



4. SEAN

Issues: Educational Goals/Objectives

In this abridged psychoeducational assessment report, Sean, a tenth grade student, is described as experiencing adolescent onset of schizophrenia. He is qualified for the "emotional disturbance" categorization. Recommendations include continued treatment with psychiatric medications under the supervision of a psychiatrist and additional academic support in the general education classroom.

The following is an abridged version of the recent psychoeducational evaluation of Sean completed by a school psychologist.

ABRIDGED PSYCHOEDUCATIONAL ASSESSMENT REPORT

Background Information

Sean is a 15-year, 2-month-old tenth grader referred for evaluation following a number of incidents of disruptive, bizarre behavior. A review of records indicates that Sean recently received two in-school suspensions and then a 5-day exclusionary suspension for pulling his pants down and revealing himself in class. Sean's academic achievement has decreased in recent weeks. He falls to turn in homework and he seems to daydream in class. Records indicate previous serious behavior difficulties or academic problems. Classroom teachers describe Sean as an outcast, a passive, compliant boy viewed by peers as odd or weird. He had one friend with whom he spent all of his time, but that male peer switched to a private high school two months ago.

Sean lives with his parents, Frank and Josephine, and his 4-year-old sister, Wanda. According to Sean's mother, he first reported hearing voices at age 11. The family did not seek professional help at that time as Sean claimed that the voices went away soon thereafter. Presently, Sean reports hearing voices again. His parents have taken him to see a psychiatrist, Dr. Owens, who diagnosed schizophrenia and prescribed Haldol. Sean was medicated with the Haldol during the psychological testing. He seemed a bit sluggish and slow to respond at times.

Results and Interpretations

Stanford-Binet Intelligence Scale, Fourth Edition

Test Composite: 93
 Verbal Reasoning: 97
 Short-Term Memory: 89
 Quantitative Reasoning: 100

Results of the Stanford-Binet indicate that overall Sean is performing within the average range of cognitive abilities, approximately the thirty-third percentile in comparison to same-aged peers. This may be considered a low estimate of his cognitive functioning due to the possible tranquilizing effect of the medication.

A generally even pattern of development may be seen across areas. Relative strengths (still in the average range) were noted in quantitative reasoning and verbal reasoning skills.

Woodcock-Johnson Psychoeducational Battery—Revised

Mathematics: 94 (grade equivalent 9.6)
Reading Comprehension: 86 (grade equivalent 8.7)
Written Language: 88 (grade equivalent 9.0)

This test indicates academic abilities of average or low average abilities in all areas as expected based on the Stanford-Binet results.

A personality assessment was conducted using projective techniques. Sean's responses on the sentence completion test demonstrated a marked preoccupation with powerful figures, most notably negative personae (demons, werewolves, Hitler), although he also referred to Jesus as both a negative and a positive force. These responses also indicate an extreme amount of hostility and grandiosity and a tendency to act out these hostilities through sexual means. Other responses were tangential and demonstrated grandiose thinking and some paranoia. Additional data from the Draw-A-Person and Kinetic Family Drawing indicate that Sean views himself as empty and lacking. He drew his family as a "demon" and described himself as alternately identified with that demon and then distant from the demon. He seems to be confused about his identity and his attachments to family members and school peers. In discussing auditory hallucinations, Sean reported that the voices are frightening, "evil," and that they sometimes tell him to expose himself to girls. When asked if he is able to ignore the voices or disobey their commands, he spoke of how hard it is to disobey. He does, however, seem hopeful that his new medication will help him hear the voices less. Sean affirmed no other forms of hallucinations. Sean's responses in this evaluation suggest agreement with a diagnosis of schizophrenia.

Summary and Recommendations

Sean is a tenth grade student who has recently experienced a number of behavioral difficulties related to the adolescent onset of schizophrenia. Although he has been placed on antipsychotic medication, it is possible that his illness is in an early stage of progression and will become worse. There are signs that Sean could become more violent and paranoid. He is under the care of Dr. Owen, a psychiatrist.

Classroom behavior problems have centered around issues of sexuality, feelings of hostility, and identity confusion over relational attachment/nonattachment. While this student's behavior difficulties do not seem to warrant a full-time placement in a class for emotionally disturbed students, he could receive great benefits through a resource class and consultative/collaborative model. These two services could be used to:

1. provide academic support and compensatory instruction to help Sean remain focused, on task, and motivated in his general education courses, and
2. provide social skills and self-awareness instruction so that Sean can learn to manage himself and decrease the effects of his mental illness.

Based on this evaluation, this student qualifies for special services under the emotional disturbance categorization. It is recommended by this evaluator that this student receive additional academic support as needed to allow him to continue to receive his education in the general classroom.

QUESTIONS

1. Like most psychoeducational evaluations, this report focuses almost exclusively on the self or individual system. What knowledge of other systems can we gather from this report? What additional information about other systems would be useful to a classroom teacher?
2. If you were Sean's resource class teacher, how might you help Sean control the impulse to expose himself?
3. Keeping in mind that individualized education programs (IEPs) should involve input from students, parents, and family members, write one annual goal and three short-term objectives that might be appropriate for Sean's social development.
4. Using this report and other resources, define schizophrenia. How prevalent is this disorder among school-age youth? What impact does it have on the education of a child?
5. How can mental health and school professionals work together to help Sean?
6. *Activity:* Interview a psychologist about the use of projective testing. How do projective tests provide insight into a person's underlying psychological issues and conflicts? From what theoretical tradition within psychology have these tests been developed?