THE INTERNET, HOW DID YOU MEET HIM IN PERSON? HOW DID YOU FIND OUT WHERE HE WAS?

He came to the house when my Mom and Dad wasn’t there.

OH. SO HE CAME TO THE HOUSE WHEN YOUR MOM AND DAD WASN’T THERE. AND HE WAS 39 AND YOU HAD SEX WITH HIM AND YOU MET HIM ON THE INTERNET? THE CHAT LINE. BUT THEN YOUR PARENTS FOUND OUT?

Yeah.

AND THEN ANOTHER DAY YOU INVITED ANOTHER MAN TO COME OVER THAT YOU MET ON THE INTERNET? SO AFTER YOU DID THOSE TWO THINGS, YOUR MOM TOOK YOU TO GREENOAKS?

Yeah, she took me to Green Oaks on August 6th.

WHY DO YOU THINK SHE TOOK YOU THERE?

Because I did all that sex and stuff. She found out about it.

WAS SHE WORRIED ABOUT THAT?

Yeah. She thought I was pregnant and stuff because she found out about the sex and stuff.

DID SHE TALK TO YOU ABOUT IT?

My Dad said…except he calls it “fucked.” That’s what he calls it. He said, “Did you get fucked and stuff.” That’s what he calls it.

WAS HE UPSET?

Yeah he was! He slapped my head against a wall.

ABOUT THAT?
Yeah. He slapped my head against a wall.

HE WAS SO UPSET?

Yeah. He kicked me. He kicked me. He slammed my head against the wall. He grabbed my neck. We already took care of that. Child Protective Services already took care of that, so you don’t have to report it. Child Protective Services already took care of that.

RIGHT. AND THAT WAS WHEN HE WAS SO WORRIED BECAUSE YOU HAD THAT MAN COME IN YOUR HOUSE, RIGHT?

Don’t tell him I told you that. Don’t tell her okay?

ABOUT THE MAN THAT CAME TO YOUR HOUSE?

No, I mean that I told you what my Dad it.

I THOUGHT SHE ALREADY KNEW THAT, DIDN’T SHE?

Yeah. But don’t tell her that I told you.

OH, OKAY. BUT SHE ALREADY KNEW ABOUT IT?

Yeah.

RIGHT. WHY DON’T YOU WANT HER TO KNOW YOU TOLD ME?

Because I wasn’t suppose to tell any body. Why do they keep coming in and out of here?

THAT’S OKAY. BECAUSE SHE WAS TOO EMBARRASSED, YOU THINK?

Yeah.

I THINK IT’S OKAY TO TELL ME THOUGH BECAUSE I ALREADY TALKED TO YOU MOM ABOUT IT?

She told you about what my Dad did?

YES. SHE TOLD ME ABOUT ALL KINDS OF THINGS BECAUSE SHE WAS TELLING ME EVERYTHING SO I COULD UNDERSTAND BETTER.

She told you that he abused me?

WELL, NO. SHE JUST SAID THAT HE WAS SO UPSET. SHE TOLD ME ABOUT THAT AND THE CHILD PROTECTIVE SERVICES CAME BECAUSE YOUR DAD WAS SO UPSET BECAUSE HE WAS SO AFRAID THAT YOU WERE GOING TO GET HURT BY ONE OF THESE STRANGERS THAT YOU INVITED OVER. SOMETIMES GROWN UP ACT LIKE THAT WHEN THEY ARE VERY SCARED FOR THEIR CHILD.

Yeah, but you don’t kick the person.

WAS HE WORRIED THAT HE COULDN’T MAKE YOU OBEY? HE DIDN’T KNOW HOW TO MAKE YOU OBEY.

Yeah, but you don’t kick the person.
WHAT CAN HE DO TO MAKE YOU OBEY?

Yell at me.

DO YOU THINK THAT WOULD WORK?

Yeah. Yell at me. That gets my attention.

SO IF HE YELLED AT YOU, YOU WOULD NEVER HAVE SEX WITH ANY OF THESE BOYS AGAIN?

Yeah.

SO THAT’S WHAT HE SHOULD DO, RIGHT?

Yeah. It gets my attention. Not kicking me.

SO WHAT DID THEY DO AT THE HOSPITAL FOR YOU?

I was in there for eight weeks. I was in there for two weeks, and then I went to Texas (inaudible) rehab center. I was in there for a month. And then I went to Terrell about a month later. Then I was in Terrell for two months.

AND THAT WAS ALL IN A ROW? ONE AFTER THE OTHER?

No, I was out of the rehab center for about a month, and then I went to Terrell and I stayed there for two months.

YOU CAME HOME IN BETWEEN FOR A SHORT WHILE?

Yeah.

AND SO BEFORE YOU TOOK THE MEDICINE THAT THEY GAVE YOU, DID YOU EVER HEAR ANY SOUNDS OR VOICES OR ANY NOISES THAT WEREN’T REALLY THERE…THAT YOU FOUND OUT WEREN’T REALLY THERE AFTERWARDS OR THAT YOU DIDN’T KNOW WHERE THEY WERE COMING FROM? LIKE DID YOU HEAR ANYBODY TALKING TO YOU, BUT WHEN YOU LOOKED AROUND THERE WASN’T ANYBODY THERE? DID THAT EVER HAPPEN, OR NOT?

(Long pause) Not.

IT NEVER HAPPENED?

Are we going to gym today?

NOPE. IT’S ART, ISN’T IT?

I mean gym. Are we going to gym again?

NO.

Because I think we’re going to go to gym again.

TWO TIMES IN ONE DAY?

Sometimes we do that.

OH. HE ONLY TOLD ME ABOUT ART.
I'll go ask him.

WELL, WE'RE GOING TO LEAVE IN LIKE TWO MINUTES. WE'LL LEAVE AND GO BACK, OKAY? SO DID YOU EVER SEE ANYTHING, LIKE HAVE DREAMS THAT WERE KIND OF SCARY OR WEIRD? ANY DREAMS THAT SEEMED LIKE DREAMS, BUT YOU WERE ALREADY AWAKE?

Not that I can think of.

I'VE HAD SOME DREAMS THAT WERE SCARY BEFORE.

I probably did, but I can't remember.

YOU CAN'T REMEMBER ANY RIGHT NOW. WHAT DOES THE MEDICINE DO FOR YOU? HOW DOES IT HELP YOU? DO YOU THINK IT HELPS YOU?

Yeah.

DO YOU KNOW HOW IT HELPS YOU? WHAT DOES IT DO FOR YOU THAT MAKES IT...IF YOU DON'T TAKE THE MEDICINE, WHAT HAPPENS?

I've gone without my medicine before. Nothing happens.

NOTHING HAPPENS? DO YOU THINK THE MEDICINES DO ANYTHING?

No.

BUT YOUR MOM THINKS IT DOES?

She thinks something will happen, but I don't think anything will happen.

DO YOU REMEMBER ANY OF THE STUFF THAT HAPPENED BEFORE YOU TOOK MEDICINE, THAT WASN'T GOOD?

No. I can't understand you.

BEFORE YOU TOOK MEDICINE, DID ANY BAD THINGS HAPPEN?

I cut myself with a razor.

BEFORE YOU TOOK MEDICINE?

Yeah.

THAT SOUNDS BAD. WHY DID YOU DO THAT?

I got crazy.

AND CUT YOURSELF WITH A RAZOR, HUH?

Yeah. On an accident.

DO YOU THINK THE MEDICINE HELPS YOU NOT TO...?

On my arm.
DOES THE MEDICINE HELP YOU NOT DO THAT?

Maybe.

NOT HURT YOURSELF? IT MIGHT HELP THAT, RIGHT? (End of tape)
HAVE YOU HAD A LOT OF TIME WORKING WITH C?

No. No. I think maybe two months. Two and a half months of working with her.

AND SHE DOESN’T SEE A LOT OF DIFFERENT TEACHERS. THERE’S ART…HOW DOES SHE GET ALONG IN THAT SITUATION WITH ANOTHER TEACHER?

Well, I don’t know how she would get along with Dan Malone because I’m there and I guess I’m her safety net because she looks to me if anything should happen. But I don’t know how she would react if she…if I just put her in a classroom without me being in there. I’ve never done that. And I think that maybe it would be too stressful for her. Especially not knowing the person. Well, I take that back because there was one incident in which last week we went to multiple careers. I had to leave the classroom and left her in that situation. And C was in this hospitality cluster, and her teacher came back and said that C was not responding to directions. And what they were doing was folding napkins in designs and making fans, and C got easily frustrated at this task and began to cry. And I talked to her and said, “C, what’s wrong?” “I can’t do it. I’m trying to and Lake doesn’t like me.” “She doesn’t understand that you just need more time. Let’s go back in there together and lets do it together.” So I know that when it comes to new situations, meeting new people, new teachers, that she immediately, if there’s a problem and she can’t do a task, she immediately thinks that the person doesn’t like her. Immediately she’ll put her friends in front of her and go like this, and go like that, and say, “I can’t do it.”

SO SHE EXPECTS YOU TO RESCUE HER AND THEN YOU ENCOURAGE HER TO GO BACK AND TRY AGAIN AND GIVE HER YOUR SUPPORT?

Yes. And I’ll really stand over her shoulder and we’ll fold the napkin together. And then she’ll immediately look at hers and look at everyone else’s. “But it’s not the same. It’s ruined. It’s not the same.”

YOU SAID A LITTLE BIT IN THE COMMUNITY WAS SOMETHING ABOUT BEHAVIORS SHE MIGHT THINK MIGHT HINDER HER IN THE COMMUNITY. YOU SAID YOU’VE GONE OUT AND DONE A LITTLE BIT OF SPECIAL WORK, KIND OF A PRACTICE JOB AT WAL-MART?

Yes, at Wal-Mart. Yesterday and today.

SHE LEARNS HOW TO WORK AT A JOB?

Yeah. What we do is we get merchandise in Phase 4 and make it presentable to the customer. And C seems to…We’ll give her a display and we’ll ask her to organize this, put the hand lotion on the left, put the soaps on the right, and they’re all Oil Of Olay products. And as soon as there…if there’s another product, like Head & Shoulder’s product in that group, she’ll immediately respond, “Mr. Gonzalez, this doesn’t belong here. This just doesn’t belong here.” Okay, if it doesn’t belong here, what do we usually do?” “Put it in the basket.” “Okay, should we do that then?” “Yeah.” Then she’ll put it in the basket and go back to a task. The same thing will happen again and she’ll ask, “This is in here but the caps off and it’s broken. What do I do with it?” “Well, what do we usually do with it C?” “Well, we put it in the basket.” She’ll put it in the basket and the same thing will happen again. That’s an example that happened today.

WHAT DO YOU THINK? IT’S ALMOST LIKE SHE BECOMES STRESSED OR FRIGHTENED BY THE THINGS THAT ARE WRONG THERE?

Yes. Yes.

LIKE IT’S SHOCKING HER THAT THINGS AREN’T WHERE THEY’RE SUPPOSE TO BE?
Correct. And I don’t know what a day is good for her. She has compulsive disorder, and that’s mainly what I thought. Everything is so organized. For her, it has to be in there.

BUT EVEN…NOT JUST THE SOAPS. SHE CAN ORGANIZE IT, BUT THAT IT’S SUPPOSED TO BE ORGANIZED BEFORE SHE CAN GET THERE.

Right.

BECAUSE SHE REALLY LIKE TO ORGANIZE THINGS AND SHE GETS THE SATISFACTION AFTER YOU GUIDE HER AND SAY, “WELL, WHAT SHOULD YOU DO WITH THAT,” DOES SHE SEEM RELIEVED WITH BEING ABLE TO ORGANIZE IT FINALLY, OR DOES SHE STILL SEEM FRUSTRATED?

Let me think. I don’t recall her getting any emotional satisfaction of saying that “Okay, nice job.” I haven’t caught her saying that.

SHE’S JUST A LITTLE BIT LESS STRESSED?

Yes.

NOT ACTUALLY PLEASED?

Yes.

AND HAVE YOU FOUND ANYTHING THAT IS A GOOD REWARD FOR HER THAT SHE GETS PLEASURE FROM?

No. I just don’t see that she wants to go beyond the call of duty for a response or reward, or getting something. No, she… I can’t recall anything that she does that she finds true pleasure in. No, I can’t think of anything.

WOULD THAT BE A PROBLEM IN THE CLASSROOM? OR SOCIAL COMMUNITY, LIFE, AND NOT FINDING PLEASURE OR SATISFACTION?

Yeah. That would be a problem. Again, I haven’t found something that she asks about every day. Well she does ask about gym time. “Do we need to go now?” I mean she’ll obsess about going to gym at a certain time, but I don’t see her having any true pleasure in it.

ABOUT BEING ON TIME FOR THE ACTIVITY. IT’S MORE OF A SCHEDULING?

Yes.

SECURITY SHE FEELS FROM SCHEDULING?

Yes, absolutely.

SO THAT WOULD KIND OF LEAD INTO PARTS OF HER DARK BEHAVIOR OR IT’S SOMETHING THAT MIGHT AFFECT HER AT WORK. I KNOW SHE HAD A JOB BEFORE AT TACO BELL. BUT SHE DOESN’T HAVE ONE RIGHT NOW.

Correct.

WHAT BEHAVIORS OR SOMETHING YOU SEE THAT WOULD MAKE IT DIFFICULT TO GET A JOB?
It’s dealing with people. If anyone came up to her very… was curt about something or just very crass about something, she would get flustered and then begin to shut down. Dealing with people, that would be difficult for her. I see her doing something not as stressful, not dealing with as many people. She keeps to herself. She does well on zoning merchandise, ordering more merchandise. There’s nothing in interacting with people on a day-to-day basis because if she meets a customer that is rude to her, then she’ll just shut down and cry.

WHAT DO YOU THINK SHE’D BE GOOD AT… LIKE ORDERING MERCHANDISE. WOULD THAT BE FILLING OUT LIKE A PURCHASE ORDER OR…?

No, it would be taking merchandise that is returned and placing it back on the shelf.

OKAY, WE’RE ORGANIZING IT. THE ACTUAL OBJECT.

Yes.

ON THE SHELF AT THE STORES.

And if it’s too unorganized, she gets overwhelmed and begins to stress about that.

I THOUGHT YOU MEANT ORDERING, YOU KNOW, LIKE PURCHASING. BUT ORDERING… GETTING IT IN ORDER. THAT’S WHAT YOU MEANT, RIGHT? HAVE YOU HEARD HER TALK ABOUT ANYTHING… I KNOW THAT SHE’S BEEN INVOLVED WITH THE LAW?

Mischievous behavior?

ANYTHING THAT THE POLICE WOULD HAVE TO BE INVOLVED ABOUT.

No, I haven’t seen her or haven’t heard of her saying anything about that.

AND ARE YOU AWARE OF ANY DRUGS THAT SHE HAD TAKEN IN THE PAST? ILLEGAL DRUGS?

No, I don’t know of any.

I GOT THE PRESCRIPTION DRUGS FROM HER MOTHER AND THE AMOUNTS AND EVERYTHING. THAT’S PRETTY INTERESTING. THEY DID THINGS LIKE ZYPREXA TWO MONTHS AGO, WHICH IS ABOUT THE TIME SHE CAME HERE. THEY SAW SOME IMPROVEMENTS IN HER. IT WOULD HAVE A LOT TO DO WITH HOW YOU’RE WORKING WITH HER. I KNOW THE MOTHER IS VERY IMPRESSED WITH WHAT YOU’RE DOING WITH HER. THEY KEPT RAISING THE ZYPREXA, AND SHE SAID SHE STOPPED HAVING THE HALLUCINATIONS AND THAT VOICES HAD STOPPED.

She had mentioned to me about voices. I guess it was two weeks ago.

SOMETIMES IT’S REAL HARD TO TELL IF SHE’S REALLY HEARING THEM, OR IS SHE JUST SAYING THAT, OR WHAT IS SHE REALLY EXPERIENCING?

She expressed to me “Oh, I hear voices.”

DID SHE ELABORATE ON WHAT THEY WERE SAYING, OR CAUSING HER PROBLEMS?

No. I had asked her and she said, “I don’t know. I just hear something.”

BUT SHE DIDN’T ACTUALLY SAY THEY WERE TELLING HER TO DO SOMETHING, SHE JUST THINKS SHE’S HEARING SOMEONE ELSE TALKING IN THE BACKGROUND?
She doesn’t think. She said, “I do hear…I hear someone talking.” I mean, she has an amazing range of hearing. When I spoke to you yesterday she was on the sofa. She will…she was really upset and she'll immediately ask, “Are you talking about me?”

SHE CUES INTO THAT RIGHT AWAY.

Yes. Immediately. She wants to know who called. “Did they call about me?” That’s her immediate response.

INTERESTING. AND DOES SHE SAY ANYTHING ABOUT SEXUAL THOUGHTS OR ACTIVITIES, IRRESPONSIBLE CHOICES? ANY OF THAT?

No.

INAPPROPRIATE JOKES OR COMMENTS?

Oh, she hasn’t made any of those.

AND HAVE YOU HEARD ANY VERY ODD BEHAVIORS…OBVIOUSLY YOU’RE DEALING WITH ALL KINDS OF BEHAVIORS HERE, BUT THINGS THAT ARE VERY ODD. LIKE SESSIONS WITH PARENTS, OR…

Yes. Well, like her own personal…Constantly, “I have a cold. I’m sneezing today. I think I’m sick.” Or “I coughed all day yesterday. Why do I keep sneezing? Is it allergies or do you think it’s a cold? You know, it could be allergies.” I try to comfort her, but then I go, “If you sneeze, is you mucus a different color?” I ask her just in case because she might definitely be sick. She does, like every day after lunch she helps by brushing her teeth. “I need to brush my teeth now, it’s after lunch. I have to go do that now Mr. Gonzalez.” I’m like, “Sure, go ahead.” She does that every day. For some reason it’s…if she comes to school without brushing her teeth, she’ll ask if she can go brush her teeth.

AND THAT’S PART OF YOUR PROGRAM TO ALWAYS SAY TO GO BRUSH YOUR TEETH?

Yes. But she is just…she asks about it before it is even time. She wants to know if her teeth are clean.

THAT’S INTERESTING. HER MOTHER MENTIONED LAST NIGHT THAT UP UNTIL SHE WAS ADMITTED, SHE COULDN’T GET HER TO BRUSH HER TEETH, OR BATH, OR WASH HER HAIR, OR TAKE CARE OF HER PERSONAL HYGIENE. AND THAT SOMETHING SHE DOES WITH YOU SHE DOESN’T DO AT HOME. YOU HAVE A PROGRAM WHERE YOU HAVE THEM ALL GO BRUSH THEIR TEETH AND YOU TALK ABOUT THOSE THINGS.

Yeah. I think the biggest thing is like we’ll take some time out to organize her room. On Friday’s we’ll get together and help her clean up her room. We’ll straighten up my desk, and we’ll straighten their desks. I’ll file their papers away in their portfolio and then everyone is involved and moving around and then it’s the end of the day and time for us to go. And she’s really, “I forgot to do this. I need to put this away. Can I file this Mr. Gonzalez?”

AND SHE’S HELPING AND HAS SOME OWNERSHIP OF THE CLASSROOMS AND TAKE PRIDE IN IT. SHE’S GETTING THINGS ORGANIZED AND MAKING A NICE PLACE FOR THE WHOLE GROUP. IT SOUNDS LIKE SHE’S RESPONDING TO THAT? OR SHE HADN’T IN THE PAST CARED ABOUT THINGS. ITS HAVING AN EFFECT, POSSIBLY YOU MAKING IT A GROUP ACTIVITY THAT…

When I first said, “Okay, it’s time to clean our room.” They go, “Okay, this is part of our curriculum, let’s do this.” I didn’t think that. I just wanted to clean up.

USE COMMON SENSE.
Yeah.

I didn’t think it was a…

FOR A LOT OF TIMES, THESE THINGS WILL WORK WITH THESE KIDS ARE COMMON SENSE. WHAT MAKES SENSE IN REAL LIFE. WHAT’S IMPORTANT IN REAL LIFE. JUST DO IT. YOU MAY THINK IT’S JUST COMMON FOR ALL TEACHERS BUT THEY OFTEN DON’T THINK ABOUT COMMON SENSE THINGS TO DO. SO I WOULD STILL GIVE YOURSELF CREDIT FOR THAT. IT’S MORE THAN A LOT OF WHAT THE OTHER TEACHERS ARE DOING. AND IT SHOWS YOU CARE. THAT’S COMING THROUGH. IT’S COMING OUT. THAT YOU CARE ABOUT THE STUDENTS.

Thank you.

WHAT ABOUT ANYTHING THAT YOU USE THAT MAKES HER WORSE? LIKE SETS HER OFF. YOU MENTIONED A FEW THINGS.

Out of order, or someone doesn’t respond to her in a neutering way that can send her off. Other than that, I don’t have any real behavior issues with her. Mostly it’s internal that she has to do with, but she’s never acted up. She turns her emotions that she’s dialing with instead of…she has never acted out…. “Well, I’m not going to listen to you.” She’s never done that. She’s very compliant.

NOT DEFIANT?

No, not defiant.

…TOWARDS YOU OR...

Or anyone else.

CLASSMATES? AND SHE NEVER TRIES TO RUN FROM THE CLASSROOM OR LEAVE THE SCHOOL OR...

No, she hasn’t done that.

SHE DOESN’T DO THAT? SHE’S NOT DEFIANT?

No.

AND SAY, “I’M NOT GOING” OR ANYTHING?

No.

YOU MENTIONED BEFORE SHE HAD SOME TROUBLE TRANSITIONING. BUT THAT INTERNAL STRESS GOING FROM ONE ACTIVITY TO THE ANOTHER?

Correct.

IS THAT WITHIN YOUR ROOM WHEN YOU DO OTHER THINGS, OR WHEN YOU LEAVE THE ROOM?

When we leave the room. When we leave to a new environment.

NEW ENVIRONMENT. IF YOU STAY IN YOUR ROOM. WHAT ABOUT SWITCHING SUBJECTS. LIKE IF YOU’RE DOING MATH AND NOW IT’S TIME TO STOP MATH AND DO SOMETHING ELSE, LIKE HISTORY?
That's type of transition is usually so long that...for example; I wanted Simon...whose attention span is so small that...I mean he tries so hard to stay focused on this one thing that he's exhausted. So even our transition between one subject to another is 15 minutes, which is a long time. And they're allowed then to take a break. It allows me to take a break because I'm going back and forth, back and forth.

YOU'RE KIND OF PETERING OUT, AND NOT ABRUPTLY STOPPING.

I don't think they could do that.

LIKE WHEN THE BELL RINGS THAT HAS TO STOP.

Right.

YOU HAVE THAT FLEXIBILITY. YOU DO IT GRADUALLY AND EASE THEM INTO THE NEXT SUBJECT.

Yep.

ARE YOU SAYING THAT YOU NEED TO DO THAT FOR THESE KIDS? NOT JUST CHELSEA, BUT EVERYBODY?

Yes, definitely. Because changing them from 4th gear going down to 2nd gear, they just...too much of a different change for them. And especially for C. She wouldn't know what to do. She's probably...I haven't done this, but I can see her going, "It's too much, I'm not keeping up. I'm not keeping up." She's worried about other people. The first thing she does is when she finishes a task she'll look around at other people.

TELL ME IF YOU HAVE TO GO.

No, I'm fine.

HAS SHE EVER...YOU'RE NOT HAVING DEFIANCE OR RUNNING UP THE (INAUDIBLE) OR ANYTHING. SO YOU'RE NOT REALLY NEEDING TO LOOK FOR A TRIGGER OR SOMETHING THAT COULD HEAD HER OFF AT THE PASS TYPE THING. EXCEPT FOR HER INTERNAL STRESSES THAT SHE'S HAVING. WHICH YOU SEEM TO BE HEADING THOSE OFF BY LONGER TRANSITIONS, COMING TO HER RESCUE AND GO BACK AND CALM HER...

Regroup herself.

YOU DO STEP-BY-STEP, ENCOURAGE (INAUDIBLE). LET HER BACK UP A FEW STEPS AND THEN GO FORWARD AGAIN. AND IT SOUNDS LIKE YOU ARE KIND OF LOOKING FOR A TRIGGER. I MEAN, YOU ALREADY SAID THAT IT'S A STEP. (INAUDIBLE) IT'S ORGANIZED. IF SHE DOESN'T KNOW HOW TO DO IT...SO YOU'RE KIND OF PREPARED, I GUESS, TO KNOW THAT WILL CAUSE HER PROBLEMS OR...

For example, this is in Art making those little squares. "You guys have got five minutes to ten minutes to make these squares," and she'll be unable to make the square perfect or off the mark. I make the marks and they do the lines. Well by the time she was finished Mr. Kenya had moved on to the next step. "I'm not finished. I didn't finish. Mr. Gonzalez, I'm not finished. Can you hold on? I'm not finished." And then I'll go, "C, I'll help you. We'll do this together. We'll catch you back you and you'll be okay."

THIS IS REGULAR GENERAL EDUCATION?

Yes.
IS EVERY SUBJECT SHE GOES TO HERE?
No.

IT'S ONLY OUT CLASS?
Yes. I try to get her into… I'd like to, but I don't know how she would respond… I'd like to get her into a Cosmetology class where she's cleaning chair off the floor and in return she'll get a manicure or facial like my other students are getting. But I can't be in there. My time is limited.

YOU CAN'T BE THERE WITH HER? AND YOU FEEL SHE NEEDS THAT, FOR YOU TO BE THERE FOR THAT?
Yes, I do. I notice one thing though is that when she has a conflict internally, like for instance instead of becoming so upset about finishing it and her mostly distraught about it, I work with her on like, "Okay, C, calm down, okay. Calm down and take a deep breath and then let's move through this, okay." And she'll try. And then what happened like a week after, the same situation came and she handled it very well. She didn't stress about it. I mean you can tell she was nervous about not finishing the project, but she moved through it emotionally and internally. It wasn't... she doesn't make... she didn't go, "Whewww." She didn't do that like she did the first time. She just went .... And then tried it again. I said, "C, that's a good job. I appreciate that you did a good job." "Oh, I did better didn't I? I didn't get upset, did I?" Or when we colored something, you know, she'll color something and it'll touch another part of the piece of paper. Its like, "C, its okay." "But I crossed the line." "It's alright." Another situation came up to where she made that same mark again or something similar to it and I noticed that she didn't get upset about that. "Yeah, I did better."

BECAUSE SHE DID WHAT YOU LIKED AND SHE APPROVED (INAUDIBLE)?
Yep, absolutely.

I THINK IT'S REAL GOOD OF YOU TO POINT IT OUT TO HER WHERE SHE CAN PRACTICE RECOGNIZING.
Yeah. And that was... At the end of that day I thought, "Okay, she gained... we made a large step." Because she was able to emotionally herself, recognize that she was stressed and tried to calm herself down and move through it.

WHAT ABOUT GIVING CHOICES? FREE CHOICE TIME OR MULTIPLE CHOICE. LIKE YOU CAN DO THIS, THIS OR THIS. HAVE YOU DONE THIS AT ALL OR...
I'm trying to think of a situation. Any choices that she makes is usually... if I give them a choice, she would do whatever Maria did. If she had a choice of either watch TV and get a game out, or go to the gym. Wherever her friend was, if she was friends with her at the time, that's what she would do. I don't think she makes choices on her own.

SHE WOULDN'T ADMIT SHE HAD FOLLOWED THEM?
Yes.

YOU THINK SHE WOULD FOLLOW IF SHE HAS A CHOICE... DO YOU THINK SHE WOULD BE STRESSED BY CHOICES IF SHE WAS ALONE?
I haven't given her that many, so I can't say. I noticed today though, she said, “That woman's going to come and talk to me today, should I go ahead and go to “B” lunch?” She really wanted to talk with you.
“Well, go ahead and go to A lunch and if she needs to talk to you, then we’ll pull you out of class and you can talk to her then.”

THAT’S INTERESTING THAT SHE’S INTERESTED IN TALKING. HAVE YOU NOTICED THAT A CERTAIN TIME OF DAY BEING BETTER OR WORSE? WHEN SHE FIRST GETS TO SCHOOL, BEFORE LUNCH, AFTER LUNCH…

When she was first on her medication, it was always in the morning. When I first started getting her, in the morning she was always sleepy. She was tired. She complained about a headache. But now, I don’t see any of those at all. She doesn’t complain about being tired or sleepy. She doesn’t complain about much as much as she did in the very beginning when I had her.

WHEN SHE FIRST CAME TO THIS SCHOOL?

Correct.

WELL THE MOTHER DID TELL ME THEY SWITCHED MEDICATION (INAUDIBLE) AND THAT WOULD MAKE HER SLEEPY. (INAUDIBLE) THEY’D BE SLEEPY ALL DAY. (INAUDIBLE) AND THEN THE HEAVY DOSE AT NIGHT TO HELP THEM SLEEP. SO SHE’D BE AT SCHOOL READY TO SLEEP. (INAUDIBLE) BUT SHE COULDN’T WAKE UP. IT’S THE SAME SYMPTOMS, GOT BETTER, NOT WORSE. HAVE YOU NOTICED SOMETHING UNUSUAL ABOUT HER DIET?

The choices of foods?

INTERESTING. WHAT SHE LIKES. OR HOW SHE TREATS FOOD?

Her appetite has decreased. But the choices of food, I’ve never paid attention what she decides to eat. In the beginning when I first had her, she was eating a lot. She was hungry and I would ask her…all the other kids would leave in the morning to go eat in the cafeteria. I would say, “C, are you hungry.” “Yeah, but I don’t have any money.” I go, “But are you hungry?” “But I don’t have any money.” “I didn’t ask you, I’ll pay for your food if you’re hungry. Are you hungry?” “Yeah.” “Okay, here’s a dollar, go get you something to eat.” And then if I was to ask her now, she says, “No, I’m not hungry.” This was a week and a half ago. Maybe two weeks ago. She really seemed different from that.

SHE EATS BREAKFAST AND LUNCH HERE AT SCHOOL?

Yes.

WHAT ARE THE HOURS THAT SHE COMES HERE?

From 8:30 till 4:00. A long day.

WHAT ABOUT TOWARD OTHER CHILDREN, A REDUCTION IN FACIAL EXPRESSIONS, OR HAND GESTERS OR BODY LANGUAGE?

She has more.

AND HOW DOES SHE DO IN TWO-WAY CONVERSATIONS? CAN YOU HAVE A CONVERSATION WITH HER?

Yes.

SHE DOESN’T DESIRE TO BE LEFT ALONE?

If it’s a new environment, yes. If it’s a room full of five or six kids, she’d rather stay quiet. At least until she warms up to someone.
WHAT ABOUT WHEN YOU GO OUT INTO THE HALLS WHEN YOU GO TO ART?

We try not to because she...when she walks, we usually go in the afternoon when the kids are not in
the hall, because when she walks she (inaudible) and you can really see that when she walks.

SHE WOULD GO UP (INAUDIBLE)?

Yes.

DOES SHE EXPRESS SOME CONCERN ABOUT BEING IN THE CROWDED HALL?

Yes, she has.

WHAT DOES SHE SAY?

She says, “There are too many people. They keep bumping into me. People just keep bumping into
me.” That many people, she tends to stress when there’s that many people. With 4800 students, it’s
crowded.

IT ISN’T JUST INCONVENIENCE. IT’S STRESSFUL?

Yeah.

WAS THERE A TIME WHEN SHE HAD EXCESSIVE AMOUNT OF WORRYING AND THEN GIVING
THE SAME ISSUE A TOTAL LACK OF CONCERN? LIKE IF SHE’S EXTREMELY WORRIED ABOUT
HER FRIEND’S SITUATION, AND THEN MAYBE 30 MINUTES LATER SHE’S COMPLETELY
APATHETIC TOWARD HER FRIEND?

No. She will usually tend to worry about that friend throughout the whole day.

A LONG TIME?

Yes. She’ll continue to worry about that person.

OF COURSE THE OPPOSITE WOULD BE OBSESSIVE AND COULDN’T LET GO. AND WHAT
ABOUT STRESSABILITY? WHEN SHE’S VENTING FRUSTRATION, AND SHE’S STRESSED AND
SHE JUST SHUTS DOWN.

I can’t think of situation to where I worked with someone else who usually, I think if I’m sitting next to
her, I’ve never noticed that, but she usually stays on task while I’m working with the other person. She
doesn’t stop and observe me.

IF SOMETHING HAPPENED, LIKE A NOISE IN THE ROOM, WHERE SHE LOOKED OVER AT THAT,
DOES SHE GO BACK TO HER WORK WITHOUT INTERCEDING?

Yeah.

SHE CAN RETURN HERSELF TO HER TASK? HAS SHE MENTIONED ANYTHING ABOUT
SCHOOL SITE IDEAS?

No, she mentioned that she had...

SHE DOESN’T WANDER AROUND SCHOOL AND TRY TO LEAVE THE CLASS ROOM?

No.
WHAT ABOUT ALMOST (INAUDIBLE), LIKE LAUGHING WHEN IT’S INAPPROPRIATE WHEN NOTHING FUNNY IS HAPPENING, OR JUST EXCESSIVE CHATTERING?

Inappropriate, no.

LIKE WHEN NO ONE ELSE IS LAUGHING, SHE DOESN’T JUST START LAUGHING?

No.

BUT THERE MUST BE SOMETHING ABOUT LAUGHING THAT YOU’RE THINKING OF?

Oh, no. Like sometimes finding one of my student’s...like his Mom always listens to a lot of gospel and Simon will repeat stuff that he hears on the radio. All of a sudden he’ll just start saying it. And we’ll all look up and I’ve got a smile on my face because he’ll say, “Praise the Lord!” And then we’ll all look up and kind of smile and C will smile with it. And she’ll say, “Who are you talking to.” The thing about Simon, what he does is that he scares her a lot. And then C did say that, “He scares me a lot. I don’t like that.” That’s one of those things. It just dawned on me. The other girl doesn’t like that either.

DO YOU THINK HER SOCIAL SKILLS, BEING YOUNGER OR IMMATURE FOR HER AGE, IS THAT TO SUCH A DEGREE THAT WOULD CAUSE A PROBLEM IN SCHOOL OR A JOB, OR A...

I don’t understand.

THAT HER SOCIAL SKILLS BEING WHERE SHE ACTS YOUNGER THAN HER AGE, IS THAT TO SUCH A DEGREE THAT OTHER KIDS NOTICE IT OR HURT HER BY MAKING FUN OF HER.

Yes, absolutely.

OR IN THE COMMUNITY?

Yes, absolutely. Yes. I’ve noticed her when I’m out in the halls or coming back from lunch because that’s when they make their transitional move. After lunch they’ll walk over to the classroom and usually I’ll stay way back where she doesn’t even notice me. But I’m keeping an eye on her. That if someone was to come up to her and like a young girl did and start talking to her, she immediately put her hands in front of her and was real cautious. And then left the situation. And then she told her she made a friend. Even though it was just a brief, maybe lasted 8 seconds. What happened a couple of days ago was another student who recognized her from I don’t know where, from a hospital I believe, she spoke to her and asked her name. And she said, “My name is C.” She said, “Yeah, I remember you, do you remember me? I met you at the so-and-so hospital.” She said, “Ah, no. What’s your name?” “My name is so-and-so.” And then I started walking and I turned back around and C dropped the conversation. “Oh, Mr. Gonzalez, that’s one of my friends at so-and-so hospital. I know her. I know her.” She was real excited about that. Just knowing someone.

THAT PERSON RECOGNIZED HER, RIGHT? BUT THEN, THAT GIRL SAID SHE KNEW HER?

Yes.

IT SOUNDS LIKE SHE WANTS TO HAVE FRIENDS AND VALUES FRIENDS?

Yes. She does.

DOES SHE HAVE DIFFICULTY UNDERSTANDING PEOPLE?

No.
WHAT ABOUT EXPLAINING THINGS?

When she talks, she talks to me. We’ve never got into the depth of a friendship. It’s always, “See that person, yeah I know her.” See him, “He’s my boyfriend.”

SHORT COMMUNICATION. WHAT ABOUT BEING THOUGHTFUL TO OTHER PEOPLE OR SOMEBODY’S FEELINGS?

To their feelings?

YES. TO THEIR FEELINGS. LIKE WE TALKED A LOT ABOUT HER FEELINGS. THAT SHE SEEMED TO RECOGNIZE OTHER PEOPLE...THAT SHE HURT OTHER PEOPLE. IS SHE BOTHERED?

She’s noticed my expressions. I’ll come into class and, “What’s wrong Mr. Gonzalez? Are you okay? You look mad? Or you look upset?” She says things like that.

DOES SHE UNDERSTAND YOUR REASONS FOR YOUR RULES?

I don’t have that much of a disciplinary problem with her, so I’ve never had to express the rules.

YOU HAVE TO TELL THEM TO GO HERE OR GO THERE?

Yeah.

AND SHE RESPONDS CORRECTLY?

Yes, she does. She’s excited about going to Wichita Falls this weekend and living in that group home. She is really excited about that. And really anxious about it. Not excited, but anxious with delight. She’s asked me, “What are things going to be like.” “Well, I don’t know. I’ve never been in a group home.” “I hope I like it.” And she’s excited about going.

IS SHE EXCITED ABOUT GOING BECAUSE SHE’S HAD SOME PROBLEMS HERE, OR AT HOME AND SHE WANTS TO GO THERE AND SHE WON’T HAVE THESE PROBLEMS, OR IS THAT NOT THE REASON?

She’s never expressed to me why she wants to go.

YOU DON’T KNOW IF IT’S BECAUSE I’M NOT DOING WELL HERE, MAYBE I’LL DO BETTER THERE?

I do think she’s hoping she’ll get...maybe this is me, she hasn’t expressed it, but I think she thinks that she’ll maintain more friends somewhere else. Develop a bond and friendship in a group home than she will with the two people that she has here. She does have trouble walking.

PHYSICALLY WALKING OR EMOTIONALLY HAVING TO WALK?

Physically. Yeah, almost like that, where her hands are extended out like this and she’ll...

HARD TO KEEP HER BALANCE.

And she needs to walk like that. It may be the medication. That’s what her Mom told me.

OKAY. WELL WE’VE COVERED QUITE A BIT. (Tape turned off.)
TELL ME SOME MORE ABOUT ANYTHING YOU HAVE OBSERVED THAT SEEMS TO MAKE C ACT WORSE OR MAKE HER SYMPTOMS WORSE?

What would make her worse would be anything having to do with relationships. For example, there was a student that was in the class room who she wants to be accepted. She wants friends and she wants to feel belong...she wants to belong to someone. Example was yesterday she...this is just one example and what her situation was yesterday. There was a student that sits at her table named Jose. And he kept doing something that kept bothering her and she was like, “What do I do?” I said, “Well, Chelsea, what are your choices?” She said, “Well, I could move. Can I move to the other side of the cafeteria?” I said, “Sure, you could.” She goes, “Is that what I should do.” I said, “I'm not going to tell you what you should do. I want you to try and figure it out yourself what makes you happy.” She said, “Well, I don't know. That's why I'm asking you.” I said, “Have you asked him to stop pushing the chair or something.” It was something with a chair. And she said, “Yeah, he won’t do it, so I'm just not going to be his friend. Maybe I'll sit away from him. Is that what I should do?” I said, “I think you've already...I mean, you know what to do.” She said, “I just don't know what to do.” I said, “You know what to do.” And then after that I said, “Well, try whatever you want to do to happen. If you want to talk to him again, if you want to move away and see if it helps. And then let me know what happens.” She was supposed to let me know today. And so that will be interesting. What seems to set her off, another thing is trying something new. A new...like today we worked on making money. We had a problem making ninety cents. And she's having a hard time with money. So we got our tools...we have money out on the table and the worksheet is this right here. Two nickels and a quarter equal how many cents? She says, “Well, I can't do this. I can’t do this.” And I said, “Sure you can. Just give it a shot. How much is two quarters?” “Well, that’s fifty cents.” “Okay, are you there at ninety?” The question is two nickels...it was number four. Ninety cents equals how many dimes and how many quarters? She said, “Well, it’s ninety...I can’t do it. I just can’t do it.” So I sat with her and I gave her two quarters. How much is this? She goes, “Fifty cents.” I go, “Is it close to ninety? Should I put another quarter out there? That will give us seventy-five cents, but when we put dimes down there, will it give us...we’ll get ninety-five. We won’t get ninety.” She goes, “Yeah.” I go, “Here are four dimes.” She says, “Well, that’s not ninety cents.” I go, “No, but when you add it all together...” It was the money concept she couldn’t get. Combining all the two quarters and the dimes would get her to her goal. And once we were there I said, “See, there you go.” She said, “I can’t do this.” I go, “Well, we’re going to work on it. We’re going to try and work on it.” So at that time I had to go to my meeting and here I am now. But we still need to work on money.

SOUNDS LIKE SHE’S REAL UNSURE ABOUT SOCIAL SKILLS, NEEDING ADULT REASSURANCE AND ADVICE. AND ALSO UNSURE ABOUT ACADEMIC...?

The thing that she wants the most is reassurance, reassurance and reassurance. I think Mr. Rock might have put that on his cards. That’s the only thing that seems to calm her down is that calm voice. You know, “It’s okay C. It’s alright. Take a deep breath. Think about it and let’s try it again.” Just like that. And then she’ll get frustrated, stop, and then continue.

SO WHEN YOU TALK IN A CALM VOICE, GIVING HER REASSURANCE...

Confidence and reassurance. That seems to work the best. She’s very concerned about other people. For example, yesterday...It totally slipped my mind. Just like yesterday as an example, yesterday was Wednesday, and Maria, her friend, goes to Cosmetology where she goes in and helps out wherever. Like she cleans the floors and in return she gets her nails done or whatever. So the second bell rang, which Maria is suppose to go, but we had changed up our schedule because I had a visitor coming in and we had to put our kids in mainstream P.E., so that threw me off on where she should go next. So C goes, “I’m sorry but I don’t mean to pry or be nosey, but isn’t Maria suppose to be going to Cosmetology today?” It had totally slipped my mind. I said, “Yeah, you're right C. That's a good job. Thank you.” And she said, “I wasn’t trying to be nosey. I wasn’t trying to be nosey. But that’s just where she’s supposed to go.” So I think that might be part of her old c.d. because she’s just so on time
and she needs that pattern. Today we went to P.E. and the first thing she did is she stuck to Maria like glue and then they sit down in the corner and didn't talk to each other at all. But they were together. She seems to...she needs some kind of bond.

IS THAT THE FIRST TIME SHE'D GONE TO GENERAL EDUCATION P.E.?

Yes, it was. The first time that we had done that.

AND BEFORE YOU HAD P.E. TIME, BUT...

By ourselves. Right.

SO DID SHE SEEM TO REACT DIFFERENTLY TO THIS LARGER P.E. GROUP?

Yes. She stayed on the side lines and didn't interact. I mean, she was somewhat intimidated by the other students. All the other students are in their click throughout the whole gym because there were two gyms they were playing in, and both girls just seemed to isolate themselves by sitting next to each in Indian style and then didn’t say a word.

DID THE GENERAL EDUCATION P.E. TEACHER SAY ANYTHING TO THEM, OR DIRECT THEM TO ACTIVITY?

No. See, all the girls are on the side lines and talking to their own clicks. While the boys are taking up the whole, entire gym playing their sports. Basketball. There was not much activity going on today simply because we had meetings in the library for that day.

SO YOU THINK FUTURE DAYS MAY BE DIFFERENT?

Yes. Absolutely.

WHAT'S YOUR PROFESSIONAL OPINION ABOUT HER GOING TO THE GENERAL EDUCATION P.E. CLASS?

I think she'll be fine. My biggest concern is the first six or seven times she goes. Her reaction...she's not going to feel comfortable until after maybe two weeks into something that's going...I'm all for it. I want her to interact with other students. She seems to want and desire friendship. And that's what I want for her. That's my opinion.

THE NEW ACTIVITIES WILL JUST TAKE LONGER FOR HER TO ASSIMILATE TO THEM?

Right.

YOU FEEL THAT IT WILL BE GOOD FOR HER TO DO THAT?

Yes, absolute. I think it would be. Today she said something. She said, “Mr. Gonzalez, my Mom said that I’m not going to Wichita Falls any more. I bet you are happy.” I said, “Am I happy? Are you happy?” She goes, “Well, I want to go.” I said, “Well if you want to go. I’m happy if you’re happy, C.” And that was it. And then she goes, “Well, I don’t think my Mom wanted me to go because there were too many adults there. She wants me to go to another school where there are teenagers and more people my age.” That sounds understandable.

IT SOUNDS LIKE SHE EXPLAINED HER POSITION FAIRLY WELL IN THAT CONVERSATION. YOU TALKED ABOUT THE JOB THE STUDENTS DO. IT WAS KIND OF AN INTERESTING...

On the job...the first time we went she...part of our job is to...say if it's Easter. We have Easter candy in one aisle. We move certain merchandise from this big bin and move it to another bin. Basically
separating certain merchandise. Well, if in a bin she finds something that is out of place, she immediately asks, "Why is this here? It shouldn’t be here. This thing is ruined. What am I going to do with it? What do I do with it?" I said, "Well, what do you with that merchandise when we find things that aren’t suppose to be there?" "We put it in the buggy." "Okay, can you do that then?" She said, "Yeah." I said, "Okay, let’s do that." We walk over there and she puts it back and goes back to work and sees it again. Something else out of place. In this situation I can’t think of one in particular, but I think in other situations she’s learned from that experience. She still stresses about it. Usually she’ll make comments and go, "This bin is all messed up. Guess I’ll have to fix it." She’ll put it back and still be frustrated about having a bin that’s not in there. Having M&M’s mixed in with the Snickers, which to her, they’ve got to be separate. They must be separate.

SO SHE SEEMS TO BE VERY CONCERNED WITH ORDER AND WANTING TO MAKE IT RIGHT?

Oh, yes. Yes. That is very much so. Everything has its place. Everything has its place. And then when she gets into an aisle that…say after Halloween. I mean there was all this candy that was just in the wrong aisles. You would find shampoo in the candy aisle. I mean, she was just overwhelmed. You could tell because initially she would start rocking back and forth. And it seemed like her hands seemed a little widened a little bit like that. She’d walk.

LIKE TRYING TO BALANCE HERSELF?

Yeah. I understand that’s from the medication. Or that’s what her Mom told me.

BUT IT SEEMS TO INCREASE WHEN SHE’S FRUSTRATED OR OVERWHELMED?

Yes. Yes, it does.

HOW DOES SHE REACT IF…IT SOUNDS LIKE YOU ARE SAYING WHEN SHE SAW SOMETHING OUT OF ORDER, AND SHE HAD PRACTICED HOW TO PUT IT IN THE RIGHT PLACE IN THE PAST, SHE STILL NEEDED YOUR REASSURANCE NEXT TIME.

Absolutely.

SO DIFFICULTY GENERALIZING WHAT TO DO IN THE NEXT SITUATION?

Yes. She still wants…she still needs that reassurance that it’s going to be okay. If it’s out of place, it’s no big deal. Just make it right and move on. It will happen again, and it’ll happen again, and she’ll still need that reassurance. Maybe on the fourth or fifth time she’ll understand. Now the following week we might get in the same situation where she might go regress back to "Okay, what do I do?" "Well, what did we do last time?" And we go through the same process again.

WHAT ABOUT SITUATIONS WHERE SOMETHING IS OUT OF ORDER, THE SCHEDULE HAS CHANGED, OR SOMETHING OF THAT NATURE…THINGS ARE NOT IN PLACE, AND SHE’S NOT ABLE TO PUT THEM IN THE RIGHT PLACE WHERE IT’S NOT APPROPRIATE AT THAT TIME FOR YOU TO MAKE IT AN ORDERLY SCHEDULE FOR HER?

What we usually do is she accepts it…I’m trying to think. Yeah, she usually accepts it.

IF THERE’S A CHANGE IN YOUR DAILY SCHEDULE?

Yes. If there’s a change in the daily schedule, she’ll ask before time. Like today, she will ask, “Are we going to gym today?” Because yesterday Mr. Rock and the kids got these tennis balls and we got these balls and we’d throw them at each other and catch them and some of the balls would fly pretty fast. Today she goes, “Are we going to go to gym today?” On other days with schedule changes or whatever, she usually asks, “Are we going to gym?” I said, “Yeah, we going to the gym.” She goes, “Well, if we do can we not throw the balls so fast? It scares me.” And I go, “Where you hit yesterday?”
She goes, “No, almost.” And I go, “Then C, we’re on the other side of the building of the gym and you’re not going to get hit.” So she stopped and didn’t say anything. But yes, she wants schedule and she needs that schedule.

**SO SHE WANTS YOU TO TELL HER AHEAD OF TIME WHAT’S GOING TO HAPPEN?**

Exactly. What’s going to happen. She has to have that.

**AND SO IF SHE DOESN’T KNOW WHAT THE SCHEDULE IS, OR THE SCHEDULE IS CHANGING, SHE SEEMS TO TURN TO YOU TO FIND OUT OR CLARIFY WHAT’S HAPPENING?**

What’s going to happen next? She needs that all the time.

**WHAT DO YOU THINK WOULD HAPPEN IN ANOTHER CLASS ROOM SITUATION, PERHAPS IF THE TEACHER WASN’T AS APPROACHABLE, OR AVAILABLE?**

Probably she would begin to cry. That’s what she would probably do. She would cry and “I don’t want to be here,” like she’s done before.

**KIND OF BREAK DOWN?**

Yeah. New areas, new situations triggers stress for her. When we first started art, we had to leave. She said, “I just can’t do it. I can’t do it.” And it was simple stuff, you know, write your name on the back of the paper. You know, new stuff that she was not able to do. The second time she came and I said, “Do you want to go to art again?” “Well, yeah, let’s try it.” Now she feels more comfortable about going and working with Mr. Hanna, because Mr. Hanna is so patient, that she’ll go by herself now. She wants to go by herself. “C, I can’t go with you today, I’m sorry we can’t go to art.” “I can go by myself.” I go, “Are you sure?” “Yeah, I can do it by myself.” So I ran down and talked to Mr. Hanna, which was okay with him. He said, “Sure, bring her down.” And I spoke to him later and she did well. The first thing she did when she came back was “Oh, I didn’t get frustrated. Well, I did a little bit, but I did better.” I go, “That’s great C. That’s good.”

**YOU MENTIONED ABOUT THE TEACHER BEING VERY PATIENT?**

Oh, yes. He’s very, very patient. Very patient. And awesome.

**SO YOU THINK THAT PROBABLY MADE HER MORE ABLE TO TRY TO GO BY HERSELF?**

The way he talks to her, it’s very soft, “It’s okay C. It’s alright.” Almost in a sense that he is talking to a first grader or second grader, which I’m not going to try and correct him because he’s so great working with the kids.

**SHE’S RESPONDING WELL TO THAT?**

Yeah.

**SO HE TALKS IN A SOFT VOICE, SIMPLY TEXT?**

Very simple, very soft, exactly.

**AND PATIENT.**

Yeah.

**YOU ALSO MENTIONED BEFORE SOMETHING YOU USED IN THE CLASS ROOM, WHICH WAS WHAT YOU CALLED THE FIVE MINUTE BREAK, AND THAT WAS REALLY HELPFUL WITH HER?**
Well, usually when she gets… Well, you hardly have to do that any more. If I try doing a new concept, and she’s getting frustrated… you know, “I can’t do it.” We’ll take that five minute break, go to the restroom, get a drink of water… just something to deescalate the situation that’s going on with her emotionally and then we get back to it. Then she’ll be tense again, and she might do it again, come back, leave, come back, might happen again. Usually after the third or fourth time, she’s able to follow straight through. Here’s a math sheet right here. It looked like this. This part right here went to the second page. When all that she saw on the worksheet was just this and not the complete answer, she initially said, “What do I do? What’s going to happen? Why aren’t the other numbers there? They need to be there.” I go, “C, they’re on the other side.” “That makes it harder. I can’t do that. I can’t follow along the lines.” “Well, use a piece of paper to go line by line.” She seems to like this better now because she’s able to put each number in. It tells you step-by-step. $35.57 plus… punch it in… $57.96. And then, there you go.

DO YOU DO THIS ON THE COMPUTER, OR DOES SHE DO IT ON A WORKSHEET?

It’s on a worksheet.

SO YOU JUST PRINT IT OFF THE COMPUTER?

Yeah. And then the printed paper comes off like this and this last time on the second page. So that seemed to stress her when we first did that.

IT SOUNDS LIKE IT WORKS BEST WITH HER IF SHE STARTS TO HAVE A MELTDOWN, YOU DO THIS FIVE MINUTE BREAK THING, WHERE YOU ARE ALLOWING HER TO STOP WORKING, CALM DOWN, GET A DRINK OF WATER OR A CHANGE OF SCENERY, CHANGE OF PACE, BUT THEN AFTER THAT YOU ENCOURAGE HER TO RETURN TO TRY AGAIN AND SHE’S ABLE TO TRY AGAIN AFTER SHE’S HAD THIS MOMENT TO CALM DOWN?

Right. That seems to work pretty good with her. I mean, I haven’t had any… she might have a melt down again, just take another break, and get back to it again. What was so great about her is that she wants to achieve. She wants to please, and so she just doesn’t come back and just say I’m not going to do it.

SO IT MIGHT HAPPEN MANY TIMES THROUGHOUT THE DAY, BUT YOU STILL GET A CONSIDERABLE AMOUNT OF WORK DONE BECAUSE SHE STARTS AGAIN TO WORK?

She wants to learn. She’s willing to try.

HOW DOES SHE DO IN CHANGING FROM ONE SUBJECT TO THE NEXT? LIKE WHEN YOU ARE FINISHED WITH MATH AND MOVING TO THE NEXT SUBJECT.

Well, I haven’t dealt with that too often because… For example, today, my plans were before I had to go to that staff meeting was I started including her in the gym. We did that the whole entire time for first period. Second period we’ll do math solely. So when we get back we haven’t done that transition yet. So I usually don’t do that transition because either I’ve got one kid going to a mainstream classroom, just to get exposed to outside environment and I don’t want to start a lesson without him. So that is usually what’s happening with them.

SO YOU’RE NOT HAVING RIGID TIMELINES WHERE YOU HAVE TO STOP AND START?

Correct. And I probably should because Chelsea likes it so structured. I know that.

BUT IN ONE WAY SHE’S ALSO HAVING ENOUGH TIME TO FINISH AND THINK ABOUT TRANSITIONING?
Yes. She is able to do that.

SO I GUESS THERE ARE PROS AND CONS TO THAT APPROACH?

Yeah.

ALSO, DOES HER DWELLING ON PHYSICAL AILMENTS CAUSE HER ANY PROBLEMS, SOCALLY?

I don’t understand.

OR DWELLING ON…YOU MENTIONED SHE TALKED SOMETIMES ABOUT BEING CONCERNED IF SHE’S GOING TO GET SICK OR IF SHE SNEEZED OR…MORE CONCERNED ABOUT WORRYING ABOUT THINGS.

Yeah. She’s done that. She’s sneezed and…The other day she said, “I don’t feel very well. I just went to the bathroom and threw up.” I said, “C.” And she said, “Can I go to the nurse.” I said, “Well, why don’t you lay down first, maybe because you haven’t eaten. Let’s go eat and then we’ll come back, but let’s not go to the nurse just yet. Let’s try some other things.” Excuse me…(he left room and tape was turned off).
I WAS WONDERING IF YOU COULD DESCRIBE YOUR EXPERIENCE WITH YOUR SON DEVELOPING SCHIZOPHRENIA?

You know, it’s like these memories. I can’t say S (son’s name) without a movie going off in my head.

OF ALL THE THINGS THAT HAVE HAPPENED?

Oh, God, yes. Just the things that have happened to him. He started remembering some of the stuff. And that’s what is so devastating. You don’t forget…. it’s so amazing how medicine comes so far and what they learn. I know like the medicine that S was finally stabilized on had been introduced in the country back in I think like the sixties or seventies, and they’d had several deaths on it. So then it was banned for a long time. Now Europe went ahead and was using Clozaril, but Europe had learned it wipes out your white cell count, so they learned the correct way to use it was…like with Lithium you have monthly checks. In a month you’d be dead on Clozaril. So they… You check your blood every seven days and they only release seven days of pills to you. That way you don’t take too much. The worse thing about the Clozaril…it is such an effective medicine of lifting out of that illness…It’s like that movie *Awakening*. That’s exactly what it did to S. It’s such a change that you’re going to go into the worse depression you’ve ever had, because you come up so clear in your thinking, and you look, and you see what you’ve lost, and it’s devastating. People that maybe went into this other world in their early 20’s and then come back out when they’re 41, from taking this medicine, and think, “What happened to me the last 20 years?” That’s the way that it hit them.

THE MEDICINE BRINGS THEM BACK TO RATIONAL THINKING, AND THEN THEY CAN SEE ALL THEY’VE LOST.

“I don’t have a home. I don’t have a wife. I don’t have children. My hopes and dreams that I thought I was going to have.” The way with S, it was like he went in at 3rd grade and then came back to 12th grade. And where the kids have had their first date, or sleepovers, or gone to football games and stuff, he’d never had. Nothing. Nobody ever…He was never invited to anybody’s house. Our church people were nice to him. Adults were always nice, but nobody ever dialed our home to… You know, come and play with him.

EVEN THROUGH THE CHURCH?

No, not even the church. When he was extremely paranoid, he stayed in his room for about three years, and the Youth Leader came and spent a lot of time with him. But there was nobody else….no kids were involved. So when he finally…. And that was such a miracle, and that’s a way to start I guess, telling you about the end. In the end, whenever I talk about S, people always go “Well, how is he now?” And he is stable now, and to me that is a miracle, because I didn’t think he’d even be alive…or make it out of school. I did not dream…. In fact, of all the graduations this past week, everybody in our family has talked about “Remember S.” Everybody went because nobody thought this kid would be alive and make it. And for him to go through what the school did to him. You know, your aunts and uncles, just everybody sitting around the table and listening to what is going on with Mary Ann’s kids. What’s being said or done.

WHAT WAS HIS HIGH SCHOOL EXPERIENCE LIKE?

To me, it was a nightmare. I think to him it was too. But in the end, we worked it out to…he missed most of the 10th grade. 9th grade and 10th grade were horrible. He didn’t go back into school for 11th….He had what I call the big suicide attempt. He had started taking the Clozaril at the end of 10th and came out enough where he looks so stable. That was when we, “Okay, you might can drive.” We never thought that this would let this kid drive or that he would ever work or be a member of society. And he started doing so well that….it was Driver’s Ed. So I put him into the Driver’s Ed and it was….I think I told
you this over the phone, that it was three weeks before school started and S and I....we’d worked for years convincing him that he had nothing to be ashamed of. And in driving they drove past his psychiatrist’s office and he said, “Oh, that’s my doctor’s office.” Over by TCJC is where his psychiatrist was. And they said, “Oh, what doctor is that?” And he said, “That’s my psychiatrist.” And they said, “Well, what do you see him for?” He said, “I have schizophrenia.” And the guy put the foot on the brake and stopped the car immediately and looked at him and said, “When is your “other person” going to come out and drive the car?” And they would not let him drive again. The kids all started screaming. You know, they asked me to get a letter from the doctor for him to be able to drive. They didn’t want him to come back until I had a letter that he would be allowed to drive. I had to get that from the doctor. That just...what that took out of him. It was like it just robbed his....He was clear enough that he saw the way they looked at him, and it just killed him. Once he started back to school and all the stress and everything, he just could not take it.

HOW OLD WAS HE THEN?

He was 17. He had started hiding some of the medicine. Instead of taking it, he started putting it in a little stuffed animal at night. And this kid, since the day we brought him home from the hospital, we knew something was wrong. He always had trouble sleeping. So for me to even notice anything was wrong....That’s weird. I started at the end of the story and I’m doing it all backwards. But that night...I don’t know. You talk about God intervening sometimes. I’ve always thought God watched over that kid because he never looked...He looked totally out of it. Because most people take the Clozaril through the day. He chose to take his all at night so he could function and he tried to keep on going and doing things. And so he’d take the 300 mg of the Clozaril and just really pass out. You’re still sleeping, but something didn’t look right that night about him and I kept telling my second husband and he kept saying, “Just leave him alone. There’s nothing wrong. He always looks like that. Just go on to bed.” It was around 10:00 and I’d gotten the kids into bed...the younger ones. I think Rebecca was kindergarten and then there was the baby and S was a junior. He would be going into his junior year. And I called my parents to tell them to come over. You know, “Ya’ll come over here and look at him.” So they get up...that was their first grandchild and they loved this kid to death. So they came over and we’re all standing there looking and Daddy bent down to pick him up and when he did he went into a grand mal seizure and I went and called 911 and was running and screaming because he just...Oh God, that stuff. That was scary. The police got there and they worked on him for an hour in the house and him throwing up and seizing and them doing stuff to him. And then they worked on him for four hours in the emergency room. We thought he had died when they took him out because they had him covered up. It was like ER. He was in a coma for a long time. It was just a miracle that he came out of that. And it was school time and I knew he...He finally came to in the emergency....I mean in the ICU after a while, and then we put him a...He went straight into the HEB Springwood was the psychiatric hospital they had for children and adolescents. So he went straight over to there. The psychiatrist and the psychologist were so upset because “You were getting better. How could you do this? You’re supposed to let us know.” They were angry with him.

AND HE HAD TAKEN AN OVERDOSE OF HIS Clozaril?

Yeah.

ON PURPOSE, FOR A SUICIDE ATTEMPT?

Yeah. The other times through the years sometimes it’d been done out of anger or something. And I’d always see them coming. I knew every time we’d have to rush him and get his stomach pumped. It would be just real wild things. This one was...everyone was gone to bed. It’s quiet. That one was the most serious one where actually it could have...it was different. This was one where he was of clear mind...

AND DID IT PURPOSELY?
Because the pain... and not being like the others. And the schools... the stress of trying to function in school and around other kids and not being able to keep up with the assignments and do what he needed to do was more than he could take. He was in the psychiatric hospital for a couple of weeks. When he came home I had the doctor write up a letter and we put him on homebound. I knew that if I put him back in the school, that he would not make it and he would die because this kid was... There's some times when they are so mentally sick, they're not able to function at school, and yet we're sending kids like that into school and the teachers are "What are we supposed to do with them?" They're trying to give them assignments and they just, you know, "Oh, we'll just reduce their homework. Instead of giving them 20, we'll give them 10, or something." It's like trying to talk to somebody in a coma (referring to the teachers). I don't understand. If you had a broken leg, you could work with somebody. When you've got a broken brain like that and so out of it, there's just something not there that they can't be doing that. And it's just... these little kids are so overwhelmed with that sometimes and they're going... they get up and they leave the science class and they go to English class and each time they're trying to pull out their stuff and look at it and go, "Okay, now I've got to pay attention and listen." And all these heavy medications, and it's just... 

YOU FOUND HE HAD DIFFICULTY SWITCHING CLASSES, THE TRANSITION?

Yes. It's extremely hard for them. You know, you're trying to, "Okay, now I'm going to be doing this." New teacher. New surroundings. New people. So the only way we were able to get him back... and when I took him back in, I had a big meeting with everybody and I think the seriousness of it all... there was three people that had been able to work with him and we fixed his school where he was only there for so many hours. He went in from 9:00 to 1:00. Only three people dealt with him. Three instead of so many. And these three... one was an honor's teacher, one was regular, and one was special ed. They were just people that had the patience to work with him and they were kind people. That sounds real trivial, but that makes all the difference in the world. If you're a high anxiety person and you're a real... and there are people like that. But he was my son and I loved him so I was going to do whatever. I recognize there are some people who really can't work with these kids and they, you know, it would be nice to do this... We say that all the teachers should be able to handle him, but they're not. They are just people and there are different types of people. And if they shouldn't... They should transfer the kid to another classroom. And when it happened to me with him, it didn't hurt my feelings and I never fought to keep him with somebody that could not work with him. I'd rather know up front and I said "Thank you" to them. I thought they were doing us a favor. I was not offended in the least that they just... maybe they were teaching ahead. They were doing too much pencil and paper work because that was a major problem for him. Most of the kids that I deal with that have mental health issues, just a lot of having to... The brain to the hand. What's going on up here and trying to write it is too much. Tape recorders were one of the best things that ever happened to these kids. When we did his driver's test, he could not do... just trying to do the computer, he could not do it. When they tried to do it by pencil, he couldn't do it. We ended up... the only way we got him to pass was one of the officers took him to a room and did an oral exam and he was able to do it. One thing that helped was when these three people worked with him, they didn't do school the regular way. The English teacher was the honor's teacher. S's talent... and a lot of these kids have some strengths... and if their strengths are picked up on and worked with, they'll make it. If you deny their strengths or push them down and try and "You're going to go ahead and do this because this is the way everybody else is doing it"... these kids don't make it. But he was a fabulous artist, so when they would read a story or do anything with literature, the teacher would let him do a picture. His picture was supposed to show what he got out of that story. And if it was of a... I remember one of the stories we did. One he had to do was the story of so many people going over a bridge and they fell off and died. It was a little bit about each person before and so, you know, in the picture he has everything that has to do with that story. The teacher then can look and see the bridge, the people. She knew he got it. And again, they could talk about it. But if he had to write an essay, it would have never gotten done. He was okay in math. So the regular teacher from math worked with him. We had a vocational teacher do some of the other work with him, but she was a vocational teacher for the retarded children. She worked so well with him, and he liked being in there. His IQ was high and they did not want him to go in there. Not the teacher, but the principal and the counselors kept thinking that I did not realize what he needed and I didn't push him enough and I didn't ask enough of him. I just knew he had... people with schizophrenia have the worse
social skills in the world. And the teacher with the retarded children as they said it, she worked a lot on the social skills. And these kids were going to be going out and, you know, she would take them out into the community and teach them how to go out into the community and how to do a job application and stuff. And he was wonderful in there. But the thing was he really connected with these other kids. He would say that people said that there’s something wrong with him and they can’t understand him. The way S saw it is everybody to him was always just the same. They were just a little different. And he thought these kids were neat. He got along with all of them. They looked up to him. It was really good for him emotionally. He was able to help them. He reached out and helped them. In the honors classes, those kids helped him. Where it was that somebody figured out what if he’s able to help somebody else whether they could lift his self-esteem. Because these kids have got the lowest self esteem in the world. They already feel so bad about themselves. They don’t need any teacher or anybody to be telling them all the time what’s wrong with them. They already know what’s wrong with them. They are so aware of what’s wrong with them. Anything that can be done to bring out something to make them feel good about themselves. It’s not always the regular ways. You don’t do like a pat on the back with most of them. A lot of these kids don’t like being touched. You always really have to check all that out. It’s not just an “Atta Boy!” Something where they can do something back for somebody. The people, to me, those three people will go down in history. In Heaven, God’s got a little book, and he’s got a special mention for those people. That’s the way I see it. Anybody who was ever kind to a child with a mental illness is an angel sent down here because these kids have got it, to me, worse than anybody else in the world. The children who have cancer, because people are so kind to them. They pour their hearts out to them. They have the sympathy of the community. There is so much love given to them. Children with mental illness are not…. There’s no compassion handed to them. No community is putting their arms around them and saying, “How can we make them feel better. Let’s do them a poster. Let’s take them to Disneyland.” We don’t take these kids anywhere. Instead we try to shut them away in small classrooms. And if they don’t fit in that small classroom, they’re out of luck. S and I were talking about how he was put in a...there was a classroom where they had a box. They put these kids in a box. They did anything wrong, and they were put in a box. A cardboard box. I went before the school board. That was the last year that I worked as a technical illustrator because I fought that. What I got was my son was not put in a box, but they went ahead...Keller, the school board, they came and visited some psychiatric hospitals and mental institutions, and they came back with, “Well, we’ve seen how different people do different things with restraints and we think this is okay. We will sign the paper that your child is not put in a box, but if the other parents don’t fight us on it, we’re going to keep the box in the room and the children that do the....” They had to earn their way out of the box. I don’t know how you earn your way out of a box.

WHILE YOU’RE IN THE BOX.

Yeah. Most of these kids don’t....If you ever put a kid down like that, they don’t come back up. And it broke my heart. I remember that was his 4th grade and there had been a child that was in the classroom from Wichita Falls state hospital. I’ve been to Wichita Falls state hospital through my job at MHMR. I cannot imagine a child being put in there, and then coming home, and going back to school the next day, then because of their disability, having trouble functioning, and a teacher putting this kid in this box. It was a big box. It was about how he was put in a...there was a classroom where they had a box. They put these kids in a box. They did anything wrong, and they were put in a box. A cardboard box. I went before the school board. That was the last year that I worked as a technical illustrator because I fought that. What I got was my son was not put in a box, but they went ahead...Keller, the school board, they came and visited some psychiatric hospitals and mental institutions, and they came back with, “Well, we’ve seen how different people do different things with restraints and we think this is okay. We will sign the paper that your child is not put in a box, but if the other parents don’t fight us on it, we’re going to keep the box in the room and the children that do the....” They had to earn their way out of the box. I don’t know how you earn your way out of a box.

SO IT WAS TRADITIONAL CLASSROOM MISBEHAVIORS THAT YOU MIGHT EVEN EXPECT IN A NORMAL CLASSROOM?

Yes, and this was a small, contained classroom that this was done. I could not stand that. This was a new teacher and....What got me was I fought to get my child that classroom. I fought because I had to fight to get him into special education. I couldn’t believe that. I had a child who’s been in a psychiatric hospital with a diagnosis of schizophrenia and the Keller special education department, because he
tested so high academically and a high IQ, didn’t want to put him in special education. And yet, he was not functioning in their classrooms. And I had letters from the psychiatrist, but they told me, “We don’t have to take these letters.” And they do to people. “We don’t have to take that letter from the doctor or whatever. We’re going to test them ourselves and if we agree, whatever.” It took me a lot of ARDs and a lot of fighting. I’d come home and I’d tell my kid, “Okay, we won some things for you and this is....” And then they’d ship him off to another school. So that was hard for him. It wasn’t that he had so many friends, but it was the familiarity of your neighborhood school, and I’d been told I had the only kid in all the Keller school district like that. Instead, they found five of him somewhere. Not all were schizophrenic. I’m not sure what everybody’s diagnosis was, but they found these four or five little boys and brought them to this one little classroom. That to me was just hell because...I’ve been a room mother every year. Room mother in kindergarten, 1st grade, 2nd grade, 3rd grade. They’d tell me, “We don’t have room mothers in this classroom because these children should not have those rights.” I could not believe it when that was said to me. You know, “we’re not going to do these things for them.” No parties or anything special, because they have a disability…like they were being punished for having this disability.

SO THEY WERE VIEWING IT AS THAT THEY WERE PURPOSELY DISOBEDIENT AND SO WERE PUNISHING THEM BY PUTTING THEM IN A SPECIAL CLASS?

Psychiatric hospitals are like that for the children too. Our psychiatric hospitals, you know, you’ve got to earn the right to have a Coke. Something at home they had and all of a sudden you’ve got to earn.....That's going to be a privilege if you act right and get up to this level, we will let you have a treat. That’s because you’re mentally ill. It never made sense with the way I was teaching my child and working with my child. It just did not make sense. I have a lot of trouble putting my child in a hospital. I did it when he was severely in crisis, and it would be my last, last choice. I just...I would fight the doctors and I would fight the insurance because I did not agree with how our system was set up. It just seemed to me so wrong that we gave the message to these children that they were bad or that they were delinquent. They had delinquent behavior.

YOU'RE TAKING THEM TO THE PSYCHIATRIC HOSPITAL FOR MEDICAL HELP FOR THEIR MENTAL ILLNESS AND YET YOU'RE TREATED AS IF THEY ARE DISOBEDIENT OR....

When they bring them in they tell them all the rules and they.... I think I told you how one of the times that S had taken an overdose and they’d done their charcoal to try and get everything out. He was so sick. And we had to help carry him in. I mean, he was physically sick. Besides, he wasn’t this cocky little mouthy thing. They take you in and they tell the parents, “You stay out and you go home. Okay, we’ve got him.” And I saw them take his jacket off and he was real cold. He was real sick and cold. And he always had to have that blue jean jacket on and that was one of the things, you know, one of his diagnosis was they thought he was obsessive compulsive, because these kids look so obsessive and they do the compulsive things. But he always kept that jacket on. Never took it off no matter how hot or cold it was in school. That drove the teachers crazy. Just absolutely bugged the crap out of them. I thought that was such a small thing. And at the psychiatric hospital, that’s the first thing they did. They said, “You have to earn this jacket back.” I mean, he was 14 years old, and I just could not believe them saying he had to earn his jacket back.

THAT WAS ONE TIME WHEN HE TRIED TO KILL HIMSELF AND THEY KEPT HIM IN THERE FOR THAT AND THE FIRST THING THEY SAY IS HE’S GOING TO HAVE TO EARN HIS FAVORITE JACKET BACK?

I can remember driving all the way...I spent two years going up there with him. I got so depressed over the ways that he was treated by the schools and by the people who are suppose to be helping him and work with him. People that are supposed to be kind to him. I felt right along there with him. It just killed me what he was going through. And when I was driving him to that hospital, he started crying in the back seat and said, “Please don’t take me. I’ll be good. Please don’t take me.” And I began to think, this is just awful to have to do this. I was crying and I was saying, “I’m doing this so they can help you. Where you can get the help you need.” And as soon as I got home I called the psychiatrist and told him
what had happened, and he got his jacket back. But I just thought that’s so stupid. Just like we’re not going to….when it came Christmas time, I made a bunch of Christmas things anyway and took them into the classroom and the kid that was in the box was not allowed to have any of the Christmas food. It was just some little cookies and punch and stuff. “No, he’s in the box.” I thought, “Oh my God.” This kid had been in a box, S told me, for about a month then. He felt so sorry for him. I thought I could not imagine. I could not support the teacher with that kind of attitude and the way she was doing it. I did not support how she was being. That’s awful because you’re trying to teach your children, “This is your teacher. You need to be respectful.” I always told S that no matter what your brain disorder is, the jail….Our jails are full of people with mental illness. A lot of people on death row with mental illness and mental retardation and they’re being put to death. I told him, “It doesn’t matter what you do. If you go too far, you will always be punished. And there comes a time when you go too far and people can’t help you. You’re doctor can’t intervene and go don’t punish this kid because he has schizophrenia.”

MAYBE YOU COULD TELL ME ABOUT WHAT YOUR SON WAS LIKE IN HIS YOUNGER YEARS.

He was walking and talking at seven months. He was so far advanced.

HE WAS VERY FRIENDLY?

Very gregarious. My parents…I was living with my parents because his Dad and I split up while I was pregnant and I married the preacher’s son. It was just everybody loved him. I can remember the whole house would be full and we’d have him on the table just….there was so much love given to him and so many people walking him and trying to take care of him because he just could not rest and lay down. The only time that kid would rest, it would be like he would just fall over. And wherever he fell down, then he could sleep for a while. But he just looked like a little honey bee, just hmm…. Two years old was when he was kicked out of the first one. It was our church’s daycare. It just killed me.

BECAUSE HE WAS SO HYPERACTIVE?

Yeah. And in fact, when the primary doctor who had been with him since the day he was born, followed me outside one day and he said, “I want to send you to somebody. I think he needs some help.” And I said, “Well what are you talking about.” I had never baby sit kids. I was going to be a famous artist and I wasn’t going to have children. I was just going to have dogs and go live in Paris. My grandmother was an artist, and my dad was an artist. That’s my granny’s paintings all around. And it just….I just wasn’t a kid lover. It was so funny. Then I got married and I had this kid and I never knew what love was until I had this child. I just fell so in love with him and his personality and stuff. I thought this was the neateast kid in the world. It just devastated me when other people…..I thought “How can you be this way towards a two or three year old.” But Dr. Scrogy had gave me a name of a psychologist to take him to. And the psychologist sent us right back to put him on medicine so she could test him. So that was the first time she’d ever had that happen and the second psychologist we went to, and she asked me to wait outside and heard all these noises and I thought, “What is going on in there?” He had cart wheeled all around her. You know, just….We would have never made it in those early days without that first psychologist because she had worked with the school system and she was my ace. She had worked for the Keller schools and she knew everybody. They never knew that’s how I got connected with her. She told me how to write my letters, how to call Texas Education Agency, how to talk to Advocacy. She was the one behind me pulling the strings and telling me what to do and it was really….like you could not think like your child’s parent. If you thought like the parent, you’ve blown up all the pieces, because these people are saying horrible things about your kid and “we don’t want him” and “take him away.” “Get him anywhere out of here.” And all you do is cry. Well, you’re not going to get any help or they just put you on the head, “You poor little parent.” And you don’t want to be just the parent. She tried to instill me into “If you were a lawyer and this was your client, and he has rights. This is this law. By law he has rights to this education and they have to follow the law.” And so I got a briefcase, and we would write what we wanted, and we would write up an IUP and write our goals and objectives, and she saw me for a couple of years and she was so funny with billing. She wouldn’t bill forever. Her mind wasn’t even on getting paid anything. She was just so into helping these kids. First
and only person I ever knew like that. Nobody else was like that. She really….That was the first angel that God ever sent us. My mother said, “Boy, if you were looking for a psychologist. You wouldn’t have shot her if you were out hunting one because she just didn’t look like your kind of person.” She was just really, really something. She saved our lives just because she knew….she worked real close with the special ed director. I always wanted to go back and tell them later, “Oh, guess what?” You know, because here I’d been this person who’d been weepy before and going, “I don’t know what to do.” Because they call you on your job everyday. “Your child acted up, come pick him up.” Until you know the law, that they can’t do that. You cannot call me to come pick up this child. You have him. You’re supposed to be doing whatever you need to do. I was at an ARD last week and it just killed me for this little boy. The school, you know…major, major problems. And they knew it. The Mom was sitting there crying. It was a kid with Asperger’s, and he had been fighting and scuffling and everything. He was in the wrong placement, not the right things being done, but all they were doing was suspending him every day to his mother. And that woman was about to pull her hair out. And they were doing it again two days left of school and they were kicking this kid out again. And I said, “If it takes one of you, one-on-one to go into a small room somewhere and one of you sit beside him while he’s doing his work or whatever, that’s what you need to do.” Those are things that we did for S later on. If he ever connected with somebody….and there was usually….every year there was one person who would be….this is going to be the person I can call and go, “How’s he doing? Have you seen him? How’s he look?” If S had a problem with a teacher, then I could call that person and go “Could you sort of feel it out, could you talk to her, could you explain something.” I don’t know how, but every year there’d be a person that God would just show me this is who we can contact. Sometimes it’d be the same people for a couple of years until we’d leave. But that would be your best bet. Find that one person who can watch over your child and call you when something is going on, or would also go “Okay, you need to get your kid out of this classroom because this teacher is not going to work with your kid and there’s some problems going on.” And there were some teachers that would call him “stupid” and call him names, and yet that’s never in any papers because they don’t do these things. Yet the other teachers know they do. They do these things. I told you that I’d come in one day and the physical ed teacher and Steve….boy does he remember her twisting his arm behind his back. You know, they said I misunderstood what I saw, but…..

EVEN THOUGH YOU SAW IT, THEY STILL WOULDN’T ADMIT IT.

That was her first and last year to teach. Years later when I saw the vice principal, and I was telling him that she had said they knew that woman wasn’t working out, but she was there and she had that classroom. Well what happens to those kids in the meantime? I always think, “What do y’all think happens to those kids?” Any kid that then ever goes on…I always wondered what guilt would any of them ever have had or thought had S ever gone and been successful on a suicide attempt…one of those suicide attempts ever made it, over one of those stupid problems, over teacher’s giving too much homework and saying, “You will do it or else.” It was always over the stupidest things. S never tagged anybody in school. He was never violent to anybody at school. Nobody ever had to do a restraint on him at school. We had a lot of that kind of problems at home because when he would come home, he would be so exhausted he would just…he would be in a rage or tornado. It was the most angry looking child you’ve ever seen. The first…I saw the most depressed child, but the depression…and now I know that anger is depression. But I didn’t know what was going on when I first saw it. I thought this kid looks like he wants….And that’s all he kept talking about. “I want to kill people.” He was just so angry with the way things were being done to him. Plus, his body felt strange. He would tell me that it feels like rockets are trying to go off inside of me. And it was sort of neat that he could talk as verbally as well as he did, because he would try and tell me when these things were happening to him and he would tell me like, “This arm feels like it’s a rocket. Like it’s going to go off, and the head, and everything is just going to explode inside of me.” I didn’t stay angry at him all the time. But a lot of the people when we’d be in a psychiatric ward, everybody would be mad at their kids. My heart broke for my kid. I thought what a horrible thing to happen to him. And I never want him…We didn’t sit around and feel sorry for him. Everybody has something. That’s life. There are children that have cancer that die. They have horrible blood tests and things that have to happen. There are kids that have horrible things happen to them. There are kids that are in countries with war and disease. Now in my job I read these stories everyday where kids are abused and raped and stuff, and so you know that
children….that we happen to live in a world that is not always an easy place for children to live. But I think that mental illness, to me, is one of the cruelest things in the world for a child. They don’t ever have a childhood. The older ones who are about in their 20’s and it hits, they have some childhood. They’ve got something. These kids it’s like there is no childhood for them. It’s robbed. It’s all of sudden…All they do is deal with adults because nobody lets their kids play with your kid. We didn’t share that he had schizophrenia with people because we knew that would be…first of all, the other two children would have never been allowed to have anybody….They wouldn’t have been allowed to go over anybody’s house, and nobody would have came to our house. We never lied to anybody, but we felt like it wasn’t their business. I always let the school people know. I don’t know how many people they told, or whatever, but whoever was working with my child, knew it if they had a need to know. As far as just broadcasting it to the mother standing next to me outside, no because I already knew how people thought just by the things that they say.

IN THE ELEMENTARY SPECIAL ED CLASSROOM WHERE YOU SAID THE TEACHER WAS SO AWFUL. AND THE NEXT YEAR DID HE HAVE A DIFFERENT TEACHER?

That was the teacher that twisted his arm around his back.

THE SECOND YEAR HE HAD ANOTHER BAD TEACHER?

That was 5th grade. That’s when I left my job over a weekend and didn’t go back. I quit in ’87. The hospital started in 3rd grade. He was in 3rd grade when he went in March and didn’t come home until August. Then it was school time. Then again in 4th grade, he was in the hospital again by April and didn’t come home until the summer. And he would look so good during the summer. He’d have the best summers because there’s no stress of “this is the assignment, this is the teacher, you have to get along, you have to stay in your seat, you can’t do this, you can’t do that.” There are so many can’t, can’t, can’t. You must do this and you must act like everybody else. You’ve got to walk this straight line. Spencer (her other son with Autism) gets in trouble, because he walked over to the left wall. Now I know he has sensory integration problems, and yet he was in trouble, because he walked too close to the wall. And that was considered acting out.

THEY NEED TO WALK CLOSE TO A WALL.

Yeah. And I know that now, but it makes me so mad knowing….

THEY SHOULD BE ALLOWED TO WALK NEXT TO THE WALL.

What a thing to…I thought. So he’s in trouble for that. Why don’t we get on to him for something that’s….

THAT’S LIKE SAYING A BLIND CHILD SHOULDN’T BE ALLOWED TO USE BRAILLE.

We don’t pick and choose our battles with these kids at all. And that’s where I think, to me….the other day when I left that ARD I was so upset because I thought we did not….It got off on so many small little tangents because it’s like these kids…Their whole life is such a blaaa. You get so lost on some of the little things sometimes, they’re not hitting the big things and so the big problems, just a lot of times, don’t even get talked about because you could spend all your time picking on everything in the world apart about them. Because nothing seems to be going right. They talk too much, they can’t stay in their seat, they touch inappropriately just because they’re sort of out there, you know, and real excited sometimes. Everything they do is something wrong. And then when they start getting….If you’re going to have a child with psychosis sitting in a classroom. I wouldn’t even want it. And yet we don’t really have the special ed classroom for that. In doing what I do, there are still tons of schools that don’t have smaller, contained classroom. They have children with schizophrenia sitting in these huge classrooms. There’s a kid that I was working with through the Arlington School District, a client at MHMR, beautiful boy with schizophrenia with a high IQ. I was trying to access special education for him. The school is telling the mother from Mexico, “NO, you don’t want to put him in special ed. He will be labeled.” I said,
“Labeled. Would you rather him be labeled…” He was so stressed by what was going on, his psychosis was getting worse and he was starting to act strange and when he started hearing the voices, it scared the school. The teachers sent him to the nurse. The nurse made him walk home. They didn’t call for help or anything. They told this kid to walk home.

HOW OLD WAS HE?

He’s in high school. This was recently. The director over there is awful…MaryLee Blanton. And I was trying to work with him and the mama only spoke Spanish, the younger daughter could understand me, and I was trying to tell them what their rights were, but I just….Arlington and Keller is sort of alike. School districts who, “So you’ve got a kid who’s a client of MHMR and they’ve got a diagnosis of schizophrenia, but they’re testing high.” S made one of the highest TAAS scores at Keller before that last suicide attempt that had ever been done. But that doesn’t match up to what they’re looking at. That bothers them.

THAT SOMEONE COULD ACHIEVE ACADEMICALLY, BUT ALSO STILL HAVE A MENTAL ILLNESS.

And you know, everytime, the school thinks that means they can control this behavior if they can do this, they can control it. They can sit down and take that pencil and make that high a grade, they can control this, control your mental illness. I heard that this last week and it just wheeeeeee. It’s like to me fingernails scraping on the board, because you’re just going….why won’t you believe this documentation. Why won’t you…if it were me, I would try and understand this. I wouldn’t try to presume I know something about diabetes if I don’t. I wouldn’t say, “Well, I know you made your blood do that. I know you got that insulin up on purpose. You made your insulin jump up, now didn’t you.” It’s just so…

IN THE SCHOOLS, YOU HAVEN’T FOUND VERY MANY PEOPLE THAT KNOW ANYTHING ABOUT SCHIZOPHRENIA OR WHEN THEY WORK WITH YOUR STUDENT OR OTHERS, THEY DON’T GO AND TRY TO FIND OUT ANYTHING ABOUT SCHIZOPHRENIA?

No. Not a thing. Now, I try to take in stuff and say….Because they know me. I'm with the NAMI, and I will take in one sheet. It’s just one sheet and this is what it is. These are the symptoms. And I’ve got sheets that this is how the teachers can help. Because they have wonderful sheets on…for the school based…how to work with these children. You should see the look. “You’re going to hand me something? I am a teacher.”

THEY DON’T EVEN WANT THE PAMPHLET THAT’S BEEN PRODUCED FOR THEM TO RECEIVE INFORMATION.

No.

VERY STRANGE.

I told you that for several years we tried to do some things. This was in ’95 we did it. I was trying to remember all the years where we had put on some programs trying to get….

THIS WOULD BE SOMETHING I WOULD BE INTERESTED IN.

I would love to get something like that started again. That was the hospital district. I think the Mental Health Association. We did four in a row and we could not get the teachers to come to it. I think on one of my letters I put that “most people don’t understand the numbers of mentally ill, how many children are sitting in your so called regular classroom with a mental illness that you don’t have a clue that are sitting there with bipolar, a child with schizophrenia.” And the parents are terrified to tell the school or share the information. And a lot of the medicine may be given at home. The schools know some of the medicines, but they don’t know what they’re for. I can usually tell when I know what somebody is taking.
WHAT THE SIDE EFFECTS MIGHT BE FOR THAT MEDICATION.

And you're just going...you know, if I knew that...and I wanted to be a teacher...and I know that teachers are overwhelmed. There's too much to do. I don't know how you can do a....I did that one year to work with the juvenile justice school that was first put out. I loved working with the kids, but the amount of paperwork...you know, you had your teacher planning. You've got so much you've got to do. I would be so exhausted at the end of the day. I'm not a teacher. I did not have a degree. I was hired for that job because I was a parent of a child with mental illness and they thought....and at that time my back wasn't bad because we had to be real physical to do any restraints or takedowns or anything that had to be done. And these were the kids that were brought in by the juvenile system. They were put there by the juvenile courts through different things. So these were kids that were....some had had a drug problem. There were kids in there for rape, murder. A little bit of everything. And there were kids who had been misidentified.

AND WAS THAT FACILITY HERE IN KELLER?

No, downtown Fort Worth. You've just got so much paperwork that you're preparing in order to do your school work. So they're real busy doing that. I always assumed that they go and read the kid's records, but they don't. They don't go read the kid's records. They don't have a clue to what's in their classroom. And you'd think that the teachers know what medicines these kids are taking. And again, they don't. If a kid is taking Lithium, you might be sure that they've got bipolar. And just because this was my background I went and pulled each one of the kid's records and was looking at it. I saw that most of them had a psychiatric disorder. And I could not believe that...."Do y'all see a problem here?" You know. A lot of kids, we're giving them all this medication, and here they are sitting there in the juvenile sitting and they were also special education kids sitting there over some of the dumbest things sometimes. But there they were in their little uniforms. We had to search them every morning and it was like a little jail. We had our walkie talkies on our pants. But there were some really neat kids just...you get maybe the home environment...if you get parents who don't understand and a school system, it scares me to death. I used to think if Steve would have been given to the wrong parents who did not fight for him, where he could have ended up. I truly believe he'd probably have killed himself because I spent my....I spent 24 hours around the clock trying to keep him from making that happen.

IF YOU HAD BELIEVED THE SCHOOL, THEY WOULDN'T HAVE GIVEN YOU ANY HELP.

Yeah.

YOU DIDN'T BELIEVE THEM, SO YOU KEPT FIGHTING TO GET HIM HELP.

That's where I thought....Because you're always taught as a child to respect your elders in your school. And my mother and dad were always "The school's right. The teachers are right." And you're excited when your children start school. Although I can't....Since he'd already been kicked out of six daycares, I can still remember my mother and I that first day. We were nervous and wondered what was going to happen with this. But at the same time we were excited. Steve was smart. He was so cute and beautiful. And he went into the HEB School District because I happened to live over there then. The very first day they came and said, "There's something wrong with your child and you need some help." That was the difference in HEB and Keller. HEB was a better school district. I did not know what special education was. I was a single mom then and I sent my poor mother to the very first ARD. She didn't know what she was going in to. And I was lucky because they did everything right. They put him in special education and they started helping him and modifying. And he was put on medication then. He was on the medication. And the very first day that my mother and I saw what the medication did for him, we felt awful because I'd been raised real strict with old timey fashion Baptist, and when S was little I took him into church right away. We didn't have children's church. We took our kid and when he didn't sit down right, I'd take him out and switch his little legs. My mother and I, before he went into school spent a year trying to fix him. Because we didn't know what was wrong. And she spanked him and I spanked him. And the very first day that he took that medicine and we saw how...It was like watching this calmness come over him. If anybody is against medicine, they should watch a child
who’s still out of control, give them the medicine. They thought he had dyslexia, because he did everything backwards. He couldn’t ride a bike. He went backwards. But his brain was just going so fast. The very first day he did his B’s and his A’s and everything straight. He was able to tie his shoes. And he was able to go the right way. My mother and I were sitting there and looking and I thought, “Oh my God. We were beating up on this kid when the medicine made a difference.” We never hit him again.

WAS IT RITALIN?

Yeah. Ritalin isn’t the right thing you do for schizophrenia but in the early…the very first diagnosis is always AD/HD because nobody comes out and says at three or four or five you’ve got schizophrenia. And every one of them, no matter what, if it’s Turrets, or obsessive compulsive, are all told A/DHD first because they see the symptoms of out of control, da, da, da, da. And that’s like your basis of everything else. It always starts with the same symptoms of AD/HD. Can’t think straight, disorganized. That’s also schizophrenia. Bipolar can’t think straight, obsessive. All of them overlap so much that… I couldn’t get S awake today. But he knew that you were coming today…and he was excited about coming.

WAKING UP HAS ALWAYS BEEN A PROBLEM, RIGHT?

Always.

ONCE THEY’RE ASLEEP, IT’S HARD TO WAKE THEM UP.

He’s very hard to wake up, especially on Clozaril. Most of the people that take it, the adults, don’t work. And they take it through the day instead of hallucinating. And they can draw their full social security, so they don’t do anything. He doesn’t get as much money as he can because he works. He doesn’t want to just sit at home. He’s sacked groceries ever since the vocational program of high school. But he does that and he doesn’t complain and he doesn’t gripe. He doesn’t ask for a raise. He’s got the best attitude. He you ever meet him, he’d just be talking to you all the way to your car. He’d find out if you had an animal, and that’s how he connects. “You got a dog?” He’ll talk to you about a dog.

WE’VE GOT A BIG DOG.

All the way to the car because that’s his….when they first….every special ed kid that has any kind of mental health problems they always want to teach them to shampoo pets. That’s all they know to do with these kids.

SOUNDS LIKE A GOOD JOB.

But when they know that nobody would take him when they found out what his diagnosis was, it was not any help to us to go to…I can’t remember. What is that TRC?

TEXAS REHABILITATION COMMISSION?

They kept telling us, “We’ve really looked for a different time. I don’t know what to do for him.” They’ve spent beaucoup on testing for him. S and I, because we spent 10 years alone, we’re real, real close. He was able to verbalize and talk about anything to me. And I loved that. It made taking care of him easier. Spencer, kids with Autism, they don’t want to talk. They don’t want to be touched. I had this kid who bounced off the walls. She (her daughter) was so normal and just did everything. And my third one looked like he was in a coma. He was like the best baby in the world. He napped and he was so pleasant and just this real sweet baby. And it’s weird because all these kids, no matter what they’re diagnosis is…we went to the Child Study Center for S, and they couldn’t quite put their finger on what to do for him. They didn’t know what to do. They just thought maybe I had a bad marriage. The doctor said, “Well, let’s try this to see.” They really didn’t come up with anything. They just thought maybe he needed some physical therapy and that I needed to get my marriage….I’ve been told through the years
that if your marriage is either bad or it was the new marriage, or there’s a new baby. There’s always something and there has to be a reason besides what it is.

SECOND INTERVIEW WITH MOTHER OF S, SON WITH SCHIZOPHRENIA AGE 28

TODAY I WANTED TO GIVE YOU AN OPPORTUNITY TO TELL ME ANYTHING YOU MAY HAVE WISHED TO TELL ME LAST TIME WE TALKED. ANY OTHER THOUGHTS ABOUT YOUR SON THAT MIGHT HELP US UNDERSTAND THE DISABILITY OF SCHIZOPHRENIA.

…I in my family, everybody loves S, because he had personality. But people don’t want to hear about mental illness. My own family is that way. “Oh don’t give me that crap. That’s just something you say for rude children.” My Mother never wanted me to tell people. “Do not tell anybody.” You know, they got upset if you….They loved S to death, but their idea was to go to the country. When things were bad for him, “Let’s move and take him out of school and just let him be.” And they were dead serious, honest. Just quit society. Okay, but what happens when y’all are dead, and I die, then what’s going to happen to him? The biggest reason I got with the NAMI, I had to find out what I do. There’s a whole life out there we had to know about. Social Security, disability, housing, what happens when he reaches 18? I’ve tried to educate my mother somewhat. It’s like she’s got one finger in her ear and going, “Okay, tell me a little bit.” She knows some of the stuff. I’ve tried to teach her that I’m S’s pay representative. About documentation and stuff. I teach parents…This is like S’s notebook that you teach them how to do because the first thing is keeping your records and things. It’s very important for social security. Everything that you have to have you always show the same people. I tell the people like the moms I work with now, that I kept a diary of what he was doing so I could go in and tell the doctor, “He didn’t sleep.” “What do mean he didn’t sleep?” “Well, he woke up screaming and when I went into his room he looked down at his legs and said Satan touched me. I can see the hand prints right there.” And S’s looking at me just wild eyed. He’s wide awake but not awake. He’s seeing Satan’s hand prints all over his legs and just screaming bloody murder. And the next night it might be the computer talked to him. And he always would hear this roaring stuff. It was just devastating. And I kept a record of medicines. I take that on my Support Group. I do a Support Group once a month for the parents.

THINKING OF WHEN HE WAS IN SCHOOL, AND THE TEACHERS THAT WORKED WITH HIM, WHAT THINGS DO YOU THINK THE TEACHERS DID THAT HELPED HIM OR DIMINISHED HIS SYMPTOMS?

The biggest things were like they didn’t follow…and I don’t mean to sound like they didn’t follow the rules. It was that they made up assignments for him on his strengths that…like the teacher that knew he could draw good. They specifically thought of, “Okay, I’ve got this assignment, how can I…” I mean, they made that individual education plan truly mean individual education plan. It wasn’t a cookie cutter thing for them. They didn’t just say, “you just do 10 problems and everybody else is going to do 20 and you’ll just do 10.” That’s what everybody thinks modifications are. But they really modified his work. They really went to lengths to…How could he tell a story? Anything he could do with his hands or if he might could do a little play with some other kids. I mean, there were so many things that they did…“How could I tell that he read this? How can I get the math from him?” These three very special teachers… doing this special stuff with him…they just made up how to see that he gets that knowledge. I thought that was neat, because you’re wanting to see if they learned.

WHAT YEARS DID HE HAVE THOSE THREE TEACHERS?

They were 11th and 12th grade.

SO WHAT WAS JUNIOR HIGH LIKE THEN?

I homeschooled him…he didn’t need the hospital during that time, and then he went in to the school that one year. That year that we put him back in school…it was the only school year where he went to the public school and he didn’t end up in a hospital. And again, it was the teacher that had been….she
wasn’t a teacher. She was the principal at that time. She had been the special aide when he was in kindergarten and she is now at the Northwest School District. It was amazing. We had a failure at my CRCG. This kid was not making it at Eagle Mountain. They built a room for this kid. Built a little building… I mean for him. Could not function anywhere else and nobody could do anything. Left Eagle Mountain, now in Northwest School District where this Connie Finley is and she’s a saint on earth. One of these angels. Again, she would tell these people, you work with the kids and see what they need and not just knock a few assignments off. See how you can get them to do what they need to do. This kid who was at Wichita Falls and was hopeless and was suicidal is flourishing out there in regular classes. And S was not in special education that whole year.

WHEN WAS THAT?

That was in 8th grade because she made a team up for him. Hand picked his teachers. You know, teachers that were capable of working with a kid with some special needs that you had to have some patience. A lot of patience working with these kids. Again he had a good personality and they seemed to really like him. They just basically worked with him. They didn’t come down heavy. It wasn’t like… One thing he could not cope with was homework. These kids, it takes everything they’ve got to make it through the day. If you give them hours of homework, they’re not going to make it. They cannot do that. I refused to let him…I never resented anybody telling me I was babying my son. I knew that with a mental illness they needed that down time. They needed that time to breathe.

RIGHT. TO RELAX.

That was exactly right, because he looked like a balloon that you popped every night when he walked in the door. I didn’t want this explosive behavior person. He needed the time to read his comic books and stuff because it took every bit of energy he had to take that medicine at night that takes so much out of you and get up and function the next day. And he needed to have some incentives too. Okay, you can read your comic books and play your Nintendo for a couple of hours in the evening. And that was a biggy to him. You know, again, they did things…I think they did things like making him a monitor. They gave him things that made him feel proud of himself. They’d find some little job to be the teacher’s helper. You know, maybe let him help correct papers and stuff. They’d always, you know, like you’d be the buddy to somebody else. Each one of those people always found somebody for him to take care of and they could secretly… He never knew a lot of helpers that were helping him. To this day he doesn’t know there were people that were chosen to watch him and be with him, and to be his buddy. But he would know that he was chosen to help somebody. That was important to him, especially as humiliating as I think mental illness is, one of the most humiliating, degrading things that can happen to a teenager. Their hormones and all this stuff. It’s humiliating being a teenager. You thought mental illness on top of it and some of the medicines, you know, have… it functions with your sexual drive and everything. So he had boy hormones and all these weird things are happening to him. They need so much compassion. I usually tried to... They would always usually find one male role model. It may be different for the girls, but somebody that they… that one person that would be their… It had to be one person that… and it usually wasn’t a teacher. We picked somebody that always had an office that if he felt threatened or that he might go off in a rage, and each one of the teachers were aware of this and he did not have to ask… I know this probably sounds far out, but he didn’t have to ask their permission to leave the room because he couldn’t… If he was like that, he couldn’t speak. There was a signal that they always did... I don’t know. He might have held up a finger or whatever. Nobody ever chased him down the hall or threatened him to come back or try to do a restraint. He was allowed to leave the room quickly, go to that room, and then he may or may not feel like talking, but to decompress in there for as long as was needed. I don’t know, it might have been something that somebody said that set him off. I know at times he heard voices and stuff. It was good that he knew to leave when he felt like he couldn’t take the situation any longer. Whatever was going on in the room at that time. And each one of those people never had a power trip. That was a good thing. If you have a teacher who’s on a power trip, they don’t work with these kids because I’ve dealt with so many people like that. There was a principal I was working with. He was determined to get a kid out of there. “That kid’s not going to act this way in my school.” Instead of….It was like the kid was doing something to them. They take it personally. I’ve
seen them put their hands on kids and agitate them. The worse thing you can do is (slap) “Turn around here boy.”

GRAB THEM.

And start grabbing with them. If you just…I don’t know if you know Sharon Rutherford. She’s Regional 11 person. She’s on the CRCG and she was talking about one of the…There was a person that she knew at the schools and she got everybody to back off when this kid was doing this. And it’s good to recognize sometimes to back away from these kids. Just let them be. And when they’re calm…. And I had to learn that with Steve, because as a mother you’re used to, “Do it right now. Do what I said.” And you could not get in their face. I had to learn sometimes to back off and maybe when you’d want to say “Take out this trash right now,” or whatever it is. I didn’t know what was going on. Now why would I want to get in his face and say, “If you don’t take out that trash I’m going to take your Nintendo and put it in my back seat for the next six months.” My second husband was not Steve’s Dad. We were going through a divorce. It’s been going on for a year now. The hell that kid went through was because of power trips. We spent a lot of time in therapy and that was a problem for him. He would do those kinds of things. He took Steve’s Nintendo once like that and that was…He could not get himself away from that thing with the confrontational that just…. If I said “So you do it right now”…

THAT DIDN’T HELP TO DO IT THAT WAY.

It was like we had two different homes all these years because he couldn’t cope with Steve. And we came to a point…There came a point one day where he got too rough with him physically and from then on it was, “You’re either out of here.” I had three kids. As far as I’m concerned, he only had two there, because he could not control himself around Steve. Steve just set him off. We could not be in the car together and they were not at the table together. It was a real strange home life here. And that’s what most of the school people…. They don’t know. These kids sometimes have got horrible home life because….There are so many blended families. And these kids…You put a blended family also with a mental illness…..and that’s hard because it’s not easy to love them. You know that. It is hard. Everything inside of you is saying because of the way your parents raised you, or the way you just know the basic things, and you’re just going….there is no logic to mental illness, so logic doesn’t work on mental illness. To me, that’s it in a nutshell. If there’s no logic in mental illness, you can’t logically talk it through. What they know now, all the research, there’s no psychology that you can do with mental illness. You’re not going to go…We had a psychologist who worked with Steve on coping when he’d feel the urge to hurt himself or the anger. And maybe sometimes you need that kind of skill taught. But there’s no talking through schizophrenia. You can talk through a divorce, and you can talk through a depression over grieving and those kinds of things. You’re not going to talk through bipolar or schizophrenia. And I think that’s one of…again, sometimes there’s nice teachers who want to reach somebody and they don’t understand because they think they were nice to them and they weren’t nice back. So you know, they just write them off. That’s what Gary used to say, “I tried and he didn’t do what he was supposed to do.” This was a kid, you know. He was like, “I did what I was supposed to do and he didn’t do what he was supposed to do.” And you just don’t get them to understand. He couldn’t connect with other people. He used to think that would just try and find anybody that would just baby him. But you’re not looking for somebody to baby him. He can’t work over 15 hours with his social security, and plus if he does too much, it’s too much stress. That’s what we saw when we tried to do TCJC with him, I saw even on Clozaril, and on the medicine if he stabilized, people don’t realize that. You can be stable on your medicine, but if you over stress, all that can start right back in and I would try and get that across to the teachers. Yes, he can look okay right now, but what you don’t understand is every day can be a danger if there’s too much put on him. Too much stress…just normal, everyday life kind of stress. It’s like it’s not working again.

IT CAN BE NORMAL, EVERYDAY STRESS THAT ALL OF US EXPERIENCE, BUT THEY…IT’S TOO MUCH FOR THEM.
You know what was funny? When he would tell me what it was that would set him off or what was too much, and I would go, “That was it?” And you would try and think, but I don’t understand. But in their mind, because they’re minds aren’t thinking right, it was stressful to them.

WHAT KIND OF THINGS WOULD BOTHER HIM THE MOST?

He might have a good example when he comes in to talk to you. It was usually a fear, because he would start thinking...he would be worried about...like if he didn’t turn in his assignment when he was supposed to, the fear of what might happen to him built up to such a large degree. The fear would then turn to anger, to this rage, to this...you know.

RIGH, IT’S JUST TERRIFYING.

And so I can see with Steve sometimes the thoughts of thinking he might be in trouble for something like not getting an assignment done or didn’t understand it. And it would be frustrating too if he didn’t understand and he would try and go for help and he didn’t feel like they were trying to help him. Those were usually our biggest problems, because he would say, “I tried to talk to them and it didn’t work.”

LIKE WHEN HE TRIED TO GO TO SOME SCHOOL STAFF MEMBER FOR HELP?

Because I would try and teach him that. I would tell him, “Adults are your friends. Trust a policeman.” And he would say, “I did what you told me to and it didn’t work.” They’d say, “So what kid, you had your chance.” You know, sometimes people do that way. I can remember that thing about the notebook. One time we had this one that was supposed to be the so called cool off guy that was going to be our guy and he was a total flake. He let Steve down and me down because he didn’t stand behind anything. He sounded good, but he didn’t stand behind it. You know, it’s like when Steve tried to go to him and talk to him, “I’ve got 15 other kids to worry about. I don’t have time to talk to you. I can’t do that right now. You’re going to have to go back to your area where you came from and not bother me.”

AND THAT WAS JUST THE THING YOU HAD ASKED FOR, HELP AT THE NECESSARY MOMENT.

Yeah, you are our contact person. We made an agreement.

AND HE’S STILL TREATING HIM LIKE A REGULAR PERSON THAT HE CAN SOMETIMES HELP AND SOMETIMES NOT HELP.

Yeah. “Go back and wait your turn.” And they don’t understand to wait a turn.

THE CRISIS IS NOW.

Yeah. The crisis is now. A person with schizophrenia, when they’re in a crisis, you better stop and look. They’re usually victimized or hurt more, but when they’re hurting, somebody might be going down with them.

DID HE HAVE TROUBLE GOING FROM CLASS TO CLASS?

Yes. And it’s like...Steve said it was like being in the middle of a football field and all these people screaming and hollering and noises and stuff. It’s swirling around and around. They thought this was so stupid in high school. I got so much grief. “The kids in high school now, let him grow up.” You don’t grow out of schizophrenia. Have you gone to psychiatric hospitals? There are adults up there. I don’t understand their thinking. “Let him grow up, let him face what other people are going to face. He can handle it. You’re going to have to let him get in trouble. You’re going to have to let him stand on his own and be his own man.” And you’re just asking for a simple thing. Let him leave the class 10 minutes early and get to the next class. That way you take out that rush, that swarming, that jostling. When it’s overcrowded, Keller was extremely overcrowded. That’s when they built the new high school. You’ve got too many kids where you can’t even walk down... I don’t like it. I just knew then that he
wasn’t doing good. He always looked nervous and…It’s another person you’ve got to make an agreement with, and another person you’re hoping you can connect to.

ALL THE DIFFERENT PERSONALITIES.

You’re thinking, “Okay, will this person…?” Did I pave the way?” Because I would always try to pave the way and you hope that relationship is going to work out. We worked real good with just having a few teachers for him too. The more teachers you give these kids the worse it gets.

IT’S STRESSFUL FOR ANY TEENAGER, AND THEN IF YOU TOP THAT WITH A MENTAL ILLNESS, THEY JUST CAN’T HANDLE IT.

I don’t understand, why school personnel don’t understand. I’m always looking at them and going…(deep breath and shakes her head in disbelief).
Interview with Mother of Son S and Son S
with Schizophrenia—Age 28

Mom: And the doctor’s know nothing. Dr. Fisher had done that big suicide attempt with Steven and I didn’t want to put him back in school. Dr. Fisher said, “Isn’t there a special school for schizophrenics?” And I just looked at him and I thought, “Oh my God, are we in trouble.”

HE DIDN’T EVEN KNOW THAT.

Mom: “You’re my help. I’m coming to you for help.” What I learned real quickly was your doctor is… “Here’s a pill.” But like Rebecca who’s wanting to go to college and already in their classes, a lot of these kids in high school are taking some mental health courses that are like psychology, but they are not psychology. So you assume that a lot of people that are going to college are taking basic psychology classes that you would find out a few things. So you think that if they’ve got a degree in teaching, that they’ve had some basic to know about.


Mom: You don’t expect them to be a doctor, social worker, psychiatric, you know. I’m not asking too much. But if I was going to be a teacher, and especially to me, my big job was trying to educate the world that there are children in the classroom, whether you know it or not, who have mental illness. I’ve wanted to… That’s been my message to get out. Do you know how many are in there? Somebody should ask them sometime and see. They’d probably be shocked.

RIGHT. THAT’S TRUE. I NEED YOU TO READ OVER THIS PERMISSION SLIP AND INITIAL AT THE BOTTOM. WHAT I WAS WANTING TO ASK YOU WAS IF YOU COULD GIVE ME ANY IDEAS…IF YOU CAN REMEMBER BACK WHEN YOU WERE IN HIGH SCHOOL…THINGS THAT BOTHERED YOU OR THINGS THEY DID THAT CAUSED YOU PROBLEMS THAT THEY SHOULDN’T HAVE DONE.

S: Not much was happening in high school as much as compared to… Some teachers I had problems with. When I was in Special Education in 4th and 5th grade, like when I was out of control they just put me in a box. They had a box in the corner. They put me in there for about 20 minutes or so.

YOU HAD TO GO IN THERE AND SIT IN THERE?

S: Yeah. They pretty much give me my work or the assignment I was working on and put me in the box.

YOU DO YOUR WORK IN THE BOX?

Yeah. They give you a little desk in the box.

WAS THERE A FLASHLIGHT?

No, because there was no ceiling. It was just the four walls.

FOUR WALLS. SO YOU PUT YOU IN THERE AND THEY PUT THE BOX OVER YOU?

No, the box is already there, and there’s a little door.

A LITTLE CARDBOARD DOOR?

Yeah. Well, the box was made of wood.
OH, IT WAS A WOOD BOX.

Yeah.

Mom: They used to have a cardboard box.

No, it was a wooden box. It was made of wood.

SO YOU WENT IN THERE FOR A PUNISHMENT, NOT JUST BECAUSE YOU WANTED TO GO THERE AND WANTED...

No, I wasn’t too thrilled to go in the box.

SO IT WAS MORE PUNISHMENT?

Yeah. I would cut up and act silly. Sort of the class clown.

SO WHAT DID YOU THINK ABOUT THAT? IF OTHER KIDS...IF YOU WERE THINKING OF OTHER KIDS IN THAT SCHOOL, WAS IT A GOOD THING THAT HELPED YOU OR DO YOU THINK IT WASN’T GOOD?

It didn’t really seem to do no good. You know, other kids got put in the box too. Everybody had been in the box one time.

Mom: I thought, “Where was the human in this woman that she could cause more pain to a child like that.” You know, some of the times when the teacher was supposed to let you go to the cooling off room and how some people wouldn’t let you. Remember the teacher that was supposed to let you do the assignment notebook and she’d say, “No, I’m not going to.” That, to me, would be the most frustrating. If I went and did the ARD for Steve and sit up things, and I would tell him, “Now you go in and this is what’s going to be done.” And they didn’t follow through on the things that we’d talked about that was going to make it easier for him.

DID THAT FRUSTRATE YOU WHEN, LIKE THE GROWN UPS WERE SUPPOSED TO HELP YOU AND THEN THEY DIDN’T?

Well, to a degree. They didn’t seem to really know what they were doing. So that being the case, they just assumed they didn’t have to deal with it.

SO THEY COULDN’T THINK OF ANYTHING GOOD TO DO, THEY JUST DID NOTHING?

Yeah. It was just a teaching job maybe to them. They’re here just bidding their time.

SO YOU DIDN’T REALLY FEEL THAT THEY CARED ABOUT YOU?

They didn’t have enough knowledge of what they were doing because Special Education teachers should be different in the way they teach. And they should know different things because Special Education is different than mainstream.

RIGHT. IT’S CALLED “SPECIAL.” BUT YOU FOUND THAT WASN’T THE CASE? THEY DIDN’T SEEM TO KNOW MORE?

As far as their mentality goes, they were just another teacher just like everybody else.

Mom: I thought that sometimes that they were stricter and harder. That’s what surprised me. They tried to raise the bar and discipline for kids like that, instead of knowing how to deal with it better.
That's the way it always seemed to me. Heavy discipline instead of "How would you work with this child?"

Discipline is good, but in that situation you should have discipline and understanding at the same time.

THINKING ABOUT WHY YOU MIGHT BE CUTTING UP IN CLASS OR WHY YOU MIGHT...

Mom: They know these kids would rather look like that then look like they're stupid, or they don't understand. Who would want to be embarrassed?

Our school doesn't... The main teacher I can remember that really didn't work good was Ms. Staley. Do you remember her?

Mom: Oh, yes. That's who I was thinking about. She was the one who... "I absolutely refused to do this notebook and I don't care how many people sat at that ARD and talked to yal." Everything that we asked her to do, "I'm not going to do it." What was her subject?

She was history.

Mom: And S had loved history. And I just thought when you take a subject that he was good in, and make it a nightmare... She was just mean.

What was that class I kept going to... That I would go to the, Vocals... When I was in Ms. Staley's class? What did they call that? It was also like for people who wanted to get out of the classroom and go...

Mom: It was like a Resource Content Mastery.

Content Mastery. Yeah. I'd go in there sometimes when it was time to do the assignments.

Mom: Yeah. Mr. Vocal was our contact person.

But there was also another room I'd go to that other people go to and study. Was that the same thing?

Mom: Yeah.

WAS THAT HELPFUL OR NOT?

Yeah, because it was more... I could spend time doing whatever I had to do. In Ms. Staley's class, Chris was in there too. Do you remember him?

Mom: Yes.

And we'd cut up.

Mom: She just did not take to S at all. And sometimes they would get upset, like "Okay, you're asking too much for this kid." And they would get upset at the ARD and you would have a whole year with a teacher whose like, "I'll show you." That was where she seemed to be coming from. "You're not going to tell me what to do. I'm going to do it my way. I'm not going to do this." It was so frustrating for me, and it seemed like it really hurt him at that time. It was a simple notebook and it was to help.

SHE WOULD WRITE HIS ASSIGNMENTS DOWN...

Mom: Well, she was supposed to be because he had trouble getting it down. So what we asked her to write down so I... It would be sent home to me.

SO YOU COULD HELP AND HELP HIM REMEMBER.
Mom: She would tell him, “Well you write it down yourself.” Well that was the problem. That was why we came up with, “I’m not going to do that. I refuse.” And I would get upset with Mr. Vocal sometimes because I thought he should have been more of a help. Sometimes he’d tell you to…I didn’t think he’d let you come in that room as much as you needed to.

Well, he wasn’t very good at helping me out with things. He’d say…I’d ask him a question or something, and he’d say, “Well, I don’t know this. You need to look at it and figure it out.”

ACADEMIC THINGS, THEY WEREN’T VERY HELPFUL?

Mom: Right. But see, that’s where it didn’t make any sense because they knew how major his problem. The guy who was supposed to be our special person, and he would do that at him. Now if I knew I was that special contact and this was my kid and I’ve got that in my job, I’m going find out what do I need to do to help him. Who can I go to and get somebody to help him with his problem. This is the kid telling me…He’s my charge, this is my special relation, I’m going to go to somebody and find out instead of just going, “Go sit down and figure it out yourself.” Because if he couldn’t figure it out, and he couldn’t get it done, then he was going to get in trouble. So what good was it doing to come in there?

HOW DID THAT MAKE YOU FEEL WHEN THAT WOULD HAPPEN?

It made me feel like he didn’t really know what he was doing either. I’d ask him questions, and he said, “Read it and figure it out. It’s somewhere in there.”

SO YOU WERE SITTING THERE AND HE SAID THAT AND YOU WERE TRYING TO READ IT AND FIGURE IT OUT, HOW DID YOU FEEL?

I was frustrated because this was supposed to be something that was supposed to be helping me out. He was supposed to be working with me. I didn’t feel like he was…He was throwing that responsibility back on me.

SO DID YOU JUST KIND OF SHUT DOWN AND NOT DO IT, OR DID YOU TRY TO FIGURE IT OUT?

I tried and just looked around because I’d be reading my history and trying to look up dates. So I just pretty much just skimmed pages because I really didn’t want to read all that. That was like eight, nine or ten pages.

DO THEY HAVE LESSONS WHERE THE TEACHERS TAUGHT THINGS AND USED VISUAL AIDS AND INTERESTING PROJECTS, OR DID YOU JUST READ THE TEXTBOOK AND ANSWER QUESTIONS?

It was mostly reading the textbook. One of the classes that did the most, as far as visual stuff and more laid back was probably Ms. Holland’s class.

Mom: Yeah. I was telling her about English. That was the special teacher.

WHAT DID SHE DO THAT YOU LIKED THAT YOU CAN REMEMBER?

She made it simple to understand. She was one of the (inaudible).

Mom: And she wasn’t a special education teacher. She was an honors teacher. I loved her to death.

BUT SHE HAD SOME CREATIVE IDEAS?

I still see her, you know. She’s one of my customers at the store.
OH REALLY. SO SHE COMES IN WHERE YOU WORK?

I work at Albertson's on Precinct.

AND YOU SACK GROCERIES AT THE CHECKOUT?

Technically I'm a sacker. I don't do much sacking. I do mostly stocking. They have been go up and restock eggs, milk, beer, and stuff like that. Our ice machine was broken the other day, so we probably got our new pallet of ice and I got to stock all the ice back up.

THAT'S PRETTY HEAVY, ISN'T IT? THOSE BIG ICE BAGS?

It was on a flat and it was probably about 500 bags of ice, or a little bit more. It was on a flat, so I just got me one of those lifts for it and I took it to the front.

HOW LONG HAVE YOU WORKED THERE?

Since December 8, 2002.

SO A LONG TIME. DID YOU HAVE OTHER JOBS BEFORE THAT?

Oh yeah. I've been working since I was about 16.

DID YOU EVER GET FIRED FROM ANY JOBS THAT CAUSED YOU A PROBLEM?

Well, when I put in my two weeks notice at Kroger's, they cancelled it. And Tom Thumb right down there, they cancelled it.

Mom: The biggest problem was at the Kroger's with Cheryl. And see, we went to her...he had gone through the high school, so they knew who was special ed. They knew about social security. They knew that he had to have...And he had a job coach at that time. And she started causing a lot of problems. She would put too many hours on there and then tell him, “Well, get somebody else to work it.” And he had a lot of....

THEN IT WAS YOUR RESPONSIBILITY TO TRY AND FIND SOMEBODY?

That's business.

Mom: And I just couldn't believe she did that. Because as long as he was in the school program, they layed off him. But once he graduated....And I tried to explain to them and they would....It was like, “You’re his mother. Why are doing this?” But then we learned to get the job coach more involved and we was hooked up to MHMR with Tom Houston. But I just couldn't believe it. I thought that was really crappie of them because they knew that and understood that he had to have the hours that he did. I mean, he'd been there for a couple of years already. She did that and they didn't stop, so he eventually quit. And he didn't work again for a while. It caused some bad problems. I dread Spencer going into high school. I am so worried about that. You know, it's funny because he and Rebecca both were left handed. That was another thing. We always had to...he had funny handwriting. He'd hold the pen funny which made the handwriting even more of a problem, and each teacher...We'd spend more time talking that. Let's let this go. We're dealing with some deep problems.

MORE LEFT-HANDED PEOPLE DO HOLD THE PEN IN A DIFFERENT WAY BECAUSE YOU'VE GOT TO BE ABLE TO SEE WHAT YOU'RE WRITING WITH THE LEFT HAND.

Mom: It'd get so drawn out. To me, it always looked painful the way he would write.

It was quite comfortable.
Mom: And Spencer draws that way.

YOU CAN DRAW REAL WELL TOO, CAN'T YOU? YOUR MOM WAS SAYING YOU LIKE TO DRAW.

Yeah, I draw better than Rebecca and Spencer.

Mom: Spencer’s artwork is good. Well, both of them. It goes through our family.

Whatever.

NO CREDIT FOR THE BROTHER, RIGHT?

He may draw good, but I draw better.

Mom: He does draw good.

But I draw better.

Mom: Something that he does, the bad thing that’s strange, is he never brings the pen or pencil up. They just did a testing on him for physical therapy and he qualifies for insurance, but not for the educational because since he stays in that room and doesn’t get any exercise and just vegetates back there…and kids with Aspergers kids have bad muscle tone and he hates to jump or skip or do any of those things. It’s embarrassing to him. And he can’t ride a bike. He can’t do the…You should have worked with him a little bit more out there. He will not go outside. It’s always too hot, or too something. You need to try and spend some more time down here this summer with him.

AND HELP HIM SOME MORE?

Mom: Yeah.

Does he play his games still much?

Mom: That’s all he does. But I’m worried about him for the summer before going to school. To me, it’s like when they hit high school and you think of the guys that look at a kid like him and you picture him being a target in the locker room or something.

BEING TEASED OR SOMETHING.

Mom: Being teased, or their head shoved down the toilet, or beaten up. I don’t know why that just stays on my mind with him more than anything. You see these kids being victimized because they don’t….He’s always been picked on and pushed around, and he doesn’t know how to take up for himself. I didn’t worry as much about Steve like that. You didn’t seem to have a problem like that, but Spencer has gotten…

I had lots of friends in high school. But I didn’t look different. I didn’t look like that.

Mom: You think Spencer looks like something?

It don’t phase me none.

BUT PEOPLE CAN TELL HE’S GOT AUTISM OR ASBERGERS BY FACIAL EXPRESSIONS?

Remember what I looked like in 9th grade. Freaky looking with long hair.

Mom: I probably do have a picture here. That was you about 8th grade.
YOU SAID YOU HAD A LOT OF FRIENDS IN HIGH SCHOOL. DID YOU HAVE ANY TROUBLE WITH PEOPLE TEASING YOU OR BOTHERING YOU?

Not much in high school.

Mom: He didn’t want people knowing about anything. He didn’t want anybody knowing he took medicine or anything. It was real important for nobody to know. And the picture in the Star Telegram when they came here, he wouldn’t let them photograph his face. They did a picture of him and Rebecca, but his face wasn’t in it. And since my last name is different than his…You know, because my mother’s like….If I put something in the paper….A couple of years ago I got volunteer of the year award and different things, but they always don’t let anybody…She just has a hard…But him, I think he thinks on the job if people find out they’ll treat him different. And at school you knew they would. Remember I was telling her about driver’s ed and how the driver’s ed teacher was.

I didn’t have much sense at that moment.

WHAT HAPPENED?

I said I was….You know, I was in driver’s ed and we’re going to Precinct Line, and that’s where my psychologist at the time was, and I mentioned that was my psychologist office. And I guess I was naïve enough to say what my illness was and he said, “So when’s your other going to come out.” My other? What other? I don’t have another? I just have me.

IT SHOWS HE DIDN’T KNOW WHAT HE WAS TALKING ABOUT, RIGHT?

Yeah. He’s thinking of MPD.

Mom: Multiple Personality Disorder.

YEAH. IT’S NOT THAT AT ALL.

Mom: You said that right, come to think of it. How’d you do that?

Because I know about that stuff. I did take college psychology.

Mom: Well you smart little thing. And you’re looking and you go, “Okay, you’re an adult. You took college.” He had to take college because he was the coach and you’re just going Ohhhh. And you should have seen the look on his face.

AND JUST COMMON SENSE, YOU WOULDN’T SAY SOMETHING LIKE THAT.

They said in college that a lot of people get confused with LPD and they think that it’s the same thing as where you’re like one person one moment, and then without a warning switch into another personality in the way of thinking about one. That’s not quite the way it is because… It’s got me.

Mom: Jacquelyn Smith did a whole show with that Michael Lureay. He was in that dance…That girl that did flame dance. That famous movie. Flash Dance. And it just drove me crazy because the whole movie was this guy had schizophrenia and he was Jekyll & Hyde. And that wasn’t that long ago. And you’re going….Hollywood; you’re supposed to research these roles.

Wasn’t that about 20 years ago? I haven’t seen Jacquelyn Smith doing anything in 20 years.

Mom: No, she always does Hallmark movies and stuff. She does stuff. She did one not too long ago. Every once in a while she comes out…. She always does those movies like that. You’ll see her in those. Patty what’s her face that has bipolar has done one. She’s done some really good stuff. That
was amazing to see that she had that. People like her come out and said this is what it looks like, this is what it is.

AND NOW THAT YOU'RE LIVING ON YOUR OWN, HOW DO YOU DO TAKING YOUR MEDICINE? ARE YOU REAL CAREFUL TO TAKE EVERY DAY?

I take medication, yeah.

DO YOU LIVE MY YOURSELF?

My fiancé lives with me.

IS THAT LISA?

Yeah.

Mom: Thank goodness.

This is who I'm cheating on Lisa with. (Laughter)

THAT'S THE BAD THING ABOUT TATTOOS. IF YOU BREAK UP WITH HER YOU'VE GOT TO FIND ANOTHER GIRL NAMED LISA, RIGHT?

Right. But we're not going to break up. We've lasted three years. We just had our third year anniversary April 11th.

DOES SHE HELP YOU TO REMEMBER TO TAKE MEDICATION?

Oh yeah. She takes medication too. She's manic.

Mom: Bipolar.

Yeah, she's bipolar. She takes Excula, which I wouldn't let her take her Excula last night.

WHY?

Because a couple of night ago when she took her Excula, about 30 minutes later...You remember how I would have felt when I overdosed on Nicosereal. She felt like that too. And she was real dizzy and lightheaded.

Mom: Why didn't you call...?

It was at night.

Mom: No. You always call the Crisis Line. You call the clinic...

She had to lie down. She felt better the next day.

Mom: Call the clinic.

That's what I told her to do. I told her to call the clinic while I was gone.

Mom: When something like that happens, Steve, call me and talk to me about it. Don't tell her not to take the medicine because she has to take it to a therapeutic level. If you stop it, sometimes those medicines affect your blood pressure and stuff, and you don't know enough about that. So don't ever do that again. That's dangerous.
TO STOP AND START?

Mom: Yeah.

So she can call you and tell you?

Mom: Just so that I can talk this way, but she needs to call the doctor. Today’s Tuesday. Have you call the doctor and tell her how she felt and that she was dizzy right after she takes it, they might need to lower the dosage. But again, you’re not...It’s not just always affecting the brain too. A lot of other different things that your medicine is affecting there. That’s just like Spencer’s Guanidine affects his blood pressure. You can’t just stop taking that.

AND SOMETIMES SOMETHING ELSE COULD GIVE YOU A SYMPTOM.

Mom: But, they’re going to be assuming when they see her that she’s taking it Monday, Tuesday, Wednesday, Thursday, Friday and Saturday, and waiting for it to get to a certain level. And they won’t know to decrease or add, or what to do. Maybe they need to discontinue that medicine right then, because sometimes he took one pill and went into that (inaudible). And one of them, I can’t think what it was called, that reaction...the tongue came out. The head arched back. And he went into a ….They did the Bendrel and Quogenton and we could not get the arch out of his back for over eight hours. We had him in the floor trying to straighten him out. It was just... This was high school years.

That’s when I was in Oakbine?

Mom: PCP Oakbine. And you’d come home.

I was in there for one week.

Mom: That was the one that took your jacket.

Yeah. They wouldn’t let me have my coloring books because they told me they thought I was going to take my staples out and kill myself. I was even in there for suicide in the first place. I was there because I wasn’t feeling well and I needed to be detoxed on my medication. And they took my shoe strings away. And once I talked them into letting me have my books, they would only let me have three books at a time.

Mom: They had him in such a mess when I went to see him and they hadn’t even.... They were not looking at him and taking care of him. When I got there he was shaking and drooling real bad. And I called the doctor and the doctor....I’m looking at the nurse and going, “Something’s wrong with him.” He couldn’t raise his head up and talk to me. It was over like this. He was drooling and it looked like he was having a seizure. Those were the people that took the jacket. They’re worrying about a jacket, but medically, he was in bad shape. I just.... If I’m a teacher and a kid comes in there on these kinds of medicines...because that’s what I would tell them. I said, “There’s some medicines he takes....” I hate medicine changes during the year. I just hate it because when he was in the 3rd grade...he didn’t remember doing this...but they put him into a locker until I got there and held the door shut. Lithium, I don’t know what it does for schizophrenia. I know that a lot of times they mix the bipolar and schizophrenia because at first they diagnosed him with bipolar. And so they kept trying to do the Lithium. But Lithium makes him go into these mad dog rage killer things. And the first day the psychiatrist had us give it to him was on a school day. We give it and he goes to school, and he goes into this rage. They put him into a locker and held the door shut until I got there. And they tried it in the hospital again because they were looking at him and they said we think he’s bipolar, and so they’re giving it him. They got it to a toxic level. They sent him home...I mean, he got sick. He chased us around the house with a butcher knife all night. We had to go right back to the hospital and we’re going, “This isn’t working.” The Lithium he’s got a bad effect. We brought him in with him wanting to kill himself. They send him home and that night he had butcher knife. The Lithium he goes out of his head.
He has no idea what he’s doing. I could not believe that they… But the psychiatrist don’t even thing, “Okay, this is a small child. They’re going into school. Okay, give it to him the next day.” There was a time when you could put them in the hospital and do a medicine change, and now we don’t do that. That should be done, but now we don’t. And you can image. The teachers… They’re here and they’re trying to get their lesson planned and next and next, and here’s this kid with this dangerous medicine that… You know, I did not realize all these medicines have never been tested on children. All the medicines were tested on adults, but no psychiatric medicines have been tested on our children, and yet we’re giving it. We’re just sort of playing with things and seeing. That’s how they accidentally got it toxic. And that was at the hospital. They went, “Oh, we made a mistake.”

WHAT MEDICINES DO YOU TAKE NOW, S?

Clozaril and Paxil.

AND HOW LONG HAVE YOU TAKEN BOTH OF THOSE?

Oh, how long?

Mom: Two years.

Two years on Paxil. Clozaril, I’ve been on that since 1992.

Mom: 1993, wasn’t it? Was it 1992?

SO FOR A WHILE YOU JUST TOOK CLOZARIL, AND THEN YOU STARTED TAKING PAXIL?

Yeah.

SO DO THOSE TWO SEEM TO BE THE BEST FOR YOU SO FAR, YOU THINK?

I think so.

Mom: He failed every other medicine. Twenty-six different medications all through school.

SO GETTING BACK TO WHAT ADVICE YOU’D GIVE TO TEACHERS. CAN YOU THINK OF ANYTHING ELSE THAT TEACHERS SHOULD AVOID DOING, NOT DO?

Should avoid doing?

YEAH?

Mom: Think hard, because this is important.

They just need to get some education on it.

Mom: No. Now think about like how….

LET ME PUT IT THIS WAY. ONE THING…A PROBLEM WE’RE HAVING WITH GETTING AN EDUCATION IS THE UNIVERSITIES DON’T KNOW WHAT THE EDUCATION SHOULD BE. WE DON’T EVEN KNOW WHAT TO TELL THE TEACHERS TO DO OR NOT DO. SO THAT’S WHAT WE’RE TRYING TO FIND OUT. IF YOU CAN REMEMBER SOMETHING THAT A TEACHER DID THAT DID NOT WORK, WE’RE GOING TO WRITE IT DOWN AND WE’RE GOING TO TRY TO CREATE ACTUAL LESSONS TO TRAIN THE TEACHERS WITH. LIKE, “DON’T DO THIS.”

That’s difficult though because everybody is different. It’s not like one idea can work for everybody.
TRUE. BUT THAT’S WHY I'M INTERVIEWING A WHOLE BUNCH OF PEOPLE. SEE, I
INTERVIEWED YOUR MOM AND YOU, BUT THEN I’VE INTERVIEWED SOME OTHER PEOPLE
YESTERDAY OVER IN GARLAND. THEIR PARENTS AND THEIR SON. AND I’M GATHERING IT
ALL TOGETHER.

Mom: You know, like getting into your face. Think about it. Like some of the different teachers and the
things that they did. Like Ms. Sibanyo or Ms. Quivo when they…. In 1st grade he always hated it when
somebody hollered at him. You would assume that nobody is hollering at you or raising your voice.

I still don’t like nobody to holler at me.

Mom: Yeah, but those kinds of things did not help that the teachers did. I always had a problem and I
told her about the too much homework because I thought that was…

I’M JUST KIND OF ASKING YOUR OPINION AND WHAT HAPPENED TO YOU.

They should probably modify their lessons a little bit, depending on the severity of the person’s problem.
Just make it where they’re not asked to read 20 pages in one night. After that, expected to go through
and answer all these questions and stuff. They should probably modify it for some people.

GIVING TOO MUCH WORK OR TOO MUCH TO LEARN?

It’s like an overload because everybody’s got more than one class or subject they take. You know, if
every subject that they got homework on, it’s going to take all night. It’s just going to over stressing them.
Then it’s going to take away the motivation to even do hardly any of it.

WHAT DO YOU THINK ABOUT DOING LIKE FIVE OR SIX DIFFERENT SUBJECTS, OR DOING
ONLY ONE SUBJECT EVERY DAY FOR A WHILE UNTIL YOU GOT CREDIT IN IT?

I never even heard of anything like that.

THAT’S AN IDEA WE HAD. IF SWITCHING SUBJECTS EVERY HOUR MIGHT OVERLOAD YOU.
THINKING ABOUT ALL THE DIFFERENT SUBJECTS, AND WHAT IF YOU LIKE ONLY DID MATH
EVERY DAY OR ALL MORNING, AND MAYBE ANOTHER SUBJECT IN THE AFTERNOON UNTIL
YOU GOT THE CREDIT. OR WOULD THAT BE TOO BORING?

It wouldn’t be too boring for a lot of people, I’m sure. That might be better for someone with a short
attention span.

Mom: Most of you have it then because you’re having trouble thinking. Remember how hard it was for
you to think straight. Remember when you were banging your head on the bar when you had the
homework and…

Yeah. Banging my head on the bar.

Mom: And it was homework stuff. Just trying to function, to think straight to do it. Just overwhelming.

YOU DO SCHOOL WORK ALL DAY AND THEN YOU’VE GOT HOMEWORK. THAT’S TIRING?

Yeah. I was always thinking of things like school should be kept at school. I go to school for eight
hours, and get up at 6:30 in the morning and go to school for eight hours, and come home to do my
school work again.

I GUESS THAT WOULD BE KIND OF LIKE YOU GO SACK GROCERIES OR STOCK SHELVES AND
THEN COME HOME AND HAVE TO KEEP SACKING.
Yesterday I worked 4:00 to 12:00, and I spent all day stocking different things. That’d be like, “Yeah, go stock for eight hours just so I can come home and stock some more.”

YOU’D NEVER GET OFF OF WORK. SCHOOL IS KIND OF WORK WHEN YOU’RE A TEENAGER.

Mom: Think about each teacher. Anything that you can think of that a teacher did that didn’t work. Of course, now you know the things that didn’t work. I always thought the isolation was horrible. Like the way the teachers did that on the younger kids. Are you targeting for elementary, middle, or high school?

ANYONE WHO IS IN SCHOOL.

Well, when I was in Ms. Smith’s class, you know, sometimes when I’d cut up a little bit too much, acting funny, she’d put me in the little locker room right next door to the class door. Put me in there for a few minutes.

NOW THAT YOU’RE MORE MATURE, WHAT DO YOU THINK A TEACHER SHOULD DO IF A KID IS ACTING UP OR CUTTING UP IN CLASS?

That’s tough to say because I don’t…you know, since everybody’s so different. Different personalities and all. I don’t know how you’d deal with someone without really getting into their head first and finding out what their…what the right things to say to get something to click in their heads and get them to pay attention to what you’re saying and make them think.

WHAT WOULD HAVE WORKED FOR YOU?

What would have worked for me? Well, I was pretty immature at the time. I don’t know what would have worked on me. I always had to be the center of attention when I was in those years of school—3rd, 4th, and 5th grade. So I would portray the role of class clown to get attention. Probably someone talking to me calmly instead of getting all bent out of shape over it.

SO THEY WOULD STAY CALM WOULD HELP YOU CALM DOWN?

Yeah. But the person I was 15 years ago and I am now is two totally different people.

WHAT ABOUT WHEN YOU WERE IN HIGH SCHOOL?

I would have done a lot better in high school if I hadn’t been such a lab rat. What I mean by that is, you know, how can you make progress mentally if they’re just throwing all this different drugs down you, one after another. It’s hard to, you know, get your mind working straight if they’re just pumping all these different drugs down you.

TRYING TO FIGURE OUT WHICH ONES WILL HELP YOU?

Exactly. And you know, I don’t really even think they took the time out to examine each of those drugs and what the different side effects are and react with me.

DID SOME OF THEM MAKE YOU SLEEPY?

Clozaril makes me sleepy. That’s why I take it at night. I take that and in about an hour or so, I’m ready to go to bed for about 10 hours. I would have been a whole lot better in high school if they hadn’t of treated me like a lab rat. Because it’s hard to stabilize when it’s one after another.

CHANGING THEM?

Yeah, exactly. Because it’s throwing your mind chemistry off and out of wack.
SO PROBABLY IF THE TEACHERS WERE MORE PATIENT WITH THAT, THAT MIGHT HELP? MORE UNDERSTANDING?

Yeah. And you know, the psychiatrist sure could have played a better role and thought about what the medicine would be better for my situation, instead of just going by their psychology book they must have read in college.

GETTING MORE INFORMATION FROM YOU ON HOW IT’S MAKING YOU FEEL AND WHAT THE SIDE EFFECTS ARE AND EVERYTHING.

Also, they should have took more time...you know, when they find a medication didn’t work, they should detox me first and give me some time for it to get out of my system before they just cram another one down me.

AND SEND YOU BACK TO SCHOOL.

Exactly.

WHERE YOU HAVE TO TRY AND DO YOUR SCHOOL WORK.

No knowing how that medication was going to affect me, and send me to school of all places.

WAS SCHOOL STRESSFUL?

Yeah. You know, I didn’t really put out a maximum effort in it. I did what I could to get by.

AND YOU WENT TO SOME REGULAR CLASSES AND YOU ALSO HAD A SPECIAL ED CLASSROOM IN THE HIGH SCHOOL?

In high school? I had pretty much all mainstream, but I also had a class I could go to...you know, the Content Mastery, where I can just go up there and do whatever assignments I needed to do.

DID IT BOTHER YOU SWITCHING CLASSES EVERY HOUR AND WALKING IN THE HALLS WITH THE CROWDS?

No. I sort of liked pass period. It gave me a chance to get out of class and walk around for a while.

BECAUSE THAT BOTHERED YOU JUST STAYING AT YOUR DESK THE WHOLE TIME?

It didn’t really bother me.

DID YOU EVER HAVE ANY TROUBLE STAYING IN SCHOOL? DID YOU EVER JUST LEAVE SCHOOL, OR CUT SCHOOL?

Oh, skip? No, I never skipped.

SO YOU DID PRETTY GOOD GOING EVERY DAY?

Yeah. I was late all the time.

IS THAT BECAUSE OF BEING SLEEPY?

Yeah. I was tired. I didn’t feel like getting up at 7:00 in the morning. One time I was walking in and my co-op class I’d decided to take one where the teacher was Ms. Landhour and it was a lot of MRs and I was doing that to help out with them. And Ms. Landhour wasn’t going to be there, so we were going to the other co-op teacher who works with her. And I walked in about 20 minutes late and she said, “I
abhør the fact that you think you can just walk on in here late every day.” I told her, “I abhor the fact you had to tell me that.”

Mom: And I know sometimes because I’d gotten his schedules especially picked for him, and a lot of people told me that, “You’re making things too easy and you’re babying him.” And the counselor really gave me trouble that I didn’t… He graduated on a special credit because… a special plan, and I had to fight them over that. He was going to be shy half a credit. But it was hell getting through that year. Remember you didn’t even go half the year your junior year after you were in HEB for Springwood for a while. He was just going to be short that little bit, and she wanted him to take more academics. Now look at S and know S’s life, why should he spend another year in there? I found out that they didn’t even present me that plan. It’s something that they present… It’s like when they’ve got this severe kids that they keep until 22 to serve. They’ve got the five education plans. And it was another advocate that told me about this one. So we had like an emergency ARD in the principle’s office and I said, “I want him to go ahead and get to graduate this year. One more year of this and he ain’t gonna…” It was tough. You know, you had that…I told her about what I called the biggy suicide attempt. It was tough getting him through that high school. And it would just be so dumb knowing what his life was… There were things he couldn’t do. But she thought I was selling him short and just giving up on him. And then we went on and did some classes at TCJC together. This is finished now.

AFTER YOU GRADUATED FROM HIGH SCHOOL, YOU WENT AND DID SOME CLASSES OVER THERE?

Yeah. Second semester up there. I had Rob going with me.

TELL ME ABOUT THAT TIME WHEN YOU TRIED TO KILL YOURSELF.

Which time?

WELL THE ONE THAT SHE’S TALKING ABOUT. I GUESS IT WAS THE LAST TIME.

Are you talking about the one where I did a real good job of overdosing my Clozaril when she… I always keep my medicine in my room. I’d take them and she’d never be the wiser. So I took a whole bunch and then when it was bedtime, I laid down and went to sleep. And for some reason she had to come wake me up. I took probably about 20 of them.

DO YOU REMEMBER WHY YOU DID IT? WHAT MADE YOU DO IT?

Why? I honestly don’t remember.

WERE THERE THINGS HAPPENING AT SCHOOL THAT WERE EXCESSIVELY STRESSING YOU MORE?

If I remember correctly, I was talking about how I’d like to go to heaven. That’s one thing I was thinking. But it’s better to do it on God’s time than your own.

Mom: It was we’d just had… What had happened was that thing was real hard for you at the driver’s ed when that teacher did all that, and we were going into the junior year and you were having problems with all the school work and stuff. And you just couldn’t do it any more.

WAS THAT THE FIRST SEMESTER OF HIS JUNIOR YEAR?

Mom: In his mind he was saying, “If I just go on and go to heaven because…” S was saved early. We’re old timey Baptist and he was saved early, and that was one thing that helped him through all this. He had a real close relationship with the Lord. In fact, this kid would pray all the way to school. Remember all the way to Bear Creek when you’d be praying that you hoped the teachers would be nice to you that day and you prayed that you’d be able to listen and function in the classroom and everything.
When you were at Bear Creek, when Ms. Quervo had just...It was so hard on both of us. I’d be crying, driving him and crying. He would, a lot of times, sleep with his bible. When he had so much trouble when he was little when he was hearing the voices and hearing the computer talking.


SO NOW DAYS YOU DON’T HEAR VOICES?

No.

OR SEE THINGS OR ANYTHING?

No. I didn’t relate it to any mental illness still.

AT THAT TIME?

No, I did not relate that to mental illness or anything in my mind. I thought the devil or something...you know, every night when I’d try to go to sleep, I’d hear different sounds around the house. Started one night when Amy, Lisa and Brenda were there and they were sleeping in there, and I couldn’t sleep. And I thought I was hearing something. It sounded like the computer on in the living room. I thought, “What the hell was that?” It sounded like someone playing a computer in the living room, but everybody else was asleep.

Mom: He got afraid of his Snake Mountain and He-Man and we sacked them all up and had to get them out of the house away from him.

Damn, that was a bad decision.

Mom: Then he tried to buy them all back.

THEY’RE COLLECTOR’S ITEMS NOW.

Mom: We had to get them out of the house.

MY SON HAD ALL THOSE.

I got most of them back.

Mom: Yeah, be what an expense. I mean, you had all the original ones then, now you’re running around paying $20 a piece for them. I’ve never seen Snake Mountain again.

I know where it’s at.

Mom: Where?

It’s at that antique mall.

Mom: Yeah, but just think. Yours was talking to you.

I guess there’s don’t talk to them. So mine was unique. They did that very limited edition. They only made 10,000 worldwide of the original He-Man figures, and Lisa went and bought me one. And I kept it still in the box.

Mom: I got you all of them at one time. It was just overnight, those things....Now what was the one....When Steve would hear the stuff and have the things, we had to put...And we went in the
hospital. That was one of the things they wrote up in the hospital papers. He would put the Transformers around him to protect him at night. All the Transformers would be around you to protect you.

That's not really what I had in mind. It wasn't the Transformers protecting me. I just didn't want to go to sleep. I like my Transformers and I wanted them around the bed.

YOU MADE A CIRCLE OF THEM?

And I thought, once I laid them down in front of me, y'all would never be the wiser. I could play with them.

Mom: Did you think of any good things…I wanted you to sort of think of each teacher. Because to me, this is so important. If we could ever…I was thinking, if you can reach any teacher that could make it easier on the kid, then no kid should have to suffer. To me, you suffered all through those school years. And I always think that if no kid should have to suffer like that. School should be….You need to learn, but there should be…I enjoyed it.

I blew off a lot of school. I blew it off, or some of it. Remember when I was always hanging out with Daniel? You remember Daniel, don’t you?

LEARNING SHOULD BE FUN. IT SHOULD BE ENJOYABLE TO LEARN AND YET SOMETIMES…

No one views it that way. They view it as a chore or something they just have to do, instead of anything they want to do.

Mom: I just look and see what they do with the kids and how much things have changed. Rebecca has been miserable. I’m looking at her so called normal living, but all the kids that are in Spencer’s special class program, are all going to Burgle High. And I can’t talk him into going up there. We’d have to ask special permission. All their parents have, and we did for Rebecca. It’s less stress. There’s less kids up there. But he wants to look normal. Now Steve would let me do things for him. Spencer doesn’t want me to do anything that going to make anybody notice.

They’re going to notice anyway.

Mom: He wants to go on with his class and go to Richland. And the teachers aren’t….On his receptive, I guess, up there….that’s what just the people that have had the kids do special education. We’ve all had a pretty good experience at the new Burgle High. I mean, they’ve just gone out of their way to work with the kids. And all the kids that have had Autism have gone up there. It’s just quieter, it’s clean. It’s so nice walking in there. You go to Richland and it’s so chaotic and so wild.

Lisa went to Richland and she said people up there are jerks.

Mom: Well I’m worried about Spencer going there.

Spencer shouldn’t go to Richland. Lisa said the kids up there have a horrible attitude. If you don’t look in, they’ll give you a really tough time because she wasn’t in at the time. She got made fun of. So Spencer don’t want to go to Richland.

Mom: Well, he was in a special…they call it a Social Skills class. And every kid is going on to Burgle High, except him.

How come he can’t go to Burgle High?

Mom: He doesn’t want me to do it. And he told them that in the ARD. I hate it when they get that age and they’re listening…
He’s the one that’s going to have to pay for it.

I GOT SPECIAL PERMISSION TO HAVE ARD’S ALONE. MY SON ACTUALLY SIGNED SOMETHING. HE DIDN’T WANT TO GO TO THE ARDS. HE SIGNED SOMETHING SAYING “I DON’T WANT TO GO TO THE ARD. I WANT MY PARENTS TO DO IT.”

Mom: I told them, I said, “I do not want him…” And he was never there. They tried to do that one time and they pulled that on me this time sneaky with him because I didn’t know it. And I walked in and he was already there and I was upset because that was the worst ARD we’d ever had. We never had a problem, and that day was a problem. But with Steve…and first of all, if you spend all your time working with your kid on their strengths and building them up and you’re trying to build your child’s self confidence, ARDs are full of negative stuff. It’s what can they not do. You’re trying to see what they can’t do so that you can….

IT’S NOT THAT YOU’RE TRYING TO KEEP A SECRET FROM YOUR KID. IT’S JUST, WHY DO THEY NEED TO GO THROUGH ALL THAT GRIEF WITH THOSE PEOPLE TALKING NEGATIVE WHEN YOU’RE TRYING TO CONVINCE THEM OTHERWISE.

Mom: I feel like you’re doing this big sale job to say, “This is why I need this.” But you got to say, “Well, there’s some problems of why I need this.” Why would you want your child to hear…They already know what their problems are.

WHO WANTS TO SIT THERE AND LISTEN?

Mom: Nobody wants to. I wouldn’t want somebody to go, “Look at her. She can’t do this.” I never would go to store. Gary used to try and make me get one of those wheely things because “you shouldn’t be walking up and down the aisles. You need to…” And I hated him doing that to me.

But you shouldn’t be walking up and down the aisles.

Mom: He was wanting to get one of those go-cart things to do the grocery shopping.

Oh, electric cart?

Mom: Yeah. Because I have trouble walking. I already know I have trouble walking.

So why didn’t you get one of the electric carts?

Mom: I didn’t want to.

Oh, it’s embarrassing?

Mom: And it was embarrassing. It’s already hard enough to reach stuff and do things. I thought there’s probably a time, but why push it.

WHEN YOU HAVE TO USE THE CART, WHY NOT WALK AS LONG AS CAN, RIGHT?

Mom: And I was upset that they had him in there because they were really….They were doing that whole crap of “In high school, you better bring your pencil and paper.” Because all year long he hadn’t done that. They get on the dumbest things. These kids have got some major problems and we’re going to talk about pencil and paper. They get off the track and they don’t pay attention to the big stuff. (inaudible) has a thing that would benefit teacher, social worker, doctor, and it’s called the Visions Program. It’s an eight week class and it’s on brain disorders. They did it up for like the parents. It’s a first time…anything you ever wanted to know about all brain disorders. It’s a notebook about this big. I’ve got it up at work. But it is invaluable.
I WANT YOU TO GIVE ME EVERY INFORMATION YOU CAN, BECAUSE WHAT I WAS TOLD...AND I EVEN CALLED MHMR AND (INAUDIBLE) A WHILE BACK AND ASKED, "ARE THERE ANY SUPPORT GROUPS FOR PARENTS. IS THERE ANY PLACE I CAN GO TO LEARN INFORMATION." AND BASICALLY THEY TOLD ME "NO." AND WE GO TO THE PSYCHIATRIST...

Mom: The Support Group for National Alliance of Mentally Ill.

SO THEY DIDN'T STEER ME IN THE RIGHT DIRECTION. THEY JUST SAID "WE HAVEN'T HEARD OF ANYTHING." AND THE PSYCHIATRIST TOO...IS THERE ANY WAY WE CAN GET SOME INFORMATION." I WANTED TO TAKE SOME STUFF TO THE TEACHERS AND GIVE THE TEACHERS SOME INFORMATION. "NO, WE DON'T HAVE ANYTHING." WHAT ABOUT POSITIVE THINGS? LET'S GO IN THIS DIRECTION. THINGS THAT....TEACHERS THAT YOU DID LIKE THAT SEEMED TO HELP YOU? MAYBE WE COULD MAGNIFY ON THAT AND TEACH TEACHERS TO BE MORE LIKE THAT TEACHER THAT YOU FOUND YOU LIKED.

Probably Ms. Holland.

Mom: What things did she do?

Well, she let me inquire so my actual interest and abilities with the work, artistically.

IS THAT YOUR DRAWING?

Yeah. One of the assignments was to...something about history or science. I don’t remember much about the assignment, but she let me work with a friend of mine, Jason. And let me draw.

DID JASON WRITE THE STORY?

Yeah, he wrote the story and I drew it for him.

SORT OF A COMBINATION PROJECT?

Yeah.

AND YOU REMEMBER THAT, RIGHT, AS A POSITIVE THING? AS A GOOD THING?

Yeah.

SO THAT'S THE KIND OF STUFF I'M TALKING ABOUT.

Mixing the interest with the academic.

BECAUSE, LIKE I SAID, LEARNING ABOUT THINGS AND CREATING THINGS SHOULD BE ENJOYABLE FOR A HUMAN BEING. AND THERE'S SOME TEACHERS THAT SEEM TO UNDERSTAND THAT AND GET YOU EXCITED ABOUT DOING SOMETHING.

And there are some that are all by the book.

Mom: By the book never works. She pulled it by putting him with somebody else so then they want to read the story. So they’ve got to pull their weight. My brother’s favorite... “Pull your wagon.” My brother is always saying “Every man should pull his own wagon and nobody should be on disability.” So you have two people that have to do this. So here’s this guy and he’s going to write it. He can do that, and S doing that. Then everybody feel good. Nobody is left, they did their work, and at the same time she would always pull in all the things. S, I’d like her to talk to Ms. Holland because she was so good.
I still see Ms. Holland.

I WOULD LIKE TO TALK TO AT LEAST ONE OF YOUR TEACHERS THAT KNOWS YOU.

I haven’t seen her lately. But she’s a customer at our store. (end of side one)

Mom: Who was the other…Who were the three teachers that were working with you?

Landar, Dickson. Ms. Dickson was my geology teacher.

Mom: But there was a couple of teachers who just worked real good with him. What was anything special that she did? Do you know anything?

She just explained it well. She didn’t sound like an airhead when was explaining it.

Mom: I sometimes have trouble, you know, like understanding computers. It amazed me, like somebody else can go….and you just go “what.” And somebody else can come in and they don’t make you feel nervous or bad. And they take the time to go, Okay, there way….” And if you don’t get it and they have to show it to you again, or maybe a couple of times, but just do it slowing or however. I’ve seen that time and time again where….I’ve dreaded that. I had so much trouble going into these computer classes because…

YOU NEED SOMEONE TO BE PATIENT?

Mom: And if I feel like it bothering them to explain it, I’ll go, “Oh okay. Got it.”

THAT’S TRUE. THAT’S A GOOD POINT. YOU SENSE THEIR ATTITUDE?

Mom: Yeah.

WHETHER THEY’RE ENJOYING EXPLAINING IT TO YOU, OR WHETHER YOU’RE BOTHERING THEM.

Mom: And you can tell that you’re bothering them. You just want to go, “I’m sorry.”

AND THEN YOU DON’T LISTEN ANY MORE?

Mom: I can tell when I’m that way. I couldn’t understand our new phone system when I started on this job. And our person that was supposed to help me, I found out she was that way with everybody. I floundered more in that job with just…I thought, “Oh God, this is awful.”

YOU WERE AFRAID TO ASK A QUESTION?

Mom: I didn’t. I would never go to her and ask her another question.

You didn’t want to ask her another question?

Mom: When somebody is trying to explain something to you…math or history, or whatever it is that you don’t understand. You know, when somebody’s trying to explain something and you can tell it’s bothering them to explain it. And Gary would really do it when I was…

Gary was good at explaining things.

Mom: He could teach him math, but it drove him crazy trying to explain anything to me on the computer. And I could not get it. But if I could write it down. If I could go to somebody else and they’d tell me the
steps and I’d write it down, then I could learn it. And then he would scoff at me and make fun of me because I was writing it down. What about the Vocational teacher?

Which one?

Mom: The one that you mentioned.

Landar.

Mom: Yes.

She was nice.

Mom: No, not nice.

She wasn’t nice?

Mom: I mean, specifically something she did to work with you. This is so important.

WHAT I WANT TO DO IS TRAIN TEACHERS AGO. I CAN’T JUST GET UP THERE AND SAY THE TEACHERS TO PLEASE BE NICE. THEY’RE GOING TO SAY TO ME, “WHAT ARE YOU TALKING ABOUT?” WHAT EXACTLY SHOULD I DO, YOU KNOW, IN THE CLASS?

I was higher intellectually than anybody else in that class because most of them were MRs and less mentally.

SO THEY NEED TO GIVE YOU A LITTLE MORE CHALLENGING STUFF? DEPENDING ON YOUR ABILITY?

I would cut up a little bit in there, but she was also quite patient and she would always... She had an assistant in there a lot, and so she would be able to do more one-on-one and explain things thoroughly to you to help you understand the concept or what the assignment was.

AND YOU BENEFITED MORE FROM ONE-ON-ONE?

Yeah.

WHAT IF THE TEACHER EXPLAINED SOMETHING LIKE TO A WHOLE BIG CLASS?

That doesn’t always work because everybody has a different understanding level. You know, different chemicals in their brain to help them understand. So telling 20 people the exact same thing my not always have all the exact same affect.

Mom: They usually get it quicker and faster. So the teacher is going on and most of these kids are still back there like, “What?” And then so it just becomes such a blur to them.

You have five different people who all have five different ways of understanding. So what good is it going to do to tell all five of the people in one talk, the exact same thing. Because five different people might take it differently.

SO YOU NEED TO EXPLAIN IT IN A VARIETY OF DIFFERENT WAYS? SO IF YOU’RE WORKING ONE-ON-ONE YOU COULD TALK TO THEM AND....

Go down to their level of understanding and in the way that they will understand it better. As compared to thinking all 30 of these people are going to all get it by saying it one way.
WHAT ABOUT IF YOU DO HAVE A GROUP, COULD THE TEACHER EXPLAIN IT TO THE WHOLE GROUP IN A VARIETY OF DIFFERENT WAYS AND THEN THE DIFFERENT KIDS COULD UNDERSTAND IT WHEN SHE GETS TO THAT EXPLANATION?

It’s pretty much impossible for a teacher to be able to do one-on-one for everybody. You know, like she’s really going to have time to go to 30 different people and give them a talk.

Mom: They just do better in the smaller classrooms. In the bigger classroom, they just get lost.

The best thing to ever happen for me was home schooling because that’s… I pretty much did everything on my own. She gave me my work books and I could sit there and study it myself and figure it out.

WAS IT HOMEBOUND, WHERE A TEACHER CAME TO THE...

No. I did that.

Mom: That was a total disaster. That’s the biggest joke that there ever was. Do you know much about homebound?

I JUST KNOW OF A TEACHER THAT WOULD COME TO A HOUSE FOR ONE HOUR A DAY AND GIVE THE ASSIGNMENTS?

Mom: And then leave. They don’t really do anything. It just flat doesn’t work. And then, you know, the stuff that they brought him when they did homebound. I thought, “Who’s going to teach this.” It was stuff that I had no… It was the biggest…

SO THERE WAS NO LESSONS?

Mom: They just dumped this stuff on you.

TO DO ON YOUR OWN?

Mom: Yeah. And it was… When we did the homebound was when he was not in good shape. Now, when we did the home schooling. The only thing I wasn’t good at was the math. Gary did the math with him. We did the lessons were really one-on-one, but they were tuned just for him and they were things that I could work up. I mean, I wouldn’t have gone and bought anything that I couldn’t have been working him. And so our curriculum was really based on both of us to get a lot out of it at the same time. I felt like we were sort of doing it together. I learned as much as he did.

WHAT YEAR DID YOU DO HOME SCHOOLING?

Mom: It was 5th, 6th and 7th grade.

No, I only did home schooling for one year.

Mom: No.

Yes, I did.

Mom: No.

Yes, I did. You know why, because when I was in 5th grade I was in Ms. Guevo’s class. 6th grade, I did homebound. 7th grade… I only did home school for like part of that year because then I went into the Life Center for a year after that.

Mom: We didn’t make it all the way through Ms. Guevo’s class.
I know, because you yanked me out. But I finished that in home school. 6th grade I went to the Life Center.

Mom: No.

Yes. 6th grade I went to the Life Center and I was there for a year. At the end of 7th grade I came back to public school at Fossil Hill.

Mom: For 8th grade.

Fossil Hill again. And then 9th grade on up it was Paskel. But I did homebound for a little while in high school. But I only did home school for one year.

Mom: I'm the one with all the diaries.

I'm the one who did it.

DID YOU GO TO A LIFE SKILL CENTER AT SOME POINT?

Mom: You know what that was? And I'm so sick of doing needs assessments for this community, I could die. We do needs assessments all the time. And MHMR does these needs assessments. We know what we need for mental health children here. We do not have long term hospitalization. It's isn't just a stable crisis. And we don't have daycare for children with mental health needs.

I was in the hospital for wasn't it four to six months back in 1985.

Mom: Our regular daycares don't keep them. Now what he's talking about was something that you don't find. Cook's does it for 10 days here. And I don't know how long Millwood does it. We got the Excel Center, but they used to be day treatment. When kids could not function in the school and they really weren't where they were in a crisis and needed to be full-time, and our insurance paid for two years. We had day treatment for two years.

LIKE THE EXCEL CENTER DOES AT MILLWOOD?

Mom: But it was full. A bus came and picked him up and…

YOU DID THAT IN 7TH GRADE?

Mom: It was past 7th grade, wasn't it? No, it was at the end of 7th grade. It was sometime around in there.

BUT IT WAS CALLED SOMETHING ELSE AROUND HERE. WHAT WAS IT CALLED? IT WASN'T CALLED THE EXCEL CENTER?

Mom: No, it was the Life Center.

The Life Center? That's that place that I was at for a year. It's a day hospital.

WHAT DID YOU THINK ABOUT THAT?

I liked it.

Mom: He loved it.

WHAT WAS GOOD ABOUT IT? THAT MIGHT BE SOMETHING?
I went…There was hardly any really psychology stuff. It was…I’d go and have breakfast and then I’d have a group, then I’d go do school. I’d be working at my own pace in the school. Everybody would be working at their own pace in the school. And then I’d have another group, and then we’d have lunch. I’d go play pool. Then after that everybody would have activity time when they’d take us out to the other end of Fort Worth and go play volleyball or stuff like that. Sometimes even Six Flags and stuff.

IT WASN’T A WHOLE DAY OF LOTS OF SCHOOL WORK?

No. More variety.

Mom: The classroom was like one big classroom and…

There was a classroom for different age groups. There was one between younger years, and then there was 9th on up.

Mom: You weren’t like 1st grade, 2nd grade, 3rd grade.

No.

Mom: So there was one big classroom.

There were two groups.

Mom: This was a little bit far apart and nobody was like next to each other in a row.

MORE SPACE BETWEEN YOU?

Mom: Basically it was like working their packs one-on-one. I know the first year they experimented that on us in Fort Worth. I failed that when they brought that in during the 60’s. I did not do good with that. I did more with the teacher because when they handed me that, I got nervous when I saw somebody pass me in their packet. I started trying to do fast and I couldn’t test out of it. But they really did well because they had packs that they worked. And at the day treatments they had…because everybody was at such different levels. They had different grades in there. They had like the elementary and the middle school, but then the high school was completely by itself. I didn’t like, to me, my problem with that place…but it didn’t have anything to do with the disability part….that they had the older kids….that was his first time around older kids that were in drugs and other stuff. As far as a hospital setting.

Technically, went in a nerd and came out a freak. Been that way ever since.

Mom: Wanting to wear dog collars. All black. I took this little boy in to that place…I can remember driving him all the way over there and what he looked like. And then when he came home from there, and I mean it was the heavy rock and roll…you didn’t even call it rock and roll. What did you call it? Slash Death music. Kill mother, kill mother, kill mother.

I got my first Metallica tape there and I knew when I brought it home, that to listen to it at first I’d have to close the door to my bedroom. I knew the minute she heard something like that come out of my room, she’d say “Where did you get that?” And so she finally found out what I was listening to and she tried to stop me at first.

Mom: They had them on the bus together, and I hate…

The big kids always decided what we’re going to listen to. You know they went by popular vote. And we’d always listen to Z-Rock. But it’s no big deal. It’s just music.

NOW METALLICA’S MUSIC SOUNDS MILD COMPARED TO....
James Hatfield, the lead singer of Metallica just got out of rehab. They were going to make a new album about a year and half ago, and he cancelled all the plans to go into drug rehab. He checked himself in. And somehow he got all into this spirituality stuff in rehab. He came out and they’re just now recording their new album and he’s got this tattoo on his arm and it has angel wings and a halo and in the middle it says, “Faith.” Metallica sounds a little bit different. But I’ve also got a CD at home of I’m sure you’ve heard of this guy, Marilyn Manson?

YEAH. HE’S VERY STRANGE.

Yeah. But it’s his music. It’s no big deal. It ain’t like it has a bad effect on you.

Mom: Yes it does.

If you just listen to it for the quality of what you’re hearing instead of getting into the lyrics and saying, “Oh, it’s time to go slash people.”

THAT WOULD BE A BAD SIGN, WOULDN’T IT?

Mom: No, kill mother, kill mother, kill mother.

And I like Corn.

Mom: All I know is that most of those kids that were juvenile delinquents, they had that cut into their knuckles.

Well, I’m not that crazy. You think just because you listen to that kind of music, you’re going to do something that stupid.

Mom: Remember that one little kid that took the pencil and stabbed me in the stomach with the pencil. That was the badest little kid I’ve ever saw in my life.

You know who I still see up there? Shannon. She has pink hair now.

Mom: She was a genius at that school. And that was what I thought was sad, that girls was in…you see these kids who has so much potential if you work with them the right way. And that guy there…the teacher I was working with….He was so good with those kids. He saw something in her and I mean he worked with her a lot. She was smarter than he was. He told me he didn’t even know how to work with her. I’ve never seen anybody that smart, and I just thought this was so sad and she ended up graduating through the…I went to her graduation when she got put back in the regular schools. She was at Keller, an alternative school. And you just think what a responsibility the teachers have because you just think you can either shape a life, make something of it, or just destroy one.

YOU’RE GIVEN THE OPPORTUNITY, AS A TEACHER, TO INFLUENCE SOMEBODY IN A POSITIVE WAY THAT THEY’LL NEVER FORGET, OR A NEGATIVE WAY.

Mom: You could be teaching the future president, or you can be making somebody think I want to go home and kill myself.

RIGHT. YOU DON’T KNOW WHO YOU HAVE AND YOU HAVE A BIG RESPONSIBILITY. AT LEAST THAT’S HOW I VIEW TEACHERS.

Mom: Yeah. Knowing what I know now, the kids that I sat and listened to and seeing how he would come home and listen to him. I would be so upset with the teachers and I would think, “I’ll beat they’re sitting down to eat their dinner and they’re enjoying their evening.” But I would be so frustrated and angry at how tore up he was.
PART OF MY JOB RIGHT NOW IS TO SUPERVISE TEACHERS…WELL, THEY’RE COLLEGE STUDENTS WHO ARE GOING TO BECOME TEACHERS. SO I’VE GOT TEACHERS AT HEB SUMMER SCHOOL THAT I’M SUPERVISING THIS SUMMER. AND I GO AND I WATCH THEM TEACH AND THEN I DISCUSS WITH THEM…

Mom: I’ve got to get you hooked up with Blisdod.

RIGHT. I WROTE HER NAME DOWN.

Mom: She was the special ed director at HEB, and I need to find out…I wanted to ask one of the girls her phone number now. She just sends them here to talk to me, and they’re in her class. And I told you it was…I know it’s not like teacher’s…, it’s just a class that you take for… I asked the girl last summer, “What do you call this?” But if you’re going to be a teacher, “What is that class called or whatever.” Because they have to do that and go out in the community. She knows you’re going to have a kid sooner or later

THAT WILL BE IN THE REGULAR CLASSROOM THAT WILL HAVE SOME KIND OF SPECIAL NEEDS.

Mom: But I’m surprised about how many think they don’t. In this day and time, why would they think that? They don’t realize. I think people don’t realize how many mentally ill people are out there. If you think the numbers, you got to figure they’re in your classroom.

RIGHT. THEY’RE NOT DIAGNOSED OR THEY’RE MAINSTREAMED OR INCLUDED IN YOUR CLASSROOM, AND YOU NEED TO KNOW HOW TO WORK WITH THESE KIDS.

Mom: Actually, Spencer’s 5th grade teacher was the one who I knew something was wrong with Spencer, but I’d only known this side because that had been my life in mental health. To me, Spencer…I knew the anxiety, because he was eating the skin off his body and his depression was so severe and you saw this kid who wouldn’t get up. But she had that child that had…I’m now real good friends with MaryAnn Bond who is the president of that Great Autism Society of Tarrant County, and her daughter was a year ahead of Spencer. That was the first year she’d had an Aspergers child and it was funny because Rebecca had that teacher and could not stand her. She thought the teacher was real hard. And she was a real rough teacher and hard on regular teachers. And she was rough on Rebecca. When Spencer came in there, she…and sometimes some teachers won’t put their self out there and say that, and she told me, “have you ever thought to look into Aspergers on him?” And I’d never even heard the word Aspergers. And some teachers are afraid to approach a parent and talk to them and also because then the school has to do the special Autism testing because we had him coded completely different. And then they had to start providing in-home training and he got all these services. She could have not….because some schools won’t because that means more what they’re going to have to do.

THEY DON’T WANT TO TELL YOU WHAT’S WRONG BECAUSE THEY HAVE TO PROVIDE SERVICES.

Mom: And some people just flat won’t do it. And they’re told not to do it. If you ever have a friend that’s a teacher, this is what…and I was always lucky enough to have a teacher, but I wasn’t particularly close to her or anything. I thought what my daughter had said and so I didn’t really care for her as a person. She was a little standoffish. She’s a preacher’s wife. She’s just real different. I didn’t think…I knew Spencer was having problems with her and she told me that she would be reading and when it got to his turn, that he didn’t seem to know what in the world was going on in that classroom. I thought for the first time that she had compassion for him. She seemed to really connect with him. Had she not came to me and talked to me about that because Spencer’s psychiatrist is the MR side of MHMR, plus he’s a private psychiatrist where we see him on Camp Bowie. I didn’t even know that he was the MR side of MHMR. He should have picked up on the Aspergers and he didn’t. In fact, when I went to him
and said this is what the school said, he goes, “Oh no, they’re wrong. It’s not that.” Now you would have thought that he’s the one that documented that. He blew it. Now that Spencer has that diagnosis, they tend to…if it’s MR, they say those kids can’t be helped or fixed and there’s no need in educating them. And he told me I shouldn’t even bother getting services for Spencer because they never get any better. I think of that with kids with Autism. Autism children with mentally retardation. That’s why a lot of times hospitals won’t take them. A hospital has to say they’re going to get a child better or do something to help them. So that’s why dual diagnosed children can’t access hospitalization a lot of times.

I WAS THINKING ALSO ABOUT THINGS THAT TEACHERS MIGHT NOT KNOW THAT MIGHT TRIGGER YOUR SYMPTOMS. LIKE SPECIFICALLY ABOUT SCHIZOPHRENIA. THINGS THAT MIGHT HAPPEN AT SCHOOL OR EVEN AT WORK OR SOMEHWERE, THAT COULD TRIGGER YOU FEELING WORSE OR HAVING A SYMPTOM COME ON.

Just anything to put stress on them.

STRESS.

Mom: Is there anything you can be more specific on. I think sometimes just coming down on them too hard. If you ever ridicule a kid in the classroom, and they’re not supposed to ridicule, but do anything that draws so much attention to them where they are embarrassed in the classroom, where that problem...again, it’s so blown out of proportion in their minds.

SO ANYTHING THAT WOULD CAUSE ANYBODY STRESS, BUT IF THEY EMPHASIS THAT AND CAUSED YOU STRESS, IT WOULD MAKE YOU FEEL BAD OR WORSE?

Yes. Embarrassment.

Mom: Spencer, if he feels like he’s emphasized or if he feel like the teachers are looking at him specifically and emphasizing something....like if he didn’t catch what was going on and they call upon...I don’t mean like...but if he’s specifically picked out of the classroom for something.....like he didn’t get it or he didn’t understand it or something and everybody has to stop and they’re spending more time on him, he would rather, “I got it, yal go on. I’m fine.” Because if anybody has to stop and do something, that just...he cringes. That just absolutely drives him....he doesn’t want anything where somebody’s going to stop and look at him.

RIGHT. IT’S EMBARRASSING.

Mom: Oh, extremely. I mean, he just...He will go to great lengths. He will not like raise his hand and ask for help or even go up there. And that’s bad because they need to know that...

THAT MIGHT BE SOMETHING TOO. HE MIGHT BE TOO EMBARRASSED TO ASK FOR HELP, AND THE TEACHER NEEDS TO BE SENSITIVE THAT HE NEEDS HELP AND GO TO YOU AND WORK WITH YOU.

Mom: If they’re asked, he doesn’t like to get up and walk to them. So like in my job, I was supposed to walk up and down and come to them because it is embarrassing because everybody stops and looks when somebody walks up to them.

AND WHEN YOU’RE A KID, YOU EXAGERATE THAT MORE. YOU THINK EVERYONE IS LOOKING AT YOU MORE SO THAN THEY ARE.

Mom: When they called him out of his class just for some testing, he was horrified. The guy that did his testing said he liked to never got him to come across the room just to get out of his seat and come across the room. He just could not walk across the room in front of them. It just was...people looking at him.
I WAS THINKING ALSO, IS TALKING ABOUT SCHIZOPHRENIA, DOES THAT FEEL EMBARRASSING TO YOU?

It’s a little uncomfortable. Depending on who I’m talking to.

DOES IT FEEL COMFORTABLE TO TALK WITH ME HERE WITH YOUR MOM? IS THERE ANY EMBARRASSMENT? DOES IT FEEL OKAY?

An uneducated person would be a little uncomfortable talking to. Because they have false ideas.

YEAH. JUDGING YOU OR SOMETHING?

Yeah. They’ll think, “Oh, he’s about to turn into Charles Manson.”

MIGHT BE SCARED OF YOU UNNECESSARILY?

Yes.

Mom: What can you say to somebody? What to know what could you say to them where they wouldn’t have that abnormal fear. How could you convince somebody that they’re not like that. That they’re usually the one who is victimized. People with schizophrenia are 90% usually the victims of other kids attacking them or hurting them. Especially if they find out…Like if a policeman picks them up and they find out, then they automatically start getting out the teaser gun. That’s one of our problems we’ve got. We’re trying to educate the police on that because when one of the Mom’s when she called the police to come help her…and her child was out of control and he was…and they were going to teaser this 15 year old kid who was severely depressed and he was tearing up the house. There was a million things they could have done besides that. He also was MR so he wasn’t real good on understanding. It’s just a nightmare on these kids.

HAVE YOU HAD ANY TROUBLE WITH THE POLICE? GOT TICKETS, GOT PICKED UP?

I’ve gotten tickets. I’ve only be harassed by the police once.

Mom: I was extremely afraid of S getting stopped by the police. My mother and I both were because sometimes we didn’t always think that S picks up on social cues real good on the police, and that he might talk sort of goofy or silly to them, and they don’t have much of a sense of humor.

I know how to talk to the police.

Mom: But see, that’s that attitude. They’re coming from another world and you’re thinking…and I could just see them saying, “Okay, spread them.” Going to get handcuffed. I’ve worked with those people every day.

One time when me and Lisa used to go to that field out there. They drug searched us.

Mom: I know, and that scared me to death.

They read me my rights. I said, “Okay, what’s this all about?”

Mom: And that wouldn’t happen to normal people. But they looked…Where we used to live in Keller…

And I did just fine.

Mom: What you were doing really wasn’t appropriate, but…
We were going out to the field and walking around.

Mom: Where we used to live a long time ago...

At about 10:00 at night.

Mom: And most of the people wouldn’t do…that’s not a

They thought that someone…Okay, we had to park in front of this guys house and I think he noticed after several nights in a row we were doing that, so I think he thought we were going out there smoking or something. And so he had called them because this lady cop had been following us all the way from...

Mom: Weren’t you trying to go to the old creek that was down by there.

Are you talking about the old field?

Mom: Where we grew up when S was a child was an old creek and in his mind, I’m going to take my girlfriend and show her this.

That’s memories.

Mom: And so that was a memory. He wanted to show his memories. But it’s nighttime, now there’s these big huge homes there. Now I would know not to do that and he still thinks that’s okay. And you sure wouldn’t do it at night.

BECAUSE THEY MIGHT THINK YOU’RE...

They thought we were smoking dope. It’s weird though because when the police did search us, they found a seed in our car. I don’t know where it came from.

Mom: I’d like to have seen this seed.

They said they found a seed.

Mom: They said they found a seed. I wish they’d showed it to me.

They never showed it to me. They just said they found a marijuana seed.

Mom: I think they did that to scare them and make them…Because see, if you look at him, would you think S might do drugs because he looks like that, and he’s got tattoos. So they go….

And I was in a sports car.

Mom: In fact, that car came from a school teacher. There was never a seed in there, but I…I still have fear that he’s could get roughed up or…because he’s still not understanding how dangerous that is and those people…

I know how to deal with cops. You got to watch what you say, and watch how you act.

Mom: I tried to teach him.

You got to do a clean song and dance.

Mom: But you shouldn’t have done what you did. And you still think that’s okay. And so if you think that’s okay, think of all the other things you’re doing.
Lisa’s mommy went out there with us once.

Mom: Well, she has a problem herself.

I’ve got to go. I’ve got to get her to work.

I WAS WONDERING IF YOU HAD TO WORK TODAY?

No, Lisa’s going to work and I’ve got to make sure she gets there on time.

ONE OTHER THING I WAS THINKING OF WAS….DID YOU EVER HAVE PARANOID FEELINGS?
LIKE AT SCHOOL, THINKING PEOPLE WERE LOOKING AT YOU OR YOU FELT LIKE YOU HAD TO
GET OUT OF THERE? YOU COULDN’T STAND TO BE IN THE CLASSROOM ANY MORE OR IN
THE SCHOOL AND YOU HAD TO GET AWAY?

No. I don’t remember that exactly. I thought someone was laughing now and then. And I didn’t do
nothing funny.

WHEN THEY PROBABLY REALLY WEREN’T LAUGHING AT YOU?

Yeah. Then I just blow it off and think it’s unrealistic.

Mom: You had the real bad paranoid when you were in the science class and you thought the teacher
wasn’t giving you the assignments and you couldn’t hear anything and didn’t understand and a lot of
that was going on then. Do you remember any of that?

Which science class are you even talking about?

Mom: I think it was the 11th grade. Do you remember the science teacher? It was the man. He was
real nice. He let you wear the headphones in the classroom.

Let me listen to music in the class?

Mom: Yes.

What music did he let me listen to?

Mom: I don’t remember what music you listened to. You don’t remember.

I don’t. I believe you.

ANYWAY, YOU GOTTA GO TAKE YOUR GIRL FRIEND TO WORK, RIGHT?

Yeah.

I REALLY APPRECIATE YOU TALKING TO ME. AND I WANT TO TELL YOU SOMETHING. YOU
ARE REAL RESPECTFUL TO YOUR MOM. I REALLY NOTICED THAT. I REALLY RESPECT THAT.
YOU REMIND ME A LOT OF MY SON.

I try to treat everybody that way.

I KNOW THIS WASN’T EASY FOR YOU TO COME. I REALLY APPRECIATE YOU. YOU HAVE A
GOOD SPIRIT.

See ya later. Good luck.
Mom: I was going to...When we got him through school I felt like I wanted to sit on a rocking chair and never do anything again. It's heartbreaking, it's depressing, and there's not happy endings. And even like staying in this job, you know, there's stuff...I guess I've learned so much.
Interview with Father of Son Bo with Schizophrenia Age 30

HE’S HAVING A BAD TIME RIGHT NOW? WELL, TELL ME WHAT IT’S LIKE WITH YOUR SON.

Back when it snowed, the MHMR was closed for a few days and we weren’t careful about his medication. I don’t know why, we just…it was just one of those things. And he got off of it. And when he’s off of his medicines, it’s hard to get him back on. And even though he has a bad attitude, it doesn’t seem to bother him. To me, that’s really phenomenal. They want to stay off the medication, but if they’re unhappy at all…oh, you’re taping me now.

YEAH.

Okay. Well you just want… and now he’s gone through a depression. Back several months ago, and it’s been hard to get him back on it, and then he’s done some things like he’ll go to the bathroom and spit out his medicine. Especially in front of my wife. He’ll take the medication, but as soon as we turn around…And yesterday he had two medications, Clozaril and Lithium, and that’s his morning dose. And so low and behold he goes to the trash can and throws one out. And we’re there and said, “What are you doing?” “Oh, this Lithium is not good for you.” That was the one that was in a capsule and the other one was solid. We think he took the Clozaril. But anyway, it’s a compliance problem.

SO HE USUALLY GOES TO MHMR DURING THE DAY TIME? IS THAT WHAT YOU’RE SAYING?

No. He goes once a week and they fill his medicine bottle. But it’s one of those like that has a day for each medicine. He may have two of them because he has five different one. All of them he takes a night, and in the morning he only takes two of them; the Lithium and Clozaril.

SO SOMETIMES HE’LL TAKE THE MEDICINE WITH YOU AND SOMETIMES HE RESISTS TAKING IT?

Well, he’ll say he lied. Or he exaggerates. So anyway, he does. He’s not very…Well, when he comes back from the hospital for a while he compliant with his medication. But the thing is I think he thinks the medicine is not helping him or as he says it’s sedating him. And it does. But Seroquel especially. For instance…if you want a for instance. He got in the car yesterday and we were having to go to Plano. He wasn’t asked, but he got in the car. About half way to where we were going to a Target store out there on Park Row, he went to sleep. He gets sleepy. Well, he slept all afternoon and he slept…now he had been up for 24 hours. And then he came home and went back to sleep and got up about 7:00 in the morning. So he slept from 1:00 to 7:00 the next morning. But when he’s depressed he doesn’t eat. But when he’s manic, he eats like a little pig. Well, in a way no because he’s a vegetarian now pretty much. But he eats a lot of carbohydrates. Anyway, he’s gained some weight recently. Especially the medication too.

THINKING ABOUT GOING BACK. HE DID WELL IN HIGH SCHOOL.

Yeah, but he’s lost is comprehension. And also his motivation. That was one thing I thought that we might be a good practice energy, but I don’t know…that’s your judgment, but I don’t know that he could ever go back to school because of the illness. And I’m not so sure that it hasn’t gotten worse because it got worse last year. When I first retired it was a lot better, and then all of a sudden it got worse.

LAST YEAR WAS A SIGNIFICANT CHANGE?

Yeah. Well, it was the year before, really.

OKAY. BEFORE HE HAD ANY SYMPTOMS, WHEN HE WAS IN HIGH SCHOOL, THEN HE ENROLLED HERE FOR COLLEGE AND HE WAS FINE IN THE BEGINNING?
In the beginning, yeah. Except that in December he tried to commit suicide.

**WHAT WERE YOUR FIRST SIGNS THAT SOMETHING WAS CHANGING IN HIS BEHAVIOR?**

I guess the first thing is there was a program in French (he was a French major). He could probably graduate pretty easy and work in that. But anyway, they wanted him to go to France. Well, my wife thought that was a pretty good idea and the teacher says, “Oh, go. This is your opportunity of a lifetime.” So he went to South France and Paris. And down there he got scared and he didn’t agree with the landlady. They wanted him to party and he liked to just stay in his room. So anyway, somehow they got in bad… and Robert packed his stuff and went back to Paris and sort of ran away from it. And then came back home. Well after he came back home there was a girl that we knew that was schizophrenic and her name was Dea. They dated for a while. It was nothing real serious. And he had some arguments with her and was abusive physically to her. And so they had a trespassing…her father wrote a trespassing thing. And they were Omni members too, but Dea with a schizophrenic. But anyway, he was supposed to go back to school and so he went to her house even though he had a court thing…actually they had taken it to the police too. Anyway, he went up to the porch and knocked on the door and she talked to him, but she called her Mom. And he was leaving and got almost to his car again and the police picked him up and put him in jail for trespassing. Even though he wasn’t even on the property when they caught him. Even though he’d been arrested and all that, he would drive around to the house or even get on the property. And we had psychological on him and they thought… I can’t think of the name of it, but it’s a compulsion…if he would see her and talk to her, then everything would be all right. It was a fantasy I guess. Everything would just be all right. Anyway, he had some bad behavior at home with this thing. So anyway, we feared he needed psychological. So what happened was he had to go to Wichita Falls on a temporary. I signed the bill and paid for it and got that revoked. Also, he was completely out of control as far as when you asked him to do something, he wouldn’t do it. So anyway, we got the bill wrote and just as soon as he got there to the hearing, they were able to put him in jail and then when the sheriff saw how bad he was…and I’d written a letter about his condition to please keep him solitary because there’s a lot of people he needed to fight or somebody would take advantage of him. I didn’t know what would happen. So please put in solitary because he’s not well at all. And so anyway, they came back and did a commitment and put him in Wichita Falls.

**SO AT THAT POINT YOU KNEW SOMETHING WAS SERIOUSLY WRONG?**

Oh, yeah. We knew. But the problem is getting things done about it. That’s always the hard thing, and if you have a person like that in public, that will get it. But if he acts out toward his family, they don’t take it very seriously. And so we’ve learned that if he does it in public, you get a lot quicker response. And also the police too. Anyway, he’s been that way. Luckily he’s was better before he was 25 and managed to stay in school. So my company coverage was Prudential at the time, covered him, and they covered him up until now.

**SO AFTER HE WENT TO THE HOSPITAL AFTER HE LEFT THE POLICE JAIL…**

Oh, you want the first thing. He wouldn’t take any medication because he was anti-drug. They had to get a court order to administer drugs for him. And then once they did, he came back. Initially his medicines weren’t very good it seemed like. It was on a couple of them and he’d start getting squirrelly and unpleasant. And then eventually maybe he wasn’t taking them or something like that and he’d have to go back to the hospital and he was at several private hospitals. Maybe even before Wichita Falls. I’d have to think about that. But anyway, the problem I really had to get at Wichita Falls was if …. He’s about my size, except not as heavy. And if he… or maybe an inch taller. If he decides to be violent, it’s hard to restrain him at a private hospital. And so the state can because (inaudible).

**ABOUT HOW FAR ALONG INTO COLLEGE DID HE GET?**

He’s a senior.
SO HE HAD PASSED HIS COURSE WORK?

Well, yeah. And he also went to Northwest and has an Associate Degree there. Yeah, he did okay until the brain…We call it the brain disease.

AND SO…

Like I said, another thing that’s important is in the summer he had to go back in the hospital and then they released him. I think about November. And he stayed until November to March. And then he… At Christmas he came home and he was completely unhappy. Wanted to go back to the hospital. And what we would do is have one of them at the Wichita Falls for vacation and then the other one would come back. Well anyway, he finally got back and he wasn’t happy. In fact, we had an incident where he got out of the car and threw a coke on somebody’s car. But he calmed down after that. It was just like… Another thing is sometimes he has rapid cycling. Do you know what that is?

NO.

It’s where he’ll go in and do something and then be sorry. And then do it again. It’s a cycle in and out of a psychotic. And then I’ve seen him psychotic too. That’s pretty disturbing to see that. Back in March he came home and was on five medications, which are listed. He did beautifully until…It’s March and he lasted a whole year and now he’s having problems probably because of being off the medication. But it might be that he’s turning worse again.

BUT THIS SET OF MEDICATION YOU HAD HAS BEEN YOUR BEST SET?

Yes. But it’s pretty powerful. It’s got the Lithium and the Depakote that they check on, the Clozaril because it can also kill off your white blood cells. Also, Charles had a problem with the Clozaril and he had to come off of it. But it wasn’t a white cell problem. We’re not sure what it is.

AND THEY ALSO TAKE SERAQUALL TOO?

Yeah. But it makes him sleep walk. He does sleep pretty good because if he’s not medicated the first thing you can tell is he stays awake all day…or all night.

ALL NIGHT. SO WITHOUT THE MEDICATION HE CAN’T GO TO SLEEP.

Now, things he could do is drive a car and pretty safely. But not when he’s depressed and all like that. Just when he’s normal. But I was amazed because he quit driving a car during this. It’s actually a pickup truck. We were able to get that because when the SSI picked up, they had waited a long time to pay and so all of a sudden you have to spend the money. So we paid part of it and took the rest out of his monthly.

SO SOMETIMES HE’S ABLE TO DRIVE?

Yeah. And a lot of times he’ll tell me, “Hey Dad, slow down.” Once of the things that happened was while he was in bed, he turned his car. It was in a neighborhood, our neighborhood, and it was just a right turn, but it’s a fairly sharp turn.

SO WHEN HE’S DOING BAD LIKE DRIVING HIS CAR…

Yeah, when he’s doing bad. But he doesn’t drive as fast now. But he wasn’t hurt and the car was totaled of course. They had a big yard and didn’t run into anything.

SOUNDS LIKE HE’S HAD SOME PRETTY SERIOUS PROBLEMS IN HIS FRESHMAN YEAR. YOU MENTIONED QUITE A FEW THINGS.
Yeah, he was unhappy.

BUT DID HE HAVE ANY PROBLEMS GOING TO CLASS AND COMPLETING HIS WORK?

Oh, I guess the worse thing that happen was he’d do very good at class work, but he’d be very unhappy otherwise and he just couldn’t study. He could take notes. He liked to do that. He could listen in class, but to study on his own, he just couldn’t do that. I don’t know whether that’s a mental…it’s definitely a problem, but I don’t know whether it’s a mental one or not. But I always use to hate that. I mean, because it didn’t seem like he was enjoying...he wasn’t enjoying college at the same time when he was studying. He’d just...He just didn’t crack his books at all. And he was...Well, some of the times he lived in an apartment. I think one time he lived in an apartment and liked to have drove the guy crazy. One of the things he didn’t do was he wasn’t the cheerleader type. He wasn’t a party type. And usually he’d go to a party and he wouldn’t talk. He wasn’t a very good conversationalist in general. Now I had some pictures of him, I thought. These are earlier pictures if I can find them.

SO HE DOESN’T REALLY CARRY ON A TWO-WAY CONVERSATION WITH YOU?

Yeah. Well, at times he does.

AFTER HIS FRESHMAN YEAR, EVEN AFTER THE HOSPITALIZATION, HE RE-ENROLLED FOR HIS SOPHMORE YEAR, RIGHT?

Oh, yeah. And at times he’d go to (inaudible) and he took photographic and modern dance, and he seemed to enjoy things like that. And he went from music to business. He just seemed like he was in…and finally he was going to be a school teacher and he likes little kids.

SO HE IS SWITCHING MAJORS FOR WHAT HE WAS STUDYING?

Switching majors. That’s all I have. But you can tell tomorrow. But I thought he was a pretty decent looking child.

YEAH, HE’S REAL NICE LOOKING.

Thank you.

AND SO HE GOT HIS...FINALLY HE JUST COULDN’T COMPLETE HIS SENIOR YEAR?

No, he couldn’t.

WHAT WAS THE FINAL STRAW THAT MADE HIM NOT GO BACK TO SCHOOL?

I guess I’d kid him about going necked or something like that and he went necked at the mental health in Lewisville. Or I know, he’d been shaving his head and putting something on the mirrors. I don’t remember. But anyway, my wife, bless her heart, she’s not even retired by the way. She has a different way of thinking and she thought that it would be okay for him to...how do you say? Well, he needed to go and so she took him. And there he was. And so they said, “Please don’t bring him like this anymore.” And that’s good. They don’t want you to call the police or take them to the emergency. We called the police. We’ve had that. One time before he went into the hospital, I guess that was (inaudible). He mowed the yard, and then he came and hit me on the back of the head. Well luckily it was back on that side on a hard place and it didn’t hurt me, but it almost broke his hand. So I said we’ll call the police. Well that was 6:00 in the evening. We went out and waited for the police and they came and then we waited three hours for MHMR to come, and then we waited three more for the...so six and three is nine and twelve o’clock...it was a Thursday and they had to go to Wichita Falls and come back.

SO YOU ALL HAD MENTAL ISSUES BY THE TIME THEY CAME?
Actually, it was a nice night. It wasn’t hot. It was warm. But anyway, there were two policemen and
they waited and he calmed down. That’s typical. You know, one of the typical is very good behavior
when they get to the MHMR. One time he went to the Grapevine Mills, and we took him there and they
didn’t commit him then. Normally to get a person committed if they need it is to call the police because
they will do it. The mental people are reluctant to do it because it’s an expense. But the next time…or
another time…was when he was off his medication and it was his time for an appointment. I took him
right in. Well, he gets out of the car ahead of me and there’s a Spanish guy there and he does a push
on the Spanish guy…or shoved or something like that…they called two policemen there to the MHMR.
Well, that drags on through the afternoon and people come down…two nice looking girls came down
and did an evaluation and then the sheriff came out. Well, it turned out…I thought surely they would
commit him. So low and behold I go to the home to get his clothes and they call me at home and say
they’re bringing him home. And I said, “What? He needs to go.” Well, they didn’t want to take him to
Wichita Falls on Thursday or something. Anyway, the next week I came back to the MHMR and said,
“Well, what went on? Didn’t you give him a shot or something like, they were talking about injectable
medication.” And by the way his doctor was there and she convinced him to take some medicine and
anyway, she’s an Indian. A nice lady. One of the social workers said, “We thought he was at Wichita
Falls.” So they called the sheriff and it wasn’t until Monday because that was over the weekend. But
on Monday they came to the house and took him. I guess that was right before the second time,
probably. Now Robert…of the two, he’s a lot better. Now my mother had schizophrenia and she was
at Terrell, among other places. They did a frontal lobotomy on her. And she wasn’t a vegetable. She
never had to be medicated. But she was paranoid and they cut the part of the brain that made her
worry a lot and then she was a lot better. She never was normal, but she was better. After my father
died she and my brother managed the house. I would let her baby sit. In fact I let her baby sit one
week when we were out of town. Of course, when we came back the kids said, “What’s the matter with
Grandmother?” They could tell she wasn’t normal.

THEY COULD TELL SHE ACTED ODD?

Yeah.

SO IT RUNS IN YOUR FAMILY?

Oh, yeah. I have a sister in…she was taught at SMU in French and journalism, and she’s married a
PhD from A&M, and then they have three girls and a boy. And the boy is a medical doctor, almost.
He’s the youngest. One of them is a physical therapist; one has PhD from (inaudible). What else? Oh,
one of them married an executive in Wal-Mart automotive. But she’s a school teacher from A&M. And
then I have a brother and he has two daughters. One of them is published now. The other is going to
be an electrical engineer, but she was sports woman of the year in her college. I have one more
brother that he’s pretty smart. He almost got a Master’s from the University of Texas in computer
science, but he had a fight with a professor and he has some problem because he’s never had a steady
job because he doesn’t want a steady job. And other things like he…some of his thoughts on ethics
and how to do things and deal with people are not sound.

AND THAT’S YOUR BROTHER?

Yeah. He’s had financial problems because of that.

SO HE MAY HAVE A LITTLE BIT?

But it’s not psychotic. You know the difference and all. His is more behavioral, I guess. Not the… Like
he worked for several weeks at CorLabs and then quit. And then he’s got a real estate license and he
did work for the Internal Revenue and H&R Block. But nothing seems to be something that he could
latch on. Now he was born after my mother go out of Terrell. I was in like 4th or 5th grade. I had a
really nice great aunt and she was registered at the school in Biology over at SMU, and she kept us two
years. My sister and brother and me. She had a house over at University Park…No, University by Highland Park. It wasn’t a huge house. It was like a four bedroom brick. So what else can you think of?

WELL, I’M THINKING…SO ROBERT BASICALLY HAD TO LEAVE COLLEGE?

Well, after that incidence with the…it somehow made the papers and he was going to be a school teacher and so they barred him from being a school teacher. It really…some of this like the confidentially and all because if you can’t behave it doesn’t matter. If you get a job, it won’t last very long. You got to be consistent and if you have…well, you won’t get a job if you have bad record, but if you’re not going to get the job because you have mental problems or hold it, well then, does it really matter whether you have a bad record or not?

SO IF HE GOT THE JOB, WITH HIS SPORATIC BEHAVIOR COULD CAUSE HIM TO LOSE THE JOB.

He tried to interview but he never does very good with them. He also…the medicines make him sleep more and…now he’ll usually be up at 1:00 in the afternoon, or 12:00 or 1:00, and usually they schedule his appointments for that. And then he’ll stay up until 11:00 or 12:00. But now if he’s off his medication he probably won’t go to sleep at all.

WHEN HE IS ASLEEP, IS IT DIFFICULT TO WAKE HIM UP?

Yes. Oh yeah. The thing is we put in for housing and I don’t think we’ll go through with that. But you know the Section 8?

RIGHT.

Anyway, when we went to the meeting there, so what does he do? He waves his arms and he didn’t understand anything at the meeting. It just seemed like he was so bored and they almost got kicked out of there. But I sat with him and got what they call a “voucher.” That’s been…we’re on our second month. First is sixty days, and then there is 30 and then is another 30 days. Because of his relapse I don’t think he could… I don’t see how he can do that because… I don’t think he’s responsible enough now. My wife was always responsible, but I don’t think she quite understands it. Make noises which he does at home a lot. Well, he’ll turn the TV up or something and leave it up. It’s not like he’s doing it mean, it’s just something that he doesn’t think somebody is sleeping or something like that.

SO HAS HE EVER TRIED TO LIVE IN A GROUP HOME?

It was three or four days and they kicked him out after two days. They use to have a … there was a resting house and we took him there for a rest.

WHAT DID THEY KICK HIM OUT FOR?

It seems like he had some sort of an affective behavior. Either he tried choking or having phlegm or something like that. It was a bad social habit. I should have written this down. I know that they called us and we came and got him. MHMR had a house there and most of the people there except him were young ladies. But he wasn’t abusive to them. It’s just he wasn’t social skills.

SOCIAL SKILLS.

Social skills, yeah. He doesn’t have any friends. In North Texas he had three friends and they were always together. And he had some girlfriends. He finally, when his illness got bad he started fighting with them and they dropped him. Which was sad.

SO NOW BASICALLY HE HAS NO FRIENDS.
No. He has no…He has no desire, or if he has friends or tries to have friends, he can’t because he can’t maintain the conversational skills.

DOES HE SEEM TO MISS THAT?

Well, he’s unhappy. He’d like to be married. But he doesn’t have social skills. It’s a sad thing, but you don’t know…one of the things he could do is get some social skills. He started going to at the MHMR in Lewisville is a one hour session every week for group therapy.

AND HE GOES TO THAT?

Yeah, he goes to that.

IS THAT BENEFICIAL AT ALL?

It seems to be okay. He learns things from them. At least he can compare it back, so it’s hard to understand... Oh, and the spending money. He won’t spend any money. That’s the other thing.

THAT’S INTERESTING.

Well, he bought a new car. He had a wreck in his car and it really wasn’t his fault, but a man was trying to pass him and he was trying to turn up in Flower Mound and it was a busy thing, and the man came by him, I guess. It was illegal, but he could do it. He didn’t hit it too bad and Robert was just devastated. The man knew it was his fault so he said something about no fault or something like that. And supposedly he gave Robert the name, but we never found it. And Robert’s car was covered and it got fixed. But he took his car and traded it in and I was surprised. He doubled his $550 to $1000 a month and it was like a Saturn. It was a little car. He was having a psychotic…and he went down north of our mall there and rented a motel and then he checked out and then he went to Fort Worth and he was afraid of the mafia or crime or something like that. So he stayed there a little while and check out of his motel and came back and they were nice enough to let him re-check in the motel and then about 1:00 we didn’t know where he was. And about 1:00 the police called and said this guys got problems. So I brought the medication and he didn’t want to leave, but they got the key from him. My wife and I drove the car back to the dealer because we needed to get his car back because whenever they reposse it, then we couldn’t afford the payments on that. We took it back and they were nice and I explained the situation and they gave us back the truck that had the wrecked door. And then as soon as we’d done that in the morning, that was at night when we got the key and took it back, and the next morning I went and explained to the man. We went after him at the motel and he was still there because he didn’t have a car. Obviously he’d just woke up and he’d had his breakfast and I took him Denton and explained that he needed help. They said, “Oh, that’s a financial situation." Even though he called the police out of fear and they weren’t very helpful. But we decided after a long… well, the first thing the judge wasn’t there and that was a problem. The mental health court judge was not there and she had gone off. So we decided because we had some insurance to take him to Millwood in Arlington. I said fine. There was some incident on Saturday night and then on Monday morning the doctor had decided he really didn’t need to be committed. That was the one in the summer and then the one where the Cherokee was in November, and at Christmas he had a bad time and he was violent toward a man. Now recently he poured ice water on a man at Wendy’s and it seemed like there was something else. Oh, he came up to me and put a hold on me in the morning. It didn’t hurt me, but anyway, and then he left. Then he came back and just hit men. The thing is normally if I call the police it’s for a reason. He either wanted to fight me or he wanted me to hit him so that he could call the police on me. But anyway, this time we tried to….because other than that he’s not been too bad as far as behavior. We just thought if we can get him back on his medication, well then….not that he would do very much because he doesn’t do chores and then he has this deal where he washes his hands…he tries to be clean. He’s not really. He’s clean as far as keeping his hands clean and not touching anything that’s dirty. But he’ll sit wash rags one on top of the other and so they stay dank and I keep telling him he’ll have mildew. Usually for a while I would take them and stack them out on the…we have a double sink and stack them there. And I tell him about that and then the other thing he is supposed to do is we have a dog. And he’s
supposed to help keep the dogs water. We keep the dog’s water in the bathroom because if it spills on the tiles it doesn’t…but anyway, he doesn’t seem to…so the bowl gets dry. I fill it when it’s dry. But he doesn’t seem to do that. And he doesn’t do very many chores. He doesn’t wash dishes. For a while he did cook, but he doesn’t cook anymore. Now he use to play Bridge and probably not very good, but he played with the computer and a long term bridge club. And actually at times he’s gone to a… Now, one of the things that’s happened recently that is certainly interesting was we were with him at MHMR and all of a sudden he said he was blind. I believe he was. He started looking up like that or something like that. And he had to be lead from one office to the other. And they said we should take him to a doctor. I got to the doctor’s office which is from Lewisville to Carrollton, and the doctor wasn’t there. And I said, “Well, please just take his blood pressure.” They didn’t like doing things when the doctor wasn’t around. But they went ahead and…Anyway, they wanted to know about an appointment with the doctor and I said, “I’ve got to check with insurance.” Anyway, it turned out that was in December, so we couldn’t do the doctor because the doctor does not take Medicaid. And so anyway, the insurance cut it off and we had to pay for a physical and we’re fighting that now among some other things that the insurance should have paid, but didn’t.

IT SOUNDS LIKE YOU HAVE A LOT OF INSURANCE PROBLEMS AND LOGISTIC COSTS WITH HOSPITALS AND POLICE?

I don’t think it’s me. I think it’s everybody. I’m convinced that the system does not work smoothly. I can tell you the other thing is when my wife and I die, my brother doesn’t…the middle brother…he doesn’t seem to want to understand mental illness. There’s a resistance to…and he has a theory that if you just let people suffer the consequences, they’ll learn.

SO HE’S THINKING OF IT AS BAD BEHAVIOR?

Bad behavior.

THAT THEY CAN SHAPE UP.

It is bad behavior, but until you get the brain chemistry right, you can’t…but, but, but what’s going to happen. See a lot of people do that and they’ll shoot people or…because they’re off their medication and there’s no control. Society hasn’t taken a better approach to making sure they have medicine compliance.

YOUR SON IS TAKING ALL THIS MEDICINE ON A REGULAR BASIS.

What time do you got?

THIS ISN’T...

I can stay, but I just need to get to the parking meter. (tape turned off)

WHEN YOUR SON IS TAKING ALL OF HIS MEDICATION REGULARLY, AND HE’S DOING HIS BEST, WHAT ARE SOME OF THE SYMPTOMS THAT ARE STILL THERE THAT YOU HAVE TO DEAL WITH?

The wash rag thing where he doesn’t dry them. We wouldn’t care if he uses one every time he washes his hands, but if he would put them in a place that…but he thinks its better to stack them because it’s neater I guess.

SO IT’S SOME PROBLEM, LOGICAL...

But he doesn’t want to do chores.
YOU MENTIONED HE DOESN'T SEEM TO SEE WHAT THE DOG NEEDS. LIKE IF THE DOG NEEDS WATER.

He does take the dog for a walk. That’s a good thing.

DOES HE HAVE DIFFICULTY UNDERSTANDING YOUR INSTRUCTIONS?

Sometimes, yeah. His comprehension is not good. Sometimes you’ll talk to him…Oh, the other thing is in the car he will laugh to himself.

IS HE LAUGHING AND YOU DON’T KNOW WHY?

Yeah. He won’t tell you, usually. He’ll think of something and instead of keeping his mouth closed when he laughs. He use to chant…sometimes he sort of sings off of…now I guess I like these things. I use to sort of yell at him. Actually I’d yell at him. But I will turn the radio up and he knows that. But he doesn’t seem to get mad. That’s a good thing. He’s not a get even person.

SO HIS SYMPTOMS IF HE WAS ANNOYING YOU, THAT DOESN’T SEEM TO MAKE HIM MAD?

In fact, I can talk about him in front of…bragging in front of him, he doesn’t like that. But I can talk to him and say, “If you want to you can have your say about whatever. If I’m wrong, just tell them.” He usually doesn’t. I never seen him…now admit things, no he doesn’t. He doesn’t admit things very much.

DOES HE SEEM TO TRUST YOU?

Yeah, he does pretty much.

IT SOUNDS LIKE WHEN HE GETS PICKED UP BY THE POLICE HE MUST GIVE THEM YOUR PHONE NUMBER?

No. We call the police whenever he’s not compliant.

AND THEY’RE LOOKING FOR HIM?

No. He’s at home.

I WAS THINKING ABOUT WHEN HE WENT TO THAT MOTEL AND HE WAS OUT?

No, we didn’t know where he was. They called us.

SO HE MUST GIVE THEM THE PHONE NUMBER AT THAT TIME?

Yeah. They ask him for it.

RIGHT. SO HE DOESN’T TRY TO AVOID YOU?

No. He doesn’t try to avoid us. He desperately wanted to get an apartment and he packed up a couple of bags and he’d sit them in his truck and then he decided we’ll sit them in my vehicle and we kept them in there for a while. Now they are in the house. They were like two duffle bags and a basket of just odds and ends.

SO HE PACKED UP ALL HIS THINGS LIKE HE WAS GOING LEAVE…

No, just part of them.
BUT HE DIDN'T HAVE A PLAN TO WHERE HE WOULD GO?

And then he’d go around and get…you’d tell him that on the voucher he doesn’t need it, he just has to go and find something. Well, he found a place that was $50 more than his allotment, which his allotment is about $150 of what he has to pay. But he won’t…on his own he didn’t want to go ahead and keep records or mark on a list and keep…you know, he could go buy them, but he didn’t quite understand the procedure. He could have if he understood it or you could tell him, but he doesn’t seem like he wanted to understand the procedure. So I was busy and Alice said that she would do it eventually, but I’m not sure that eventually will ever come. We’ll probably ask for another extension. I’m not sure that he can do it right now. But it takes about a year and a half to get up to par. But it’s not a…Oh, another thing is he didn’t like to stay by himself.

SO MAYBE HE’S THINKING HE WANTS TO HAVE AN APARTMENT BUT HE DOESN’T REALLY WANT TO HAVE AN APARTMENT. HE WANTS TO BE HOME?

Yeah, he wants to be at home. And he likes people going with him and taking to eat. He’s really big on eating out. It’s not expensive usually. IHOP was expensive. Most of the time it’s submarine…he likes a vegetable submarine or he’ll go to Sonic and take the meat and cheese off of it and just eat the bread.

HAVE YOU FOUND ANYTHING LIKE THAT YOU CAN USE AS A REWARD TO GET HIM TO DO THINGS?

Well, the money. We shut him down to $10 and sometimes $5 a day because if we don’t he’ll go and spend it. Now, about a month ago he got a Bank of America credit card and he put $1000 on it. Now, we’ve managed that his credit is not bad. I thought about getting it bad so they don’t give him none. But anyway, when I found the bill in the mail and I said, “What’s this?” It was a lot of junk that…Oh, CDs and some expensive computer books that he’ll never read, and it was about $1100.

SO HE WAS ABLE TO GET A CREDIT CARD EVEN THOUGH HE DOESN’T HAVE A JOB, THEY JUST GAVE IT TO HIM?

Yeah. Well, he applies for it and they give it to him. And then I ask for it and he gives it to me. Now I’m in the process now of canceling the accounts except the one that’s a debit card. I’d like him to have something with reasonable…maybe $30 in case he gets…

EMERGENCY?

Emergency, yeah. Oh, then him and Alice had been to the fair and they had signed up for these cards and they got three or four of them. Then anyway he wound up $300 or $400 in credit. He was buying gifts and this, that and the other. Now, it’s probably us that did that because we don’t collect rent from him and we probably…I imagine before too long we’ll start to rent so it stays down in his trust account. I don’t think we’ll do rent, probably we’ll do maintenance on utilities. Even though he’s hefty, he is not cold. I like the cool, cool weather and he wears long sleeve shirts even in the summer times.

WAS HE ALWAYS LIKE THAT?

I don’t know. I do notice a noise a lot in the car because it’s hard…You’ll tell him to stop and he’ll stop for a little bit and then it just comes out. It’s not a mean thing. It’s just something…now when the radio is on, especially if it’s loud enough, he’ll quit. And then I’ll turn it down. I tell him not to do that because I might have a wreck, and it’s distracting. Well, hopefully that’s not going to happen, but trying to get him some logic that will…Do you like psychology? Do you know what that is?

YES.

Kind of like that.
THEY SAY THAT HELPS WITH PEOPLE WITH MENTAL ILLNESS. COGNITIVE PSYCHOLOGY BECAUSE IT GIVES THEM A TASK TO DO?

Do you know (inaudible)?

NO.

She’s one of the people that started or are big in it. She’s read books and…Anyway, we went to Plano to hear her. I thought it was really neat.

WHAT HAVE YOU FOUND AT HOME THAT SEEMS TO HELP AT ALL WITH GETTING HIM TO COMPLY OR BE CALM?

Well, we give him the $10 a day and sometimes $5. He doesn’t protest too much at that. You would think that, and if he doesn’t have things it doesn’t bother him. And usually after he buys them he doesn’t use them very much. And so anyway, its not that he has to have something, it’s nice to have it. And once I get it…. (End of side one)

HE SPENDS IT ON THINGS THAT HE DOESN’T REALLY CARE ABOUT AFTER HE GETS THEM?

Yeah. It doesn’t matter.

BUT IF HE DOESN’T HAVE THE MONEY, HE DOESN’T SEEM TO THINK ABOUT IT OR WANT IT?

He can live on $10 or $5. And then lately because he’s been depressed and all, we’ve been doing that for him and he doesn’t complain. Now if he was hungry and doesn’t have food, he’ll complain about that.

SO FOOD WOULD BE SOMETHING HE MIGHT WORK FOR?

He’d work for food, yeah.

HAVE YOU TRIED ANYTHING LIKE “YOU CAN’T HAVE DINNER UNTIL YOU PUT THE WASH CLOTHES IN THE RIGHT PLACE?”

Oh, yeah. Well, we eat a lot of fast food, you know like $1 sandwiches or something like that. That seems to work pretty good. If he’s hungry we’ll say, “You need to walk the dog before you get…” And he doesn’t seem to mind that. We have to have a leash because we don’t have a fence and she’s a big dog. But she doesn’t bite. Anyway, he likes her, which is a good thing. The other dog got old and that was the one thing that I hit the roof about, he took the dog out and let her loose somewhere with a can of food or something like that. Alice could see it coming, but I couldn’t. I was working then and all of a sudden…I liked the little dog even though she was old.

WAS THAT HIS REASON THAT HE DID THAT BECAUSE SHE WAS OLD?

I think so. Yeah. Well, his reason was he had mental problems.

RIGHT, BUT I MEAN…

It was his dog. It was always his pet. And I liked her because I used to jog and she’d keep up with me, probably done better than me. She wouldn’t run off. Now the one we have…to catch her what you have to do is drive around the block a couple of times and when she gets tired you can catch her. I mean, it’s a game. As soon as she gets winded, the games over.

SO THIS WAS HIS OWN DOG THAT HE CARED ABOUT AND DIDN’T SEEM TO HAVE ANY SADNESS THAT SHE GONE AND HE HAD TAKEN HER OUT AND ABANDONED HER?
I called the police.

AND YOU NEVER FOUND HER?

We never found her. We went to the pound and stuff like that. And that was the cause that we got the other dog about four years ago. But that was bad. But he didn’t seem to have…he didn’t have a conscience to worry about doing that bad thing. I guess another thing. But everybody is different in mental illness because it’s going to affect them differently. But my big complaint is that when I’m gone or when I cannot take care of him any more, he’s going to need state care because he’ll get violent if he’s off his…and it’s to random people. We don’t know why. There’s something in his brain that’s gone.

SO YOU'RE CONCERNED THAT HE WON'T HAVE ANYONE TO GIVE HIM HIS MEDICINES AND TELL HIM TO TAKE HIS MEDICINE?

Yeah. To tell him and check him and keep him on track. MHMR doesn’t have the resources to do that. They do have once a week to give him his medications and check on him, but if he doesn’t follow their….

THE OTHER SIX DAYS OF THE WEEK HE’S GOT TO DO IT HIMSELF OR HAVE YOU HELP HIM?

Yeah. Every day he has to do that. And a lot of times he doesn’t know what day it is.

AND YOU SAID THE PILL BOX HELPS BECAUSE YOU CAN SEE WHAT DAY...

It helps us. At times he’s okay, but most of the time you have double check him. Now it’s gotten to where he’s not compliant and you have to watch him take them all because if he doesn’t he’ll either not take them or throw them away or take them and put them in his mouth and then run to the bathroom. He does that with Alice, but I don’t let him do that. I make him have water there. I make him take the medicine. But the thing is, he doesn’t have…you know, your talking about psycho…if he only has it with him…or violent or whatever…brain power. But he doesn’t. So most of the people are not…they just deal with impulse. Now Alice has a sister in Pennsylvania that has mental illness, and she has a brother that has mental illness, but he works for the MHMR now. He checks on people’s surveys and attitudes and things like that. He’s on medication. The same ones that Robert is on.

SO ROBERT WILL TAKE THE MEDICINE IF YOU STAND WITH HIM, GIVE HIM THE WATER AND WATCH HIM SWALLOW IT, THEN HE’LL DO IT?

Right now, yeah.

HE WON'T FIGHT YOU AND SPIT IT OUT? BUT IF HE HAS A CHANCE, LIKE WITH YOUR WIFE, IF SHE TRUSTS HIM TO SWALLOW IT, HE'LL GOT SPIT IT OUT.

I tell him I’ll just call the police.

YOU GET VERY HARSH WITH HIM TO GET HIM TO TAKE IT?

Yes. And he knows that. I’ll just call 911. And I’ll say, “He’s out of compliance and here’s the medication he has to take.” And usually they’ll talk him into taking it because otherwise they’ll probably take him off. But they don’t like to take people. It’s money and it usually takes a couple of months…the state, in a way, is pretty good. They’re not quick though. They just take a while to…

YOU USUALLY NEED HELP RIGHT THEN.

Yeah.
YOU DON'T NEED HELP NEXT WEEK.

If it's a valid thing, they will take him. I was surprised that after three hours of calmness they took him after he hit my head. But the sheriff took him right off. And then the second time where he had that incident and I had to call the police and they took him.

IN LOOKING BACK AT THE VARIOUS INCIDENCES HE HAD, WERE THERE THINGS THAT YOU DONE OR THAT YOU SEEN HAPPEN THAT SET HIM OFF, THAT MAYBE COULD BE AVOIDED?

No, it just happens.

IT JUST SEEMS TO COME RANDOMLY?

Yeah. Well, I've tried…I used to think that the medicine could cure him, and now I don't. I think it helps and I sure feel sorry for him and try to be more understanding. That's the one thing that...usually I yell at him. I would think you ought to be able to do this. I think that's one of the things that people don't realize. You have to be more tolerant to these people because it's really a disease. It is bad behavior, but not because they're just bad or mean. It's something they don't control very much.

RIGHT. IT'S A PHYSICAL ILLNESS THAT'S CAUSING THEM TO ACT THAT WAY. BUT IT'S FRUSTRATING TO YOU AS A PARENT TO DEAL WITH THAT DAY IN AND DAY OUT.

Yeah. Day in and day out. You get burned out.

SO WHEN YOU YELL AT HIM, DOES THAT HELP FOR THE MOMENT OR DOES HE GET WORSE RIGHT THEN?

Well, for a moment and then he goes back.

SO NOT REALLY HELPFUL?

He doesn't like to be yelled at and he said, “Dad, you ought to take a course in anger management.” And I've gone from yelling in the car to turning the radio up until he's quite. And that works better.

IT'S NOT AS PERSONAL, BUT IT'S JUST THE MUSIC.

He used to play trombone and he has a good ear, but if he doesn't want to be yelled at and he won't stop and he generally likes a lot of music. He's very good and knows all the artists. He has a tremendous CD collection.

SO HE'S STILL INTERESTED IN MUSIC? YOU MENTIONED THAT HE LOST A LOT OF HIS INTERESTS. HIS PAST INTERESTS. BUT MUSIC HASN'T CHANGED.

Music and Bridge. He recently went over to Dallas to play Bridge. What else would he like? He watches a lot of TV and he'll listen to the radio a lot.

DOES HE UNDERSTAND THE TELEVISION PROGRAMS OR MOVIES?

Well, he goes to movies…the fifty cent movies…on his own and he gets tired of them and leaves.

HE'LL LEAVE IN THE MOVIES.

His interest span is not very big.

HE'S PROBABLY NOT FOLLOWING IT THOROUGHLY.
Maybe not getting into it and losing interest. But he likes to go for some reason. The think is, he and his brother...now one time he went to Grapevine Mill and he tried to approach a girl somehow and she didn’t like it and complained. So they told him not to come back to Grapevine Mill’s movie there. I try to say, “Listen, don’t be so forward. Just be gradual.” And that doesn’t seem to...

SO HE MUST BE AGGRESSIVE ENOUGH IF THE OWNER CAN SAY...

You come up there and ask them to marry him or something silly like that.

SO THEY COMPLAINED, OBVIOUSLY?

Yeah. It was too forward. And several years ago there was one in the store out there that he sort of liked, but he became...she was a salesman and couldn’t spend that much time with him. Probably had other interests. Rather than being (inaudible) of women, he’s too aggressive...but you try to tell him that and he doesn’t...I think there’s always some block between parent and child whether the child doesn’t want to listen to the parents. Maybe not all of them, but some of them.

YOU MENTIONED THE COLLEGE BANDED HIM FROM BECOMING A TEACHER, OR GETTING HIS TEACHER’S CERTIFICATE?

Because he went naked.

YEAH. WHERE WAS HE WHEN HE DID THAT?

In MHMR.

BUT SCHOOL FOUND OUT, I GUESS. HOW DID THE SCHOOL FIND OUT?

I think it was in the newspaper.

NEWSPAPER. SO DID THEY ASK HIM NOT TO COME BACK TO THE UNIVERSITY, NOT TO ENROLL?

He dropped out.

OKAY, HE DROPPED OUT.

The way we got to the insurance and kept the insurance is if you’re just having a bad time during the semester, we drop his courses. He never did carry to heavy a load. Now at North Texas we did real good with modern dance and photography. He was interested in both of those. And he can take pretty good photographs and he learned how to develop them too.

DID THE SCHOOL NOTIFY YOU THAT HE COULDN’T...

Yeah, that he could never be a teacher. They might forget that eventually, but for right now that’s the status. He can’t go back. But now he could have done his French.

HE COULD TAKE SOMETHING ELSE?

Yeah, it wasn’t that they were not going to give him a degree, they just didn’t want him around kids. And that’s not a bad...I don’t object to that. But see, it really doesn’t matter if he’s not every going to have a career or ever work. What difference does it make if you put on the record that he had an incident in Grapevine Mills or he ran around yelling “Hitler.” Nobody tagged him on that, particularly. We took him right over to MHMR as soon as we could get him in the car, and they didn’t want to commit him for that.
DID THE UNIVERSITY GIVE YOU ANY HELP COUNSELING OR...

Now that’s something we might be interested in. I was going to ask you about that later. Maybe you could mail me literature or even some notes or something.

YEAH, I WAS WONDERING ABOUT THAT. IF THEY KNEW WHY HE DROPPED OUT. THERE’S BEEN TIMES WHEN YOU WOULD DROP HIM OUT OF CLASSES TO GO TO THE HOSPITAL.

That, in a way, was pretty early because he was under 25, and now he’s 30. But he hasn’t shown any desire to really go back to school. And I don’t think he could take…he might take vocational, but I don’t think he could take academic.

DOES HE HAVE DIFFICULTY UNDERSTANDING WHAT HE READS?

Well, even at that one meeting where he was learning how to do the apartment, he didn’t pick up anything from it. And it was pretty well under all medication then, I thought. That’s a hard thing to tell if you don’t watch every time, twice a day.

RIGHT, IT’S EASY TO MISS THAT. SO SOME OF THESE STUDENTS BEGIN THEIR SYMPTOMS IN MIDDLE OR HIGH SCHOOL, AND THEN THEY CAN GO INTO SPECIAL EDUCATION CLASS ROOMS. DO YOU HAVE ANY SUGGESTIONS FOR TEACHERS IN THE CLASS ROOMS HOW TO NOT MAKE THE SYMPTOMS WORSE?

I think I would try to move them to special Ed because there are enough disruptions in…now I’m a pretty much…well, I was in the Navy as a Naval Officer and (inaudible) discipline. Of course, a lot of the attitudes have changed, but when I was younger they had the Board of Education and it was used in my high school. Not too often, but that helped. I think time-out is pretty good.

SO BE IN THE SPECIAL EDUCATION CLASS ROOM AWAY FROM THE DISTRACTIONS OF LARGER CLASS ROOMS?

Yeah. I think that’s…schizophrenic, there’s a lot of things they don’t understand any more. I’ve tried to think of…their brain functions are not…their logic is gone. Yeah, the schizophrenic is logic, and bipolar is emotions. Or one of the other. Anyway, they seem to blend too. You know where you have some of the schizophrenic and some of the bipolar, and that schizoaffective if they have…and that’s what his diagnosis is. It’s schizoaffective with bipolar.

AND HE’S HAD SOME HALLUCINATIONS, ALSO YOU MENTIONED, DIDN’T YOU?

Well, that’s hard because he doesn’t admit voices. Now he might to you. By the way, we went to…there were four nice ladies came up from Houston and we did the blood samples and also the interviews and they were with Baylor University down at Houston, which I think is different from the one in Waco. And we enjoyed that and they also interviewed Charles and did blood…not very much with Charles because he’s bad behavior. At the time he had bad behavior.

SO IT WAS HARD TO INTERVIEW?

Yeah. And the last time, several weeks ago, they released him to ICT and he stayed all of three days before he went back to mental behavior. A person like Charles the state should keep him. They don’t believe in having assisted care…they just don’t. There’s no state assisted care and you have to find a place…somewhere that will feed you and clothe you and supervise your medicines and give you a place to hang out. They wanted $1400 and he only had $770. Now Charles was lucky after waiting on a waiting list for about eight months…actually it was December when they…November wasn’t and the lady said she’d just take the $770 and she took all of it. But anyway, after a month he walked. But the thing is, you cannot keep somebody on $1400. That’s really a minimum figure and you only…now Charles has SSDI because he got his…when he was a youngster…well, high school at 17. And the
reason he could take it was because, number 1 he had for a while…if I hadn’t retired he had the SSI, but it’s really hard 17 years ago to prove that you were disabled because it’s not disability that the state rules are and even though his doctor said he was disabled, unless he’d had the social security SSI to say he was disabled, you just don’t get the SSDI. And it’s a little bit better, in a way. Robert gets his medications, or at least three of them, he gets those free. And then they extend it out if you know how to do it. They give a 90 days medication so you overlap the medications on a 90 day period. One 90 and then wait a month and so you can cover the middle medications. I think isolation is probably the best treatment because you can’t just…I think the physiology is very good because they lose their social skills. I mean, that’s a…but they need the medication. For a while, I wasn’t, because of the…oh heck…I don’t know why it’s so hard of a mental block. The people that are not doctors, that are in the phsiatrist…

THE PSYCHOLOGISTS.

The psychiatrists are the doctors.

THE PSYCHIATRISTS ARE THE MEDICAL DOCTORS. AND THE PSYCHOLOGISTS HAVE A PH.D.

Is that what you’re going to be, a psychologist?

ACTUALLY THE DEGREE IS A PH.D., BUT IT’S A DOCTORATE IN EMOTIONAL BEHAVIOR DISORDERS. IT’S IN THE SPECIAL EDUCATION DEPARTMENT.

Oh, okay. My sister’s daughter is like that down in Houston. He has a PhD from the University of Texas. Pretty high…and she works with the school system down there. It’s in the suburbs of Houston.

THAT WOULD BE SIMILAR BECAUSE THIS IS IN SCHOOL WITH SPECIAL EDUCATION…SPECIALIZING IN WORKING WITH STUDENTS THAT HAVE EMOTIONAL DISORDERS.

Now with Charles, what happen with Charles was we knew he had some problems and he had brought comic books to school and I call the comic books religion and I called him a prodigal son because he wanted to be gangster. But he went off to a neighbor’s house, which is an open house, and he got a bb gun and he got my sky jacket and he got a filet knife, which was sharp. Well, Alice came home and they said give back the BB gun and Charles wouldn’t. And Alice said call the police. I don’t know why, but anyway she thought that was a good idea. She called the police. Anyway he came and Charles opened the sliding door, she also invited him in and he ran out the door and said, “The policemen just shoot me.” And he was 16 then and got taken to the jail for children. Anyway, he stayed there one day until we figured he ought to go to a hospital. Luckily we had insurance and we drove him to Presbyterian and they admitted him. And even though my mother had been ill, I just didn’t know anything about it. Really I didn’t. Well, back then people didn’t talk about it as much, and my mother didn’t have to take medications and I didn’t realize it was hereditary. I just thought my mother had a problem and they fixed it. I never had to worry about it because…I knew she was different, but anyway.

SO CHARLES BEHAVIOR STARTED TO CHANGE ABOUT 16 YEARS OLD?

Yeah. We had nice trip to Mexico. We won…we bid on a Channel 13 vacation and we bid…it was pretty reasonable one. It was $550 for four nights at the penthouse of the El Camino Rio in Porte Vayarda. We took my mother and we…it didn’t include the airfare. We had to buy air. But we went over Thanksgiving and Charles had a pair of boots and he liked to drag his heels and I didn’t like that. But he was pretty well behaved. He wanted to bring back a switchblade. And I said, “No, No.” With kids or teenagers, they don’t want switchblades back. Such is the world before 911. But he came back and passed out the comic books and the school didn’t understand. They wanted Alice to take him out of school and he was in 10th grade. But after the incident with going to the neighbor’s house and taking the BB gun and also my…Oh, back out to the police. Charles said, “Just shoot me.” And then the man rushed him and in his pocket he had my filet knife and Charles probably reached for it. But it went
through the pocket and it cut the man’s trousers. So of course they had an assault on him. We persuaded the neighbor, after we got him into the hospital, to release the charges, or drop the charges. Which was nice of them. Well, actually maybe they didn’t do anything. They didn’t do it on the first one because I think they just held it open. But the second one he could only stay three months at Presbyterian and then he had to go somewhere else. Well he went to (inaudible) in Richardson. And they were really nice and Charles liked it, but they didn’t tell me about the compliance. Or they didn’t drill it into me enough to understand. Well right away Charles got off his medication and the neighbor’s son was Charles’ age and he had a truck and so Charles got in the truck and drove it to Valleyview. Of course, that was stealing. Threw the kid’s clothes out. He kept the money and billfold and all. Anyway, from there he went to…he’d been released from (inaudible) and then he went to Timberlawn. The insurance covered all this for a year and a half. That’s what Prudential said was our limit was we had two years on it because even though it was a two million dollar policy, we only had a second year coverage because he was a dependent. Anyway, we accepted that. We probably shouldn’t have. We probably should have fought it. If I had known now, I would have fought it because mental illness, unfortunately, seems like it stays with you. You really don’t get cured. The symptoms, like diabetes, you fix the symptoms but not the real problem.

IF YOU HAVE A CHILD WITH MENTAL ILLNESS, THEY CAN STAY ON YOUR INSURANCE, IN MOST CASES, EVEN IN THEIR ADULT YEARS. IF THEY ARE DIAGNOSED WITH A DISABILITY.

That’s what we’re trying to do now. Our family doctor has written a letter and MHMR did too but I’m not sure they wrote a strong enough letter. And that is what that’s about.

BECAUSE IF THEY ARE DEPENDENT ON YOU THEY CAN’T LIVE INDEPENDENTLY. USUALLY YOU CAN…

The $550 doesn’t near support Robert. That’s a month. And he’s not living with us and Alice didn’t quite understand that too. Once he gets out into an apartment they will probably try to drop him. That’s the game of insurance. You pay in, but not pay out. I’ve decided to hit it from the symptom basis. Most of those things…maybe not all of them we talked about, is list the symptoms and then list the medications and also I’ve had a letter from the social security that stated the period that he was on…Oh, it’s been since he was 25. Maybe before that. But when he had his disability. Even though he was in school, it’s a work disability that they count. You know, you might be going to school and making A’s, but if you can’t work for somebody…which would be highly unlikely. But that’s the criteria for social security. Can you hold a job? And there seemed like there was something else. Oh, the hospitalizations. I had Wichita Falls give me the dates of Robert’s hospitalizations. That’s pretty much in there. But this is like…what they had done is they had given us papers for Robert and they really were just a paper that said “what is his progress” and then me to verify several things. I never understood was what they were going to do was deny it. And the way they did it was through a private company that does that sort of work. But anyway, on Robert’s SSI disability, we had to hire a lawyer. Alice did one and the MHMR helped us do the appeal and then Robert was in bad shape then but we went to a good lawyer that specializes in it and of course they all charge the same for getting your disability. It’s some percentage of money they collect for you. I was glad to do that. Robert was (inaudible) when he talked to the guy, but the people…after we appealed, they didn’t even take us to trial. I call it just rolled over and said “Well, it is disabled.” And that’s something that we have behind us that social security has not tried to revoke our disability and I thought, especially because he’d been hospitalized.

I WAS ALSO THINKING, WHEN HE WAS STILL AT THE UNIVERSITY, DID HE DO ANY BEHAVIORS IN THE CLASS ROOM, ANY ODD BEHAVIORS THAT THE PROFESSOR SPOKE TO YOU ABOUT?

No. He looked like it had been…he took off like you take…he was interested in Biology and recycling and music and his Bridge. He still plays games on the computer, like Chess. Not very good Chess, but he likes it.
SO THERE WEREN’T ANY PROFESSORS HERE THAT TRIED TO CONTACT YOU OR SAW A PROBLEM THAT THEY MENTIONED?

No. He’s pretty well behaved.

AT VARIOUS TIMES DURING COLLEGE YOU HAD TO DROP SOME CLASSES AND GO INTO THE HOSPITAL.

Well, yeah. That’s true. And one time I had to help him drop them while he was in the private hospital.

BUT THE UNIVERSITY NEVER ASKED YOU WHAT THE PROBLEM WAS?

No. And I never did even think about asking the University. Except if I was going to drop I’d say, “Well, he’s got a…” Well, maybe one time we had a note from the doctor. But we were mainly helpful to get him dropped, of course, because the rule at my company was that you just had to be enrolled and they questioned if they were dropped. Well the company could have said, “Well, how did you finish?” But every fall we had to submit courses that he was enrolled in and that was their rule. And for some reason they didn’t ever think to say, “Well, did he ever finish and why.” But because of that he never was on academic probation. We always watched for him. And there were courses that he did like. He did like his French. He could of…now he went to France and would of…but then he was afraid of the Mafia.

THAT WAS HIS FRESHMAN YEAR?

Oh, no. Junior. I think after his Junior year in the summer after his Sophomore year.

BUT IT WAS HIS FRESHMAN YEAR WHEN HE TRIED TO COMMIT SUICIDE, RIGHT? HE DROVE TO WACO AND TOOK A LOT OF TYLENOL?

Yeah. He had a beat up used car, but it had a good engine and he could drive it. He was just depressed and so he got down there and took the Tylenol and went to sleep. He parked right…he didn’t hide or anything like that.

HAD HE HAD ANY SYMPTOMS BEFORE HE TRIED TO DO THAT AND YOU THOUGHT SOMETHING WAS WRONG?

No.

WHAT WAS YOUR VERY FIRST...

The very first, yeah. And he was pretty good in class. The only thing we had got him an apartment, but it wasn’t a very good one. My wife got it for him. There were people that borrowed things from him. It wasn’t too far from the campus, but it wasn’t exclusively for students. Or maybe the students weren’t very good and wanted to borrow money and things like that, and not pay it back. He was very trusting.

THEY TOOK THINGS FROM HIM, BUT HE GAVE THEM PERMISSION TO DO IT, BUT THEY WERE REALLY JUST TAKING AND NOT GIVING IT BACK?

And he said to the man at the apartment rather than to ride from Lewisville.

AND WAS THAT HIS FRESHMAN YEAR?

Yeah. And then one time he was coming back from…he took a course in Gainesville and he got three tickets on successive days because he doesn’t learn about the policemen.

YOU DIDN’T SEE ANY SYMPTOMS DURING HIS SENIOR YEAR OF HIGH SCHOOL?
Oh, no.

ANY ODD BEHAVIOR THAT...

Well there was a change of behavior between his middle school where he always repeated the teacher’s…they’d say something and he’d repeat it. And then once, he…

TRYING TO BE FUNNY, RIGHT?

Yeah, trying to be funny. Anyway, I told him…well, the first thing he would always get punished at home by me if he was punished at school. He said, “Dad, you mean every time I get in trouble at school…” I said, “Yeah, that’s right.” A lot of times it would (inaudible) at that age. And then I always campused him if he wasn’t getting his papers done. And I had trouble with papers too, getting them done. I use to stay home and I’d say, “Mother, it’s a week before this paper and I haven’t made any progress. I need to stay home.” And I’d stay home and do my paper a week ahead. I delivered newspapers and I had other interests, and it was hard for me to get behind and do it. I graduated top quarter in my high school class. It was a big one. And I graduated from Georgia Tech in applied math and then I graduated with Masters at TCU in math. And I programmed…the last thing I did was at Lockheed and worked on…actually been there 11 years and I did work on the rocket launchers that shoot the…that were over in Iraq.

THAT’S INTERESTING.

Also a little bit on the Patriot. That’s a missile that shoots to kill. It hits the kill. You have to hit the other missile. I did part of the simulation and I simulated the target.

I’VE HEARD ABOUT THAT. THAT’S INTERESTING.

Lockheed pretty much took that from Raytheon. And then my wife is a RN at…like I said, in almost any issue we like things to eat together pretty much. But ways of doing things, hers are completely different. Like for instance, she bought 24 beers, Coors or something and it was one sale, and I said to her, “Alice, don’t put that in the back set. You have to put it behind the seat in the SUV because it’s not legal. You have to have it in the…or if you have a truck you put it in the trunk. You don’t leave it in the passenger compartment. So anyway, she wouldn’t do and wouldn’t change it. I said, “Well, you’re the risk taker.” I sometimes, you know, you just don’t look.

YOU SAID SHE HAD DIFFERENT OPINIONS ABOUT YOUR SON, ABOUT ROBERT. HOW TO TAKE CARE OF HIM, HOW TO TREAT HIM?

Well, she’s very gentle person and she loves her kids. She’s very tied to them. Then she’ll me, “Oh, I’ve got to get Robert out of the house.” And so her unhappiness doesn’t show up at all to him, it shows up to me.

LIKE SHE CAN’T HANDLE IT ANY MORE?

Yeah. “I can’t handle him any more.” And then with him taking the medicine, she said…she is pretty different. She’ll stay up until 4:00 in the morning. And I’ve always been the other way. I’ll be up at…when she gets up at 4:00 or 5:00, I usually get out of bed and…now this is more after we retired, but I’ll do things on my computer and things of my own choosing. Then she’ll be up about 12:00 and we’ll have breakfast together. But the things about money and things like that, I do some money in the stock market and investments, and she’s never wanted to do that. Although she’s had some good investments, she just doesn’t realize the mechanics of taking the money out. Then one time she wanted money and I said, “You can have money in your name.” And what does she do, she gives it away. Different relatives and stuff like that. And she’ll do a lot of…a schizophrenic sister that’s the oldest in the family and Alice, she’ll send her packages of things and she’s always getting gifts for the
grandchildren. In a way it’s nice because I’m sort of stingy. So it’s a balance. In a way I’ve tried to learn things that…Like I didn’t have a big fight over the beer. If she wasn’t going to do it, I just said, “You’re the risk taker. If you get a ticket, fine. It’s your ticket.” She likes to work in the yard. I work in the yard, but I don’t care so much for it. I like to do the mowing. We have a riding mower, and so I do it. She used to do that. She used to do the…We had a Sear’s mower and she used to… I’d wonder, “Well, Alice, where’s my supper.” She’d be out doing…we had a small yard and she’d be out doing it with the Sear’s mower. But she’s an excellent cook. She’s had a hip replacement. That was done a year ago.

HAS TAKEN CARE OF ROBERT, MAKING DECISION FOR HIM, CAUSED STRESS BETWEEN YOU AND YOUR WIFE? DISAGREEMENT?

Yeah. I’d say in a way we’re a dysfunctional home. (laughter)

I’VE HEARD IT CAN CAUSE A LOT OF STRESS AND STRAIN.

It does, yeah.

IT’S SO BEHAVIORAL, IT’S EVERY DAY, AND IT’S…?

I’m the type of person is he can walk up me a lot and I don’t care unless I realize you’re trying to take advantage of me. Seems like there’s another way I figured out that…well, if you’re trying to take advantage of me or it’s something where you are just purposely walking on me, then I get mad. But you could do something and so what. It’s just something you do. The thing is with Robert, I’ve sort of gotten to the point where my tolerance is not too much…I don’t have very good tolerance. I would yell at him or do something with him like…one of the big things is he won’t answer. And it’s hard for me to get him to answer, so I’ll try to yell at him. I’ve got a good voice to do that. But of course, I cannot hit him because that’s illegal, and sometimes I don’t know how to get his attention other than…But Alice usually can talk to him. He will usually talk to her. But he tends to walk over her. And she says, “Well, I can’t get him to take his medication” because as soon as he gets it in his mouth, he goes to the bathroom.

IT SOUNDS LIKE ROBERT NEEDS BOTH OF YOU. HE NEEDS THE BOTH OF YOU TO TAKE CARE OF HIM TO BALANCE OUT WHAT HE NEEDS.

I tell him that we cannot take Charles because one is enough. Now Charles is a lot different in bad behavior.

SO HE WAS MORE SEVERE IN VIOLENT BEHAVIOR?

Well, yeah. He was more aggressive. Talking to girls at the theater that were…Now Charles had to go to Vernon. They used to watch Charles and they put him on one-to-one and have a man watching him. They put him in seclusion. Well, over at Timberlawn, and I thought it was for Dr. Brown and I thought it wasn’t a bad idea. They put him in restraints if he did something bad. That was a long time ago. They didn’t have the good medicines that they have now. But anyway, I was amazed because he could be in those restraints and he’d be in perfect condition. And here you can’t scratch or do anything in them. I think he had them so often they had to take him out probably. Dr. Brown would say, “Charles, you can’t do that and I’m going to put you in restraints if you do it.” At Wichita Falls what they would do is put him in seclusion room and Charles did not like to be by himself and so he’d just sit down in the floor. And then they’d take him out and put him on one-to-one. And finally something happened and he had to go to Vernon. Most people don’t get…they have a lot of drug problems and things like that. Anyway, you’re behind the glass when you visit people there. And now the man head of Vernon is head of Wichita Falls and I believe the discipline is a little bit gooder. It’s better at Wichita Falls than it is at Terrell. No, Terrell. He went to Terrell and we kept him there. I had to write a letter to…I wrote to the head of the hospital and said, “Please keep Charles here at Terrell because if he stays at ICT then he needs a hospital that’s close.” It’s about 30 miles. And I wanted them to know him and there another
difference, he came smoke at Terrell and he couldn't smoke at all at Wichita Falls. It's a smoke free campus there.

DOES ROBERT SMOKE?

He did for a while. He doesn't now. My wife quit up until about a couple of years ago and she smokes now. And I smoked at Grapevine once when I was a boy scout.

SO ROBERT'S NOT SMOKING RIGHT NOW?

No. And he doesn't drink.

INTERESTING. I GUESS THAT'S ABOUT ALL THE TIME WE HAVE FOR TODAY. (End of Tape)
HERE’S THE FIRST THING I WAS GOING TO ASK YOU. CAN YOU REMEMBER WHAT HAPPENED A LONG TIME AGO WHEN YOU WERE IN THE BEGINNING OF COLLEGE, THAT...

The first thing that happened to me was they called from Oprah Winfrey. And they called and said “if you go there you will die.” And that’s how…that’s the first Oprah’s class Biology 101. Now, the second part of the university experience is, how do you say, the cold, cold weather and how do you say…it’s usually cold. I want to say it was dusting, dusty weather. And the weather was dusty and hot, and when I got to Oprah’s college I said that…She…I was trying to say was she is, as a whole, they are not learning, I thought. And mostly people went in there and tried their best to learn and then later at the end they asked the teacher how much grades…how should I say…how much grades are...

BO, DO YOU REMEMBER GOING TO THIS COLLEGE, UNIVERISTY OF NORTH TEXAS?

Yeah.

DO YOU REMEMBER ANYTHING THAT HAPPENED WHEN YOU WERE AT THIS COLLEGE?

No. That’s what I’m trying say. That’s what I called the college. Oprah’s college.

OKAY. THAT’S UNT?

I’m talking about…wait…where are we?

UNIVERSITY OF NORTH TEXAS.

I went to Knoxville University. But anyway, at Knoxville the weather was really dry and dusty and mostly I didn’t sleep because what happened was I didn’t have a bed so when I slept on the floor it was uncomfortable. And then later when the drug deals were occurring. I saw that the drug deals actually were occurring in the parking lot and mostly marijuana. I didn’t buy any. And the thing that happened was people of Knoxville would laugh every day because all the dirty air that was made through the...how do you say...the marijuana. But you know the worse thing that happened to me was I got invited to a drug party, or something like that, and the marijuana came into my mind and as soon as they said ten until twelve, I said “No, it’s only minutes.” I think I was in there for ten minutes and I didn’t really go there. I just thought, goodness, I smelt pot before and I didn’t understand what was happening. So I just went up there and I knew how to smoke the dope...actually I didn’t try to smoke it. I tried to get up, but I couldn’t get out of my seat. I didn’t know what they were doing because I was blind by then. I’ve been blind ever since then. I don’t know what I’m doing any more. So anyway, the people of Knoxville couldn’t stop laughing at what was happening to me because every day I’d walk around and would think I wanted this to happen, and no. Not want to do, I mean, all I was trying to do was pass my classes. But I couldn’t pass them because I was blind. Anyway, what I tried to do was…what I tried to do was…what I tried to do was find the right class. One of the teachers said, “Well, you should just drop out.” And I didn’t know she was talking to me. So I said, “Goodness, if the teacher can’t see me and I can’t hear”...and I don’t know...the teacher can hear me and I don’t know what the teacher is talking about. She simply said to drop out. Anyway, it wasn’t the teacher talking, but I didn’t know what to do. And then it was another woman. The woman...The first woman at Denton. I imagine she rules the whole Denton forever, but anyway, there was a real teacher that I thought was talking. Then I didn’t drop out. Later I failed a class. And then...that was one class I took. Then I later took a class and it was so hard that the teacher could only talk quick and then the...how do you say...the teacher would...how do you say...that’s the part I don’t remember because the test was so hard. I just guessed at all the answers. And the rest of the class was...how do you say...wondering how to get back home because most of the kids were from the school. Anyway, she...how do you say... (long pause). What was I saying? The thing about it was the...(long pause again).
DID ANYONE HELP YOU AT THE COLLEGE? DID ANYONE HELP YOU AT SCHOOL? WAS IT JUST CONFUSING?

Well, I want to say I don’t think I really passed anything after I was blinded. And then later I went to another school, came back, dropped out, went to another school, dropped out, went here for two more semesters and then….this is Knoxville, isn’t it?

NO, THIS IS DENTON.

Oh, I’m sorry. That’s another school. Anyway, the last thing that happened was I tried to graduate but I couldn’t because of a bad dream I had. In the bad dream I was told I was supposed to marry a big red clown. And the big red clown said to….the big red clown said to me that if you go outside you can’t marry. So I said, well I guess I won’t go outside, but then I did. And then I spent time in jail. That was the longest time I spent in jail. And anyway, that’s the whole story. I thought I was going to graduate to the longer time, but I didn’t. After the time in jail, I guess I figured I couldn’t.

DID YOU HAVE TROUBLE UNDERSTANDING THE TEACHER, WHAT SHE WAS SAYING?

Which teacher?

WELL ANY OF THE TEACHERS WHEN THEY TALKED, WAS IT HARD TO UNDERSTAND WHAT THEY WERE TALKING ABOUT?

I think they hear better sometimes, but actually I don’t really understand the drawing. You know they say sometimes if you can find more energy in the…how do you say…if you find more energy then you’ll certainly hear better, think better, and all that. Energy is what your house is and what you can remember. You get people that can’t see, they get some kind of an animal’s help and the rest of it is sort of like mechanical…I don’t know how to explain it. But I think I can hear, but I’m not sure I can see or not because of the blindness. Anyway, I’ve been blind since then. It was kind of hard for me to get around because…how do you say…the blindness put me in such a position that…Goodness, I’ve already explained. I couldn’t pass classes. I couldn’t pass classes until finally….how do you say…hmmmmm. I don’t know. At this point, I can’t remember how I passed classes or anything. I have graduated. But the main reason is because I forgot how to study after that bad dream.

SO DID YOU EVER HAVE A JOB WHERE YOU WORKED SOMEWHERE?

(Long pause.) The first job I had, let’s see, was watering yards. And the second job was mowing lawns. And the third job I had was I had a restaurant. The fourth job I had was at a vacuum cleaner sales company. The next job I had was at another restaurant. The next job I had was as a referee. The next job I had was at a…let’s see…Oh, excuse me. The next job I had was at a restaurant. And then a referee. And then a dishwasher. That was my last job.

DO YOU HELP YOUR MOM AND DAD AT YOUR HOUSE?

(Long pause.) As a job?

LIKE CHORES AROUND THE HOUSE TO HELP THEM?

Oh, no. We don’t…let’s see. I try to keep hygiene, but hygiene people…how do I say that…the people who control the hygiene, the water is not clean. So my hygiene isn’t good any more. And the next thing is that the things that we need to clean the house…my Mom washes the dishes and does the laundry. Mostly my Dad…he doesn’t do any chores. But he takes out the garbage sometimes. Sometimes I take out garbage.

DO YOU EVER MAKE ANY FOOD?
Is that a chore? Or do you mean do I know how to make food? Which?

**YEAH. DO YOU EVER COOK ANY FOOD AT YOUR HOUSE FOR YOURSELF?**

Well, the thing is if you really think about cooking long enough, you’ll probably learn the right recipe. But me, I don’t make recipes or anything. Even when my Mom cooks…because if I try to cook something I don’t know how long it takes usually and the last thing I think was cheese. The last thing I wanted to eat was salad. You don’t cook salads normally unless it’s pasta salad. Pasta salad is actually…how do you say…pasta salad is a salad normally cooked because pasta is actually something that needs cooked before you eat it. And normally pasta salad and (inaudible) is good food.

**YOU LIKE THAT?**

Yeah.

**YOU’VE GONE TO THE HOSPITAL BEFORE, RIGHT? HOW DID YOU LIKE IT AT THE HOSPITAL? DID THEY HELP YOU?**

I can’t talk about hospitals today because I don’t remember it.

**YOU DON’T REMEMBER GOING TO THE HOSPITAL?**

No. It’s a lot better than jail, but it’s…how do you say…anyway…

**YOU DIDN’T LIKE IT?**

I don’t remember.

**YOU DON’T REMEMBER. BUT YOU LIKE IT AT HOME? YOU LIKE IT BETTER THAN JAIL? JAIL IS BAD RIGHT? YOU DIDN’T LIKE JAIL?**

I don’t know.

**DO YOU REMEMBER WHY YOU WENT TO THE JAIL? WHY DID THEY TAKE YOU THERE?**

The first time?

**YEAH.**

The first time I went to jail was for trespassing. And that was because…how do you say…the people wanted me to write her a letter. The letter sounded like, “I’m so sorry.” I’m ruled by black people. And the black people think that even up a hill and a slap.

**WHAT WAS IT LIKE AT THE JAIL? WHAT DID YOU FEEL LIKE WHEN YOU WERE THERE?**

The first time?

**YES.**

I couldn’t sleep. They put in the waiting cell and when I didn’t do anything wrong for the longest, they tried to let me out on bail. But I was going to say I didn’t have any money, because I didn’t know if I did or not. And then they said, “Of course you have money because I looked up your parents wad; they said they own about $7,000.” And I said, “I don’t want to waste my money on bail. I’ll just stay in jail.” I couldn’t sleep for the longest. I don’t know what happened to me in jail. That’s the last thing I remember that happened.
CAN YOU TELL ME ABOUT THE MEDICINE YOU TAKE?

Actually the medicine tastes good, but it doesn’t work.

IT DOESN’T WORK?

No, it doesn’t.

DO YOU KNOW THE NAMES OF IT?

Let me think. Depakote. Let’s see. The first one I took was…They said Lithium and goodness, I’m feeling sleepy. You know what, I can’t continue because I don’t think I can help any more.

YOU WERE TELLING ME A LOT OF GOOD THINGS. IT’S REAL INTERESTING TO TALK TO YOU ABOUT THIS.

Can you tell me about how long you’re going to continue?

I WAS THINKING MAYBE 15 MORE MINUTES.

Okay.

DO YOU FEEL SLEEPY?

Can I lay down and talk? I’m sorry. Actually my first reaction is to stop talking now because…

YOU FEEL TIRED OF TALKING?

Yeah.


Well, I usually go to sleep every day. But normally not.

BUT YOU STAY UP AT NIGHT A LOT OF TIMES, DON’T YOU? YOU STAY AWAKE A LONG TIME AT NIGHT? AND THEN SOMETIMES SLEEP IN THE MORNINGS.

Oh, yes. The medicine I take puts me to sleep, normally. But the thing I think that mostly happens is when I go to sleep I usually stay asleep. But if somebody says I’m being raped, or against my parents, or something like that, I really don’t know what to do about it. It’s not my rule or anything like that because it’s the rule of the blacks. They work you over blacks better. You know, I wish black people would stop killing people because they’ll make everybody happier.

DO YOU LOVE YOUR MOM AND DAD?

Actually, my parents, you know, I thought one of them was killed and raped by black people. And the last thing that I remembered was the…the thing was I was trying to put myself to sleep. The last thing I remember was she was awake and not being killed.
SO THAT MADE YOU HAPPY? THAT SHE WAS NOT BEING KILLED?

I don’t know. I’m sorry. I can’t talk any more. Do you have any more questions?

WELL, LET’S SEE. DO YOU MOSTLY STAY AT YOUR HOUSE? DO YOU EVER WALK AWAY FROM YOUR HOUSE AND WALK A LONG, LONG WAYS AWAY?

The last time I went for a long way, it wasn’t away from my house. It was from a very scary hospital. It was a day clinic and the reason I walked away was because I couldn’t remember anything that was going to happen. I mean, the people told me it was a really good hospital, but I didn’t know what to do because the same people that hurt the children thought they were just as smart as they were back then. Nobody is smart forever. But the thing that happened to most people is that they practice medicine, they should probably study…how do you say…computer medicine has come a long way because the thing that happens with computer medicine is the computers are…whatever happens they can normally fix things up. How do you say…I think it’s usually done with a plastic, some kind of robotics, or something like that and what happens after the robots start cutting with the computer accuracy is sometimes they can actually cut the person and if the person is cut…I don’t know what happens.

I’VE GOT A GOOD QUESTION TO ASK YOU THAT MIGHT HELP OTHER PEOPLE. WHAT ARE THINGS THAT BOTHER YOU?

You know, I’d rather talk about that. Being in uncomfortable places. You know, if I was back in Knoxville University, I’d say the first thing you should do is make the classes a lot easier because if you’re over the age of…how do you say…16, you probably can’t understand anything in college. Most people don’t start college until after their 4th year of high school. And 16 is when most people are in their second or first year.

SO MAKE THE CLASSES EASIER SO IT’S EASIER TO UNDERSTAND?

Most people don’t learn very much after 16. (Sic, he first started developing schizophrenia at about age 17) So the problem in learning is there’s really not much to learn any more. There’s reading, math, and then after that if you get involved in some bad activities, like sports, then you’ll probably get hurt and you’ll need surgery. So if the circus ought to heal people with computers, then goodness, I don’t know what to do about that because the best thing a computer can do is probably teach people how to learn more. But actually a computer…I really don’t see any more logic because you can build a robot that can do surgery, but the problem is that people are really…how you say…dumbfounded by how many people will face forwards just because…how you say…hmmmmm…I don’t know. I don’t know they’re doing it. The reason people are playing sports are probably because…I don’t know. They figure that people can be hurt and can’t heal just because…It’s not money. It’s just…I don’t remember. I don’t why people play sports when they should. Even to watch, you know. Because the people who watch…It started out as people, like their families, and then when it got bigger the sports industry was really hinged on not being…how do you say…very understanding of the people because the people mostly were injured and then they couldn’t…how you say...

YEAH. I’VE HEARD OF A LOT OF PEOPLE THAT GOT BADLY INJURED IN FOOTBALL.

Well, okay. Anyway, I love to talk about philosophy and everything like that about Knoxville. My hometown was called…first it was called…the first thing it was called was Shawnville. And then they changed it to Lewisville, and now they thought it might be called Lewis Town, or Lewiston, Farmersville. I don’t know. It’s just a joke now. I don’t know if they’ll change the name or not. But that’s not the name.

YEAH. I HEARD IT WAS CALLED LEWISVILLE.

Have you been there?

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NO. YOUR DAD JUST TOLD ME THAT’S WHERE YOUR HOUSE WAS. IN LEWISVILLE. ARE THERE ANY NOISES THAT BOTHER YOU?

Right now?

OR ANY TIME WHEN YOU’RE AT HOME. ARE THERE CERTAIN KINDS OF NOISES THAT YOU DON’T LIKE? DO YOU LIKE IT TO BE QUIET OR DOES IT NOT MATTER?

I don’t know what to say any more. Let me just say, what’s the main problem you think about my town? About anything you want to say.

DOES ANYTHING ABOUT CLOTHING OR YOUR APPEARANCE WHEN YOU LOOK IN THE MIRROR, DOES ANY OF THAT BOTHER YOU EVER?

You’re going to ask me if I’m really being, let’s see…I don’t know. My appearance is fine, to me. The reason I think that…The reason I think I should wear clothes that fit appropriately and reflect the way that I feel better about myself.

RIGHT. ARE THERE ANY THINGS THAT PEOPLE DO THAT BOTHER YOU? THAT MAKE YOU FEEL WORSE?

Well, the thing that really bothers me is I talk about my clothes that way, then you won’t understand and then I won’t understand. So what I’m trying to say is if my clothes are worn out and clean enough, I will know what to do and then whether or not they clean up, how do you say…the problem I felt today is that it was really hot. Normally I wear protective clothing so if it’s too hot…usually only my hands get hot. So anyway, what I think is what happened is it got really hot and then after a while it felt really kind of fair, and then now I’m comfortable and cold and I’m sorry if I’m misunderstanding about your clothing.

NO, THAT’S FINE. I DON’T THINK YOU MISUNDERSTOOD AT ALL. THAT’S FINE.

Okay.

DO YOU ALWAYS REMEMBER TO TAKE YOUR MEDICINE OR DOES YOUR MOM OR DAD HELP YOU REMEMBER TO TAKE IT?

Well, the thing is my dosage has been cut down a lot. But the thing is, what’s wrong with it is the most recent thing that happened to me was if you chew on medicine, it’s not chewable, and the stuff in there is like a…I don’t know what it is. It’s really sweet. If you chew on it, it hurts to go down. But if you just swallow it, it only a little bit hurts.

I WOULD THINK IF YOU CHEW THE MEDICINE IT WOULD TASTE BAD.

It’s suppose to work, but the main thing is don’t chew it because it hurts. It’s not the taste. It just hurts.

IT STINGS YOUR THROAT?

Oh, yes. It very much stings.

SO YOU JUST SWALLOW IT LIKE WITH WATER WITHOUT CHEWING IT?

Yeah. Pretty much right.

AND IF YOU DON’T TAKE THE MEDICINE AT ALL, DO YOU GET WORSE?

Actually no, because if I don’t take it my Dad usually reminds me to take it later.
OH, THAT’S GOOD. AND YOU OBEY YOUR DAD WHEN HE TELLS YOU?

Normally I do. But the last time I do I think he forgot to tell me to take it.

DO YOU HAVE ONE OF THOSE BOXES THAT HAVE LIKE A LITTLE SQUARE FOR EVERY DAY AND YOU OPEN THE LID?

That's it.

A PILL BOX?

Yeah.

AND THEN YOU PUT ALL THE PILLS IN FOR SUNDAY AND MONDAY AND TUESDAY AND WEDNESDAY…

Right.

AND THAT HELPS YOU REMEMBER?

Right.

I HEARD ABOUT THOSE. THEY HELP. ANOTHER THING I WAS GOING TO ASK YOU, DID YOU EVER GO TO CHURCH ANYWHERE WITH YOUR PARENTS?

No. Actually I’ve never been to church because the thing that happens in the church is the church relieves…this is what I think. The church beliefs really become the beliefs of the people in the church, but…I really can’t think of it. I don’t know what churches really do.

SO YOU DIDN’T USE TO GO A LONG TIME AGO?

Actually in my mind I’ve never been because the church is really…that’s what I said, I don’t know what they’re doing, so I don’t really think I’ve ever been there.

AND YOUR MOM AND DAD NEVER WENT?

No. What happen was we believed that there was a church. I think I went in, but really I don’t remember anything that happened in there. So I don’t think…I don’t know if I went in or not because the main thing that happened was I didn’t understand anything of what was going on. So anyway, I don’t know if there’s a church or not.

WHEN YOU ARE AT YOUR HOUSE, WHAT DO YOU LIKE TO DO? DO YOU WATCH TV, OR LISTEN TO MUSIC?

Well, the thing is…You mean, how will I help you find out what my illness is?

YEAH, LIKE WHAT DO YOU THINK IS FUN TO DO AT YOUR HOUSE? WHAT DO YOU LIKE TO DO THAT MAKES YOU FEEL BETTER?

Well, really, you know, I listen to all different kinds of music and for the longest time I listened to one station, then I changed it and…goodness, I don’t know what to do any more because neither seems like it’s getting older and older and older. I don’t know what’s going on.

CAN YOU STILL PLAY YOUR…IS IT A TRUMPET OR A TROMBONE? WHAT WAS THE INSTRUMENT YOU COULD PLAY?
Which instrument?

THAT YOU KNEW HOW TO PLAY? WHAT WAS IT CALLED?

Well, I don’t really remember what it’s called. I call it the “Buzz” instruments. It was a buzz instrument because the buzzing was…how you say…

WASN’T IT A HORN? A BRASS HORN?

I don’t remember what it’s called because I never learned the name of it.

DO YOU HAVE IT STILL AT YOUR HOUSE?

Yes. Would you like to see it one day?

YEAH. I WOULD LIKE TO SEE IT ONE DAY.

Okay.

DO YOU STILL EVER PLAY IT?

I have played at one time and it was really, really loud. The darn thing hurt more than ever because normally the buzzing was buzz, buzz, buzz.

SO YOU USED TO LIKE IT, BUT NOW IT SOUNDS TOO...

No. I never liked playing it.

YOU NEVER LIKED PLAYING IT?

That’s why I call it the buzz.

EVEN WHEN YOU WERE YOUNGER, YOU DIDN’T LIKE IT?

Never.

NEVER. DID YOU PLAY THE PIANO OR ANY OTHER MUSIC?

How do you say that? I played a little piano, but never playing classically, you know. Never learned very much more than the rudimentary of the…the rudimentary of it.

DO YOU HAVE PIANO AT YOUR HOUSE?

(Long pause.)

IS THERE ANYTHING ELSE THAT YOU CAN THINK OF THAT I COULD LEARN TO HELP PEOPLE THAT GET SCHIZOPHRENIA? LIKE ANYTHING I COULD TELL THE MOMS AND DADS WHAT THEY SHOULD DO?

Yeah. The people who really…the people who really understand schizophrenia really need to get on the bandwagon for the new…I think they have a shot now and just go into your arm. Or maybe a patch, you know. I’m not sure what really goes on in the medical world these days, but that’s really all I know.

SO YOU THINK THEY SHOULD WORK SOME MORE ON THE MEDICINE?
Yeah.

TO MAKE THE MEDICINE BETTER?

Yes.

AND HOW SHOULD YOUR MOM AND DAD TREAT YOU AT YOUR HOUSE? HOW SHOULD THEY ACT?

Well, they act better and better these days.

AND THAT HELPS YOU?

Yes.

DOES IT HELP YOU TO ACT BETTER?

Really, I don’t know how to act around people. I’ve been blind for so long.

DO YOU SOMETIMES DO THINGS THAT BOTHER YOUR DAD OR BOTHER YOUR MOM?

What?

DO YOU DO SOMETHING THAT YOUR MOM AND DAD DON’T LIKE?

Yeah. I really don’t know what to say about that.

YOU CAN’T THINK OF ANYTHING?

No.

DO THEY EVER TELL YOU TO STOP DOING THINGS?

No. I want to say that I think my Dad is ready to go. I keep thinking he wants to go and he might leave me, do you think he might leave me….I don’t know….Do you have any more questions?

I THINK MAYBE HE MIGHT BE READY TO GO. YOU WANT TO GO SEE IF WE CAN FIND HIM? THANK YOU FOR COMING HERE TODAY.
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