

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 to the LDA podcast. We're here today with Bev Johns, a learning and behavior consultant, and Rachel Krueger, a parent and a member of LDA's mental health committee. Thank you so much for being here, both of you.

Bev Johns:

Thanks. We're glad to be here.

Rachel Krueger:

Thanks for having us.

Lauren Clouser:

Of course. So we're super excited to dive into our topic today. This is part 1 of a 2 part series. We're going to be talking about anxiety and depression as they are some of the most common co-occurring mental health conditions for individuals with learning disabilities. So today we will be talking about anxiety, with Rachel bringing a parent's perspective, and Bev bringing a professional and educational perspective. So, Bev, would you be able to share some of the latest statistics about the prevalence of anxiety or how common it is?

Bev Johns:

I sure would. And it seems to me, that after the pandemic, our anxiety numbers have gone up. The pandemic was very anxiety provoking, if you will. So now we know that probably 31.9% of our adolescents have had an anxiety disorder at some point in their lifetime. And anxiety is the top mental health concern that educators are seeing today.

Lauren Clouser:

Alright, Rachel. Would you be able to tell us a little bit more about your family's personal experience with anxiety and how your perspective of a parent was?

Rachel Krueger:

Absolutely. I'll start off with I have 3 children and one of them has anxiety and learning disabilities. So my daughter's anxiety manifested itself when she was in 2nd grade, and she got in trouble for going to the bathroom too many times during class. Worried, I took her to the pediatrician, and after ruling out diabetes, the nurse suspected anxiety. I wasn't familiar with anxiety at the time, but upon researching it, I still didn't think it was something that my daughter had. The doctor recommended that we see a developmental pediatrician to have her tested for anxiety and learning disabilities. We followed her advice and went through a 6 hour process, which revealed she did indeed have anxiety and learning disabilities.

Lauren Clouser:

Thank you for sharing, Rachel. Bev, how can some of these anxiety symptoms show themselves? If somebody is looking to diagnose or to know if a child has anxiety, what sorts of signs and symptoms should they be looking for?

Bev Johns:

Well, first of all, I wanna applaud Rachel as a parent for investigating and taking her child for further evaluation because early identification for children with anxiety disorders is very important. And we know some of the symptoms, and we encourage families to get help if their children are showing examples of panic attacks. The parent might be wanting to take the child to a new situation, and the child is very frightened to the point that they may refuse to go. We also know that working memory is impacted because students can't concentrate on their work at hand if they're worried about something, but we don't always know what they're worried about. And Rachel talked about somatic complaints. They may complain about a headache or a stomach ache or, in the case of, Rachel's daughter, she was going to the bathroom a great deal, because, actually, they can make themselves physically ill because they are so stressed. And they may ask to see the nurse at school because they are worried, and they made themselves sick over that. And then there's something known as cognitive flexibility, and we're seeing this more and more today with both children and adults.

And that's the inability of a child or an adult to move from one task to another, or maybe they've done something and they just want to keep doing it, or they've done something one way and you tell them that they have to change the way they did it, and they're not happy about doing that. And there's also difficulty with auditory processing. And I think that sometimes people really underestimate that, because what is happening is the child is so worried about something and so consumed with that worry that they can't process what someone is trying to tell them to do. So they misinterpret the behavior as saying, oh my gosh. He just wouldn't do what I wanted him to do, or she wouldn't do what I wanted her to do when in fact they didn't process the information that they heard. And then there's something else known as catastrophizing, and that's when they blow things out of proportion. So something happens at school, and maybe they didn't finish an assignment. Well, then they perceive that they're going to fail the class. And then they go further and they say, I'm gonna fail the year, and I'm never gonna be back in school.

It just keeps going and going because they do, catastrophize it. And then executive function skills. And I think that we are seeing more children in our schools having difficulty with executive function skills, which is kind of what I describe as they can't get their act together. You know, they have assignments, but they don't even know how to start on those assignments. And they can't start. They may not understand or remember how to carry out a task. They may be overwhelmed because they think, I can't do this. This is too hard.

And they also have difficulty with time management. So we have seen an increase in problems in executive function skills, which really has a major impact on children's school performance. And then as part of executive function, we know something called emotional regulation skills,

and children are having trouble controlling their emotions. So something happens and may be a small thing to you or I, but to them, they totally blow it out of proportion, and they have a meltdown over it. And they may overreact to a situation. So just some of the signs that we're seeing when children have anxiety.

Rachel Krueger:

I'd like to add to that. Bev hit the nail on the head with the auditory processing disorder, that is one of my daughter's diagnoses as well. She was so overwhelmed that I didn't realize until, she really wasn't talking to me too much about what was happening at school, but she was getting in trouble, like I said, for going to the bathroom too many times. What we discovered is she was going in there to cry because she could not understand why she was so nervous or so anxious and then she would get in trouble every day. And then, like you said, the auditory processing, then comes the executive functioning. So there was a lot that she was having to deal with. And once we went to that developmental pediatrician, she really broke it down for us on how we can help her and help us form a team to help her, through her school day. So thank you for pointing that out.

Lauren Clouser:

Absolutely. Rachel, I saw you nodding through a lot of that. Yes. What were some of the things that really seemed to impact your daughter, whether it was in school or out of school? You seem to resonate a lot with what Bev was saying.

Rachel Krueger:

Yes. Well, if there's a child with anxiety, I'll at least say this for my daughter, you can't just do anything on the fly. You've got to prepare them. So establishing a routine is crucial. If we were going somewhere, I would prepare her and it would really depend on where we were going. If we were going to a restaurant, I had to choose a restaurant that wasn't too loud or it was too much for her. So creating a routine and structure, and it helps reduce her anxiety, and that helps at home and at school. So working with her IEP team on how to make sure she's structured in school and not overwhelmed, and if she is for her to have talked to her teacher.

Any changes to their routine like I said, but it's vital to discuss it with them so that they can be prepared. And also actively listen to your child, validate their emotions because this is a lot for them. She was diagnosed at 7 which, it just threw me off that a child that young could be diagnosed with anxiety. So celebrate their progress no matter how small and acknowledge their growth.

Lauren Clouser:

Absolutely. Well and, Rachel, I wanted to ask too with your daughter being diagnosed so early. Did the supports that you provided change throughout that time? Was she able to advocate for herself eventually as she got older? Was she able to identify some strategies that worked for her? What was that process like?

Rachel Krueger:

I will have to say in elementary, especially when she was diagnosed, her 2nd grade teacher did not believe me. She did not believe. She said, I don't see that your daughter has anxiety. And I said, well, she was tested for it. So that was a little tough. It really wasn't until 5th grade when she got the support she needed. And with her auditory processing, she needed the FM system. That was a lot of paperwork for them to have an FM system installed in her classroom.

But, Lauren, going back to your question, really advocating for herself, it started in high school because that's whenever they required students to be in their ARD or their IEP meeting. So she learned to voice a little bit more, but then she also had some pushback from some of her teachers who, because she didn't look like she had a disability, they didn't understand why she was having an issue and that was very, very hard for her.

Lauren Clouser:

I can imagine. Well, especially for you too at a young age, or when she was at that young age and her teachers weren't believing you, what was this advocacy process towards the teachers who weren't believing in her anxiety diagnosis? What were some of the things that you had to go through?

Rachel Krueger:

Well, to be quite honest, Lauren, I didn't know anything about an ARD or 504 meeting. I was just put in a room with all these people. Some I knew, some I didn't know. And at the end of it, I signed something not knowing what it was, but it was her IEP plan. So I started to educate myself, but it wasn't until 5th grade when her teachers had a co teacher that would pull her out or a small group, lessons. They pulled me inside and said, Rachel, this is what you need to say. Even though teachers are not supposed to say anything about how to help a parent advocate for their child, they finally told me what to say. So by the time she was in 5th grade, that's whenever I learned about being an advocate.

Of course, I was an advocate for my daughter, but I didn't really understand the whole process of what advocacy was until then.

Lauren Clouser:

Absolutely. Bev, is there anything you wanted to add to that?

Bev Johns:

Well, I think Rachel spoke well about the stigma attached to anxiety because anxiety is not visible. And it's often overlooked, and it's often misunderstood because it's an internal disability, meaning we can't see it. And it can be part of learning disabilities. And educators, and sometimes parents can't see the internal struggles that the child is facing, because they look like they're doing fine, but they're not. There is so much internal struggle that they are having. And Rachel made an excellent point. She talked about the parent and the educator being focused on active listening. Listening to what the child is saying to us.

Not listening to respond, but listening to understand. And that's really an important point. But hidden disabilities are so much more difficult for people to understand because we can't see their internal struggle. And think about how difficult that is for a child to be struggling and not know what to do. It just has to be very, very hard for them. So in the case of Rachel's daughter, she was escaping to the restroom to cry because she was overwhelmed, but yet she couldn't express that within the classroom.

Lauren Clouser:

Yeah. And, Bev, would you be able to expand a little bit about how sometimes maybe behavioral issues that we see in the classroom aren't necessarily a result of the child wanting to be disruptive but can actually be hiding, a deeper motive of anxiety or depression.

Bev Johns:

Right. I think it is very important to realize that a lot of external behaviors that we see, don't, are not really focused enough on the internal issues that children are having. Because if they're very upset, they may have an external behavior like a meltdown, when in fact there was a real internal struggle going on for the child, and that was very painful. And sometimes what we, both as parents and educators, do is we get angry because they're melting down, because we can't understand what they're trying to tell us. All behavior is communication, and they're trying to communicate to us what's going on, the only way they know how to understand. They want help, but they don't know how to express it. I need help. I'm worried. I'm frustrated. I'm overwhelmed.

Lauren Clouser:

Yeah. I think that's a really good point. And, also that leads into, with that in mind, what are some strategies that educators can use in the classrooms if they have a child who is experiencing anxiety?

Bev Johns:

I think one of the first things that is very important is to break down tasks into small steps. And that's whether the child is in elementary school, middle school, high school, or even in college. Because when we give too many assignments at one time, the student is overwhelmed and is going to become very frustrated and may, in fact, fail a class because they were so overwhelmed when the task was too large for them to do it. So I think it's very important to break down the task into small parts. So they have a paper that is due, within 2 weeks. Alright. Can we do one part of the paper by this date, another part of the paper by this date, and another part of this paper by this date so that it's not overwhelming. And then I think it's important also to work with the child to get them to identify their emotions and to develop a plan for what they can do when they become frustrated.

So we often and we do need to teach children, you know, how to do some relaxing techniques like deep breathing. We also need to give them outlets for their emotions. So they can't tell us

what's going on, but could they draw it for us? Could they paint it for us? Could they write a poem about it? Could they write a story about it? Could they act it out as a role play? Or we might also take a walk with the child when they're upset. Because sometimes if we're walking with a child and they're upset about something and we get them outside with a change of scenery and the beauty of nature and we're walking side by side with them, they might be able to express their feelings at that time, because it's a much less threatening and it's a calming, environment. And Rachel talked about routine, and routine is so important because earlier I talked about cognitive flexibility, and we know our children like certain things certain ways. Adults do too. And so we need to prepare them for if we're going to have an upset in the routine because the real world has changes in the routine, then we need to prepare the child for that. And then we need to celebrate progress no matter how small because I can't stress enough the importance of recognizing everything the child does well. That does so much for their self esteem and their confidence.

And that paired with routine and that paired with giving them outlets for how they're feeling about things, and that pairs also with not overwhelming children with too many task at one time.

Lauren Clouser:

Absolutely. Rachel, is there anything you wanted to add?

Rachel Krueger:

She's just had so many valid points. Just breaking down the tasks and maybe, well, not maybe, but for Avery, we had different deadlines. But, also, I'd like to bring up my daughter's school because it might not be everywhere. There are case managers assigned to students who have an IEP plan. So when Avery was in high school, her freshman year, we were assigned a case manager, and we met with her, talked to her about Avery, and she gave Avery a pass. So whenever Avery was feeling overwhelmed, if she was in a class, she held up the pass, the teacher saw it, the teacher knew Avery needed to leave the class and go directly to her case manager's room to just relax a little bit because she was overwhelmed. So that was huge. So teachers play an integral part in helping children that have anxiety and noticing the signs.

But what I loved about this, the teacher did not call on her and say, where are you going? She just let her walk out. Another thing that I used to do when Avery was having a bad day is we would go to, surprise surprise, Target and we would walk around. And as we are walking around just not thinking about anything, not necessarily shopping for anything, but she felt at ease, and then she would tell me a little bit more about her day without me saying, how was your day? What's going on? How are you feeling? How was your teacher? I didn't wanna ask those questions that made her even more overwhelmed and anxious. So that was our fun little trip that we would take if she was just needing that little outlet.

Lauren Clouser:

There's a lot going on in the classroom that can cause anxiety in students whether or not they have a learning disability. So I was wondering if we could talk a little bit about some things that

can impact anxiety, whether it's inside the classroom or outside of the classroom. And that's a question for both of you, things that you've seen.

Rachel Krueger:

Well, I'll start with what's the number one thing, social media. The comparisons to what you see on all social media. Well, we know most of it's not true. No one's going to post their bad times. Right? They're only going to post about the good times, and comparison is the thief of joy. Correct? So it's hard to explain that to a teenager. But now that my daughter is older, she doesn't rely on social media as much. She enjoys it.

She said, you know what? I'm going to post something about a sunset because I thought that was a great picture. It's not about the likes. It's not about the shares. It's not about the follows. Social media is huge, and I will also say perfectionism for kids that have anxiety. Their fear of failure or fear of letting a parent or caregiver down is huge. I remember when she was younger, she'd say, I know I didn't do that right. Mom, are you mad at me? And that broke my heart because I said I could never be mad at you. You tried your best and that's all I ask.

Bev Johns:

I think one of the other things that happens in schools is there's a great deal of competition. Who's going to be the best at this subject? Who's going to be the best at that subject. And we really need to get away from that and move to something we call growth mindset, which is not competition, among Rachel, Bev, and Lauren. It is how Lauren is improving in her progress toward her goals, how Bev is improving in her progress to her goals. So I someday would love to see us get away from all of the competition that we have, which puts tremendous pressure on children. And then it's very important also, that educators understand the impact of one word or one behavior on a child. I'll just give you an example. I did some artwork, and this was when I was in college.

So I was older. And I knew I wasn't particularly good at the task that I was supposed to do, but I worked and I worked and I worked on it. I did my best. And the teacher came in front of the whole class and looked at what I did and said, that's trite. Totally deflated me. And I was in college. I have never forgotten that one word she said to me, which made me feel so bad. And to make it worse, she did it in front of the other students.

So it was embarrassing. And she then didn't quit. She went on to say, you didn't try hard enough. I gave it everything I had. That teacher had no idea and couldn't, shouldn't have been judging me to say you didn't try hard enough because she didn't know how many hours I put into that project. So that really is very important that, you know, educators and parents watch every word they say to children to make sure they build children up because one word can make a huge difference for a child.

And then I think that everything we do should be strength based. So when we're working with children, we need to find what their strengths are, and we need to capitalize on those strengths,

and we need to build that child's strengths and tell them what they are good at and remind them of that. So strength based interventions are also very important.

Lauren Clouser:

That's a good point, Bev. And I'm so sorry that happened to you. And just to wrap up then, Rachel, I wanted to start with you. What would you say to a parent who has a child who's been newly diagnosed with anxiety or if they think that their child has anxiety? Through your experience, what advice would you give them?

Rachel Krueger:

Oh, goodness. Looking back, I would tell them just to take a minute to process because it can be a lot to handle at one time because with anxiety, there's comorbidities, right, so there might be more than one diagnosis, but I would say, well, they need to work with their pediatrician. They need to also work with the school. They also need to educate themselves on all the different diagnoses that their child may have. And, also, they need to give themselves some grace, and they need to give the child some grace because it's overwhelming not only for your child, but for yourself. Because as a parent, you wanna fix it. You wanna make it better, and you want everybody else around you to protect your child. But you know what? You need to teach your child advocacy skills and how to advocate for themselves and use their voice.

And I guess that would be my main goal is having grace. Give yourself some grace.

Lauren Clouser:

Bev, is there anything else that you would wanna add?

Bev Johns:

I would just echo what Rachel said because, you know, I've been an educator for many years, and I very much appreciate parents advocating for their children. Because I always say to a parent who is advocating for their child, they're also advocating for all the other children who are out there whose parents either can't or won't advocate for them. And that's very important. So what Rachel spent years doing for her daughter, she will never realize how many other children she actually helped.

Rachel Krueger:

Thanks, Bev.

Bev Johns:

It's a good point. True.

Lauren Clouser:

Again, thank you, Rachel for sharing your story and Bev for also being on to provide your expertise. Thank you so much for being on the show, and we will be back with part 2, and we will be talking about depression. Thank you for listening to the LDA podcast. To learn more

about LDA and to get valuable resources and support, visit ldaamerica.org.