

Lauren Clouser:

Welcome to the LDA podcast, a series by the Learning Disabilities Association of America. Our podcast is dedicated to exploring topics of interest to educators, individuals with learning disabilities, parents, and professionals to work towards our goal of creating a more equitable world. Hi, everyone. Welcome back to the LDA podcast. We're here again for part 2 of our mental health series. We are here again with Rachel Krueger. She is part of LDA's mental health committee, and Bev, who is a learning and behavior consultant and is also part of our mental health committee. So thank you again both for being here.

Rachel Krueger:

Thank you.

Bev Johns:

Thanks. We're glad to be here.

Lauren Clouser:

So this is our part 2 where we'll be talking about depression as it is the second most common mental health comorbidity with learning disabilities. Bev, would you be able to tell us a little bit about, again, the latest statistics and the trends of the prevalence of depression in students?

Bev Johns:

Sure. By the age of 18, approximately 15 to 25% of our adolescents will have experienced a major depressive episode. It's more common than we think with all of the pressures on students from the outside and again from the struggles that they are facing internally for a variety of reasons. So the numbers are going up. It's a great concern to us. And the main feature of depression is the student's inability to, again, emotionally self regulate. They don't know how to handle their emotions. They may be very overwhelmed by their emotions, but yet they're not sure why they're so overwhelmed.

It's a persistent feeling of sadness, feeling empty, not connected, and an irritable mood. So the student may sleep a lot, trying to escape the pain they feel. So they're complaining a lot. They're tired. They want to go to sleep. They're trying to escape the difficult feeling that they're having. They may be missing a great deal of school because they feel lethargic, and they just can't face the stress of going to school. So when they see, you know, everybody and the thought of meeting everybody and trying to act happy is just overwhelming to them.

And then what we see sometimes as well is the student may shut everybody else out, and they may isolate themselves. So they are staying in their room. They're not going to school. Or if they go to school, they may only be going to 1 or 2 classes, at school. And then we also see that the students may be sensitive to light, and too much noise in the environment. They may be more comfortable with the lights turned down, because too much light is just overwhelming to them, and, again, too much noise. So if the student is depressed, they're going to a large high school, it may be a very overwhelming feeling, and they just can't cope.

Lauren Clouser:

That's a lot of symptoms, some of which I hadn't heard of. I was curious how depression would impact somebody that has a learning disability? How do those compound?

Bev Johns:

Again, if you have a learning disability, it's really important that we teach the child about the learning disability and why they do learn differently and why they have a lot of strengths, but they also have weaknesses in certain areas. So, therefore, sometimes our students can't understand why I have such a difficult time putting things down on paper? Why is it that I'm having a hard time understanding what the teacher tells me in the way of oral directions? So they become very frustrated. They see other students that may not be having the same difficulties that they're having, and so they can't deal with it because they wish they could be like the person sitting next to them, but they are their own person. But when they're in a state of depression, that's very hard for students to see. That's why it's very important from a young age to teach the child about their disability. So by the time they get older, they do understand, you know, that they learned in a different way, and then they have specific strengths. And this is where it really gets into when we're talking with children who are depressed, trying to give them important outlets for their emotions.

Lauren Clouser:

Definitely. Well, to add on to that, what are some strategies parents can use to help their children who have depression? I know you have mentioned that sometimes children can kind of isolate themselves if they have depression. Do you have any advice for breaking through or just general strategies?

Bev Johns:

It's very important that, you know, the parent and the student seek help from a counselor or a social worker, but it has to be someone they trust. And it has to be someone who understands what they're going through. Recently, I was in an IEP meeting, and the student was going to a social worker, and the social worker was complaining he wouldn't talk. So she said it doesn't do him any good to come to social work because he won't talk. Well, what was needed was a different outlet for his emotions other than talking. Because if children are depressed, they may not be at the point where they can express themselves verbally, and we need to remember that. So we have to look for outlets for their emotions. While they may not be able to verbalize those feelings, they might be able to draw or paint to show their feelings.

And that's one of the things that I ask the social worker to look at. What are some other things you can do with this student so he doesn't have to verbally tell you what's going on? He may be much more comfortable, and this was a young man who was good at art. And art is such a restorative practice for students who are depressed. There is a lot of power in art, but we have to find what arts work for what students. So they might be able to draw. They might be able to paint. Again, they might be able to write poetry or short stories or just being able to listen to

uplifting music, can be very powerful as well, for a student.

But the critical point is we have to capitalize on their interest and show them that those interests can be an outlet for their emotions. A support group is helpful for some students as well, because sometimes it's very helpful to talk with others who may be experiencing the same feelings. Now there are support groups both in person. There are also support groups that are online. But I think as parents and students look for those, we have to make sure that those support groups are appropriate for students.

Lauren Clouser:

Definitely. And Rachel, I saw you nodding along with some of the things that Bev was saying. Do you have anything to add to that based on your experience as a committee member?

Rachel Krueger:

Well, I know we've done some newsletters on anxiety, depression, and I would like to say one thing is that depression isn't something you just shake off or you just get out of it, like pull yourself out of it. That's not how that works. Right, Bev?

Bev Johns:

Exactly. The worst thing somebody can do is say, oh, for crying out loud, get over it. If someone is depressed, they don't need somebody saying get over it. They cannot get over it, and we need to have a feeling for what that means, to that student.

Rachel Krueger:

Exactly. Exactly. So we've tried to come up with resources...We have come up with resources or tactics or different ways to help educate others to support students, parents, with anxiety and depression as well. Because normally those 2 do go together. Right, Bev?

Bev Johns:

Yes. They do. Yes. They do. And one of the things that we also did through the mental health committee was that we did a whole day on mental health, prior to the LDA conference that was in New Orleans.

Rachel Krueger:

Correct. We sure did. We had a very good turnout of people because mental health is a large, large...a big topic that people want to learn more about. But as you said, Bev, earlier in the previous podcast we're seeing a lot more anxiety and depression after COVID.

Bev Johns:

Yes. Yes. We are. Because COVID changed everyone's routine, and people got used to a different way of life, if you will. And students were staying home as an example, and now they're back in school. And people thought COVID would be over and the signs of it over in a year after people went back to school. No. That has not been the case.

It is still going on. I heard someone refer to it as the COVID hangover, and the COVID hangover is still going on, and we're seeing more people I saw it with adults who were isolated during the pandemic became depressed, and then they could get out more, but they chose not to get out more. And that's what we're seeing with children also. School attendance is a major problem now. And some of that, we can't say how much, but some of it is as a result of depression.

Rachel Krueger:

And I would like to add to that for a student that had anxiety and depression, it made it that much harder to get them to return to school. Yes. Because my daughter enjoyed being at home because she was at home and felt supported at home. So it was like starting over again just like we had to do every spring break, holiday break. You have to take the time to get them back into school, and it would take us working with her case manager saying, okay. We're gonna come back on Monday, but we'll do half a day on Monday, and then we will work from there. But this was huge for those children that really wanted to be at home, but they needed to get back into their routine.

Bev Johns:

And you see major adjustments, anytime students have a change in their routine. So they move from elementary school to middle school. Change in routine may be very upsetting. They move from middle school to high school. Change in routine can be very upsetting. They move from high school to college. A whole new world can be very upsetting.

Rachel Krueger:

Yeah. The transitions are the hardest. Of course, going from middle school where they had about 800 kids to high school where there were 3,000, that was a huge jump for my daughter and well, honestly, for any student. That's a lot of kids in one place, but we had accommodations and modifications in place for her, and she graduated in 2020.

Bev Johns:

Just quite the success. Exactly. That's what we wanna see for all students. And I had a friend, a dear friend, who was a parent of a young man with a learning disability. And he and she talked about the transitions from the parents' point of view. She said that every time her son went through a transition, she went through the grieving process that he had a learning disability every single time. She would think that she had accepted that he had a learning disability, and then he'd moved to middle school, and she went through the steps of grieving again.

Rachel Krueger:

I could see that. It's starting over.

Bev Johns:

Exactly. It's starting over at each one of those transitions. So for children who have depression, it is very difficult for them because life has a lot of transitions, and schools have a lot of

transitions. And then picture the children who move from one school to another school, and then they have to learn a whole new social order, if you will.

Rachel Krueger:

Exactly. And just like each school year, it's starting over again.

Bev Johns:

Mhmm. Because there's a new teacher.

Rachel Krueger:

New teacher, new students in the class that maybe you haven't seen before because, let's say, you're in high school with those 3,000 kids, you're gonna look at this person and say, hey. How long have you been here? Didn't even know you went to school here.

Bev Johns:

Right.

Rachel Krueger:

And it's just overwhelming. And I can totally understand it from a parent's perspective. Absolutely. Just like you mentioned.

Lauren Clouser:

Well, do either of you have any advice on easing that transition for students? I know it can be really difficult and especially if that student has depression even more so.

Bev Johns:

I think that Rachel made a good point about preparing students for transitions. Alright. We're going to go here. This is what we're going to need to do. Some of the things we need to do is what I call behavior rehearsal. So you're going to a new setting. Here are the things that we need to do. In my first teaching position, I worked with children who had many, many significant emotional problems.

And I knew that the parents were probably uncomfortable putting the children on a school bus, coming to a new school with a new teacher. And so what I did was I went to every child's home, introduced myself to the child in the environment that they were comfortable in. But then I had a parent bring the child to school with me only. So they saw the school environment, and they saw me within the school environment. So they got comfortable with that school situation before. And then we went through introducing the children to the bus drivers, preparing them every step, as opposed to just saying, well, tomorrow you're getting on the bus and you're going to a new school. That's overwhelming, and it's very disturbing to a child who may experience depression.

Rachel Krueger:

Man, Bev, I wish my daughter had you as a teacher her whole whole 12 years. I would just like to add what we did with our daughter when we took her to the school. Once we got her schedule, then we went and found every one of her classes. And her teacher, we met the case manager. This was more so for high school because it was such a large school that there wasn't even time between classes to even get to her locker. It was just that large. So we had the same case manager all 4 years, so the case manager would meet us. We'd get her schedule before other kids do because normally in high school, you have the prep days where the kids come in, get their schedules, buy their yearbooks. But for us, we did something a little bit different, more modified.

We got her schedule, met her teachers if they were on campus, and then walked her schedule each time. And then we knew in the morning when I would drop her off, she could go to the library. We'd already met the librarian. So just different ways for her to have adjustments during the day for school. Like, she knew she could go to the library. She knew she could go to the case manager. She knew where everything was so that it wasn't overwhelming.

Bev Johns:

That's huge. Right. And you found people that she could trust, And that's really very important because children who have depression need to know that someone is not going to violate the right to privacy, and they can trust them.

Rachel Krueger:

And they would support her. And me because I needed that too.

Bev Johns:

Right. Right. And they need to know that people have their best interest at heart and are genuinely there to help them.

Lauren Clouser:

What are some strategies that can be used in the classroom, to help students that have depression?

Bev Johns:

I think the first one is to and we talked a little bit about this, but I wanna stress it again, is to acknowledge that the students' feelings are real and that you are there to listen to them and to support them. So that's why we would never make a statement like get to work, just get over it. Those are very threatening words to again, the power of words. But letting the student know this, developing that sense of empathy for what the student is going through. It's also important for educators to reduce the burden of some of the assignments that we give to students. And they may not be able to do those assignments independently, because they're focused on other things. So I think that we have to reduce that burden on them. And we have to create as many positive experiences as possible because what we want to instill with children is a sense of hope, and everything we do at home and at school needs to build on this sense of hope that

there is a better future and that we will get through this.

And one of the things that I have found is that when we're working with children who are depressed, it may help them to help other children. So, you know, peer tutoring or helping the elderly. I am a firm believer in community service, because there's some work that says community services can really make a difference for students. And the reason for that is because they get a sense of value that they have. They are feeling that other people need them. And that's what happens when children are depressed. They don't feel like anybody needs them, and we all need that feeling, that somebody is there who really needs us. So when we get our students out helping younger children or helping the elderly, there are so many opportunities for community service that if a school can't take children out in the community, they can do projects in the classroom to help people in various places who need help.

And so it's also, you know, creating a sense of optimism and providing encouragement, and it's very important to let the student know that you believe in them, and you're there to help them, and you're there to comfort them when they need comforting.

Lauren Clouser:

Rachel, is there anything you wanted to add to that?

Rachel Krueger:

Well, the one thing I wanted to add is that even with a child with anxiety or even a child with depression is, we had this in my daughter's IEP, do not call on them in class.

Bev Johns:

Right.

Rachel Krueger:

Do not have them come up to the board, and let them sit wherever they would like to sit, but don't call their name because that makes their anxiety even worse, and then they feel all eyes are looking at them. So that was one stipulation. The other thing that we used to do is we used to go to an animal sanctuary and volunteer with the horses and pigs and all the cute little animals that she had there, and that really was very therapeutic for our daughter. So but I like you said, Bev, like you said, the community service, the volunteering, the getting outside, that that's huge. That's huge.

Bev Johns:

Yes. Yes. And, you know, you talked about that and making sure the teacher knew not to call on the student and embarrass them, and even something as what we think about seating arrangements. So we typically think, oh, the child with a learning disability needs to be sitting in the front of the room. That would not necessarily be the case. And in fact, I was working with a college student, and she came into the 1st class and she said, I just need to let you know that I don't sit in the front of the room. I sit in the back of the room, and it's not being offensive to you. I

said, you, you're not being offensive to me, she said.

Bev Johns:

But if I'm sitting in the front of the room, I cannot see what the people behind me are doing, and it makes me very, very nervous. So she needed to be seated where she could see the entire group of students. But if she would have been in the front of the room, which is one of the things so often we do with preferential seating, putting them in the front of the room. But some students, that may be provoking more issues than we think because they need to see the whole run of the classroom.

Lauren Clouser:

That's a great point. Some things that you don't necessarily think of. Well, I just wanted to talk a bit about stigma as well. We had mentioned this before, Bev, when you had said we shouldn't be telling students with depression that you should just get over it, because that's not something that they can do. Can we talk a little bit about the stigma that faces depression and how that's harmful?

Bev Johns:

Right. I think students, if they're depressed, they feel alone and they feel isolated because they don't believe that anyone understands what they're going through. And think about how uncomfortable of a position, that is. And they may become physically ill. They are so alone and isolated, and they don't see that they have worth with other individuals, and they can make themselves physically ill. And it's real for them. We should never underestimate that they really are physically ill because that's all related to it. And the other thing is they may be ashamed or embarrassed, and they don't wanna tell anyone what they are experiencing.

And to me, when we know that's one of the things where it's critical that we develop a relationship with this with the students so they know they are not alone. And we are there to listen, and we can be their comfort zone.

Lauren Clouser:

Rachel, you wanna add anything?

Rachel Krueger:

I think she did an excellent job explaining that. And like I said before in the earlier podcast, just because it doesn't look like something is wrong, doesn't mean that there's not something wrong. And I'm not saying that depression and anxiety are wrong. Just saying that it is something that someone is internalizing and just because they don't look different doesn't mean it's not happening with them. So all children need to feel supported.

Lauren Clouser:

That's really true. So before we wrap up, do either of you have any last words of advice, for either parents or educators who have a child with depression?

Bev Johns:

I believe it's important to establish relationships, it's really all about relationships that we establish with both the child and with the child's parents. And if we're going to be successful, we all have to say, we work as a team, and we work together, and we're here to help each other.

Rachel Krueger:

I agree. And like you said, the support system needed at home from family members and at school, everyone needs to be on the same page because we are all here to help the child and the child needs to feel supported at all times.

Lauren Clouser:

Thank you again both so much for your expertise on depression and anxiety.

Rachel Krueger:

Thank you.

Bev Johns:

Thank you.

Lauren Clouser:

Thank you for listening to the LDA podcast. To learn more about LDA and to get valuable resources and support, visit Idaamerica.org.