

Childhood Schizophrenia: How A Congregation Can Help

by

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At a meeting of churches in our town a few weeks ago, I met a couple whose ten-year-old son has a diagnosis of childhood schizophrenia. When I heard his age, I wanted to explore the latest information on the disorder. Because schizophrenia is considered an adult diagnosis, I wanted to know if there was an increase in this mental illness. While I knew my research would be helpful, I wanted to talk to this couple about their experiences dealing every day with their son with schizophrenia. Because they are Christians and attend church, I wanted them to tell churches how to be accepting of them and their need. The results of the research and the conversation with the couple follow.

What is childhood schizophrenia and what causes it?

Schizophrenia is a chronic, debilitating mental illness that causes people to see the world differently than most of us. When they are with typical people, they relate and communicate in a way that seems illogical, imaginary, detached, disorganized, and paranoid. Most people who study schizophrenia believe it is caused by glitches in early brain development. It appears that the connectors of the pathways of the brain that help maintain good emotional adjustment are messed up to the point of psychosis. There is probably a genetic predisposition caused by a virus in utero. Childhood schizophrenia remains a rare diagnosis. It affects one in every 10,000 children. It is seen in boys twice as often as in girls. Autism is a frequent misdiagnosis. Childhood is more severe than late onset. Childhood is gradual not sudden. It can be accompanied by mental retardation, a learning disability, autism or a conduct disorder.

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What are the child's symptoms?

- Child is withdrawn from family and friends.
- Not interested in social relationships
- Paranoid
- Depressed
- Anxious
- Sleeps too much or too little
- Overly aggressive
- Overly fearful
- Lots of tantrums
- Disorganized speech
- Difficulty communicating clearly
- Disordered thinking
- Can't stay focused on a topic
- Flat emotionally
- Hallucinations are more likely to be auditory than visual
- Laughs at sad occasions
- Has trouble attending
- Can be negative

Is inclusion in the Sunday school class possible?

Maybe, but it is not likely.

1. Because the child with schizophrenia will have attention problems, poor motor skills, be depressed, be withdrawn, and experience psychotic episodes, he will probably be in a special education placement in the public school. The same approach will be the best for the church setting. The student will need one-on-one attention.
2. If psychosis has started, total inclusion will not be as easy to accomplish. The presence of paranoia, compulsion, anxiety, hallucinations, delusions, and talk of suicide can make inclusion doubtful.

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3. A special communication problem will make functioning in a group difficult. Because these children are not able to connect one sentence to the next with the appropriate transitional words, communicating with a group is extremely difficult.
4. The negative reaction to the child's behavior can, to say the least, create chaos and unrest in a classroom.
5. Learn all you can about the child from family members, teacher, social worker, speech therapist, occupational therapist or other professional that can add insight about working with him.
6. Learn all you can from studying the topic. Know about the illness, its cause, research, symptoms, and prognosis. Parents will be pleased that you took the time to learn about their child.
7. Get to know the child on a personal level. What does he like to do? What are his favorite foods or games? What chores does he do?

Treatment

Generally speaking, there will be two components of a program: medication and psychological counseling. Know what medication the child is taking. Does it help? Are there side effects? In addition, find out the nature of the counseling he is receiving. Is it focused on his relationships, basic life skills, motivation, clear thinking or other issues that interfere with daily living?

In addition, he might be in special education in the public school or in a private setting. Learn about the placement and what is happening.

A child with schizophrenia might have in-home services. He might be in a day care program.

He might be in the hospital from time to time.

He could be on a special research project.

Just ask the parents about the child's complete treatment program.

How can a congregation help a family with childhood schizophrenia?

Talking with Jamie and Christi Rice, the couple I met at the conference, was a helpful, inspiring experience. I learned from two Christians who have become experts in childhood schizophrenia. They are a committed couple to each other, to their family, and to their son with mental illness. Because of their experience with Wesley, they have learned what faith in God really means. While all of their ideas about the situation are not the same, they are a team. As Christi puts it, "Jamie and I disagree a lot on how we should do things, but we try to come to a decision that we both can live with." They know God will see them through. Church is important to them and the family is involved in the ministries of their congregation. Jamie is a loan officer at a bank. Christi is a nurse who is not practicing at the moment. With the exception of one aunt, the extended family has not been involved or helpful. Because they want to help other families and congregations, they were pleased, even eager, to share their life with Wesley.

Wesley

Let's get to know Wesley. He is a celebrity of sorts. He is likely one of the youngest documented cases of schizophrenia.

Wesley talks to aliens. He finds the ones with eyes are nicer than the ones who have no eyes. Purple kangaroos are nice, brown ones are not. His window is nailed shut because there are people in the backyard who want him to come outside. He can be physical. Fortunately, when he threw a screwdriver at his baby brother, the handle end hit him. Once he ate plastic Christmas lights and thought it funny. Something as simple as a bowl of cereal that does not please him can send him into a tantrum. Noise stimulates him. He does not like to eat with the family.

Wesley has a 12 year old sister, McKenzie, and two brothers, Patrick 8 and Christian 7. Wesley's diagnosis has taken its toll on them. Patrick has minor depression. Christian has mood issues. They are afraid. Their parents are concerned for their safety. McKenzie has become his advocate. The brothers "take up" for him. When other children say unkind things about him, they come to his defense. However, brotherly kindness has its limits. When Wesley backed Patrick into the fence in the back yard, the result was a bloody nose (not Patrick's). An incident of that nature has not been repeated.



Wesley is in a public school program. He receives occupational, physical and speech therapies. His class setting is one-on-one modified. He receives both individual and group therapy.

In spite of all the negative, aggressive behavior, his parents see Wesley as being, "innocent and kind with a loving beautiful heart." He is polite. He says "please" and "thank you." Being mannerly is a goal the parents consider important for all their children. His mother calls him her "beautiful blue-eyed boy."

What is Wesley's future? No one knows. However, he is declining. His coordination is poor. His speech is difficult to understand. He is no longer toilet trained. He has to be constantly retrained in basic skills – like drying all over when he showers. His IQ is dropping. His parents believe that God is in control and Wesley's future and theirs are in His hands.

A Day with Wesley

Wesley presents a daily challenge to his parents. Understanding the details of the challenge is the initial step in informing friends, family members and the congregation how to help.

Let's start with frequent outbursts of anger and frustration – caused primarily because his level of reality does not match the environment he is in at the moment.

Jamie and Christi estimate that 70% of every day at their house is spent dealing with issues created by Wesley's illness. There is no such thing as a family vacation. Dad and the other three siblings do events, while Mom looks after Wesley. Movies are okay for everyone in the family but Wesley. Running to the store with Wesley does not happen. Friends do not always understand. Christi expressed hurt when her daughter's best friend stopped coming to their house because of her mother's fear that Wesley would hurt her. They fear being reported for child abuse because of Wesley's many bruises. They have a physician document the reason for the bruising.

With grace and love, they have become dogged advocates for their son. His next venture is to be a part of a study with the National Institute of Health in Washington DC. Though the Rices are not looking forward to the disruption in the family's schedule, they are praying that it will help their son and other children with his diagnosis.

Church Life

The family attends church regularly, except for Mom and Wesley. Most Sundays they stay home because there is not a plan for him. Jamie is involved. He especially enjoys a program for men that meets during the week. He feels free to talk about Wesley. He can talk about his anger, his frustrations. His questions: Why? Why this? Why me? Why us? He no longer buries himself in his work. Some men in the group tell him that when they have problems they think of him and it makes their problems seem simpler.

The other children take part in the Sunday school programs and other activities. They seem to have found a church they enjoy. When the family talked about finding a church that better suits Wesley's needs, McKenzie protested the decision.

Because there is nothing for Wesley, Christi's involvement in the congregation is limited.

What Can A Congregation Do?

Probably, in most congregations there will not be a Wesley with childhood schizophrenia. It is important, however, to use Jesus' math; if one person has a need, meet it. So, how can a congregation help? Jamie and Christi offered and inspired the following suggestions.

First, get rid of the stigma that is attached to mental illness. Do not let movies and other media that depict people with mental illness in a bad light influence you.

Second, get to know Wesley and others like him. Learn all you can about the diagnosis. Christi's advice on how to respond to her son is wonderful: "be kind and smile."

Third, know the world the family deals with daily. Wesley's outbursts of anger and frustration are frequent. The chaos happens when the perception of reality and the reality in his environment collide. Environmental stimulations like loud music, bright lights, or noise cause him to melt down. To the passerby, it looks ugly. He screams, kicks, spits, hits, and says bad words. To the onlooker, his parents are not disciplining him enough; others threaten to report them to the child abuse people.

Fourth, ask the family what you can do to help. Send a member of the church family to ask. If you know the family well, ask yourself. Use Jesus' approach. He asked what the person wanted. Jesus asked a man with a physical disability if he wanted to be healed (John 5:6) and a man who was blind what he wanted Him to do for him (Mark 10:51).

Christi said, "When I had surgery, people knew what to do. We had more food than we needed. But they do not know what to do with Wesley." Christi suggests that they get to know her son and ask her what she and the family need. Although a believer in prayer, Christi finds people telling her they are praying for her to be a bit empty at times.

Fifth, the church should have a plan. "It's a battle to go to a church not set up for a family with a special needs child" Wesley's mother moaned. It is as simple as devising a strategy to accommodate a child with a disability who arrives on Sunday morning with his parents and siblings without disabilities. The plan is in place for the parents and the siblings, but what about the child with a disability? Sadly, Wesley does not have a place in the Sunday school or church. His parents have decided to "invent" one, as his mother says. They want to find a buddy who will shadow him. They know because of his behavior and cognitive problems a special class is the best approach.

The church should lead the effort and serve every member of the family. The parents should be used as consultants. They should not be the organizers.

Sixth, involve the parents and siblings in the church's programs. Doing so enables every member of the family to receive the spiritual nourishment they need. It will provide strength and insight for dealing with their family member with a disability.

In dealing with any person with a disability there is a two-part approach:

- (1) including him/her in the life of the church and ministering with the family;
- (2) doing research on the diagnosis, getting to know the person, and talking to the family.

This will start the ministry process.